

BOOK REVIEW/COMPTE RENDU

Jackson, Gabrielle. 2021. *Pain and Prejudice: How the Medical System Ignores Women and What We Can Do About It*. Greystone Books.

In *Pain and Prejudice: How the Medical System Ignores Women*, Gabrielle Jackson (2021) explores women's disproportionate struggles with chronic pain and how this remains largely neglected in the modern medical system. Jackson explores how women's bodies and pain have been conceptualized throughout history and the structural prejudice that the medical system has towards women. She accounts for the biological, psychological, and social factors related to chronic pain throughout history, exploring how pre-modern ideologies related to health and women's bodies inform our current ideas about women's pain. To ground the analysis, Jackson uses her own location as a woman with endometriosis, a common disease among women but one that doctors know very little about. She shares her personal story alongside her research on the history of women's medicine and a review of modern medical literature, to better understand how women's bodies and health are treated, often unfairly, in modern medical practice. In addition, she uses interviews with medical practitioners, including gynecologists, pain specialists, sexologists, and general practitioners, to provide detailed information on chronic pain conditions, the culture of modern medicine, and sexism within the medical industry.

Jackson provides a history of the diagnosis of hysteria over time and shows how women's health has been used as a means of social control within a patriarchal society, often working to keep women complacent. Hysteria grew out of discourses within the ancient world positing that "the womb is the origin of all diseases" (p 86) in which puberty, pregnancy, childbirth, and menopause were all viewed as suspicious and pathologized. In the seventeenth century, hysteria became medicalized as doctors assumed that they were doing women a great service by labeling them with a disease rather than associating their unknown symptoms with witchcraft, as was previously the case. Throughout the eighteenth century, hysteria was deemed a disease of the nervous system that both men and women could acquire, yet the diagnosis was primarily reserved for women. A shift occurred in the nineteenth and early twentieth centuries when the diagnosis bounced between neurology and gynecology

“from a disease of the nervous system, to one of corrupted female sex organs” (p 95). Many women carried a range of symptoms that could not be otherwise explained, and doctors began to believe that women were faking their symptoms and did not trust their accounts of their experiences.

The themes present in Jackson’s narrative of hysteria are not merely a relic of history; she finds that many of the same gender-based biases are still prominent within modern medicine. She draws on Jane Ussher’s book *The Madness of Women* who writes that “21st-century hysteria has been redefined as madness in women, specifically in diagnosis of depression, PTSD and borderline personality disorder, which all substantially favour women” and that “these diagnoses pathologize the reasonable responses of women to their life circumstances” (p 113). The construction of hysteria continues to exist, yet, is misdiagnosed through these other multiple conditions, which may not fit accurately.

Jackson argues that pre-modern discourses around women’s bodies still inform the medical research field, which continues to be produced in a highly masculinized culture. Generalizing from studies that are male-centred to women’s experiences of health has contributed to women’s ongoing pain and suffering because it has led to a lack of knowledge on women’s bodies and female-specific health issues, leading to misdiagnoses and poor treatment. For example, Jackson illustrates the ignorance of women’s pain within the modern medical system, pointing to the staggering fact that “currently, 70 percent of chronic pain patients are women but 80 percent of pain studies are conducted on men or male mice” (p 15). Such a situation raises important questions concerning why women experience higher rates of pain, why science continues to use male subjects and generalize results onto women, and what the possible implications might be for women’s health.

The masculinized nature of the health system creates several blind spots in regard to women’s specific health needs. For example, men and women are fundamentally different in their persistent pain processing, yet there is a dearth of funding and specialized research on women’s chronic pain (p 232). In addition, Jackson finds that one in ten women of reproductive age has endometriosis, yet it takes 7-10 years to be diagnosed (p 274). Further, nine out of ten people diagnosed with fibromyalgia are women (p 277), women are two to four times more likely to have chronic fatigue syndrome (p 279), and women are two times more likely to have irritable bowel syndrome (p 283). Yet, these conditions remain underfunded, under-researched, and comparatively overlooked.

Jackson argues that more needs to be done to rebalance medical research toward women’s health concerns. She explores advances made into women’s health and highlights promising future areas for funding

and research. For example, the National Institute for Health and Care Excellence in England released guidelines for doctors to treat patients with endometriosis, which points to specific symptoms and recommends quicker referrals to gynecologists as a first-line treatment (p 318). Additionally, Australia developed the National Action Plan for Endometriosis in 2018 to create greater awareness and education about the condition, improve clinical management and care, and advance research.

Jackson recognizes her privilege as a white woman who is discussing health-related issues and attempts to consider how social diversity beyond gender further shapes the issue. In some chapters, she explores how race is interconnected with gender and shapes a woman's experience seeing a doctor, being treated/mistreated, and potentially distrusting the medical system. Still, much more could be explored here. Gender connects with other social identities such as sexuality, ability, body size, and more. For example, exploring how fat women are less likely to receive bias-free health care due, in part, to the fact that health studies are conducted on non-fat bodies and that society's understanding of health is defined socially and subjectively (Lee and Pausé 2016). Fat women are less likely to receive cervical cancer screening, breast cancer screening and colorectal cancer screening than non-fat women (Lee and Pausé 2016: 2). Additionally, emerging research finds that transgender women may be at greater risk for chronic pain than cisgender women, as gender identity seems to have a significant impact on pain sensitivity (Strath et al. 2020). Exploring how systematic blinders in the research culture and service delivery of modern healthcare may affect more marginalized groups would have rounded out the analysis.

Gabrielle Jackson's (2021) book *Pain and Prejudice: How the Medical System Ignores Women* is a powerful examination of the reality of women's chronic pain and how it is ignored by the modern medical system. From the early beginnings of diagnosing hysteria, women's health was subject to social control by male doctors. Yet as Jackson shows, these pre-modern ideologies also seep into modern healthcare as chronic pain conditions are too often ignored. Anyone working in the healthcare industry, scholars, and students within the sociology of health and medicine, and women who suffer from chronic pain are the key audience for this book; however, it would be an eye-opening read for anyone.

REFERENCES

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