



Pain In Men

- Caroline Flurey, PhD: University of the West of England, Bristol, UK
- Singh Prit Anand, MBBS, FRCA, EDRA, MSc, FFPMRCA, FAMS: Changi General Hospital, Singapore
- Katelynn Boerner, PhD, RPsych: University of British Columbia, Canada

While adolescent girls and women report higher rates of acute and chronic pains, the impact of chronic pain on boys and men¹ (or those assigned male at birth) is not insignificant. Boys and men experience unique sex- and gender-linked pain conditions and harmful societal expectations of behaviors related to assessing and managing pain. This fact sheet aims to review information about sex- and gender-related factors that influence the health of boys and men across the lifespan, including differences in pain prevalence and treatment, the role of testosterone, masculine gender role norms, cultural expectations regarding help-seeking behaviors, and intersectional considerations.

Pain in Boys and Men Across the Lifespan

- Boys are at increased risk for injuries during childhood (Morongiello et al., 2021), and men are also reported to engage in riskier behaviors (Pinkhasov et al., 2010).
- Before puberty, boys and girls are often reported to have similar levels of pain; differences in both clinical and experimental pain start to emerge during adolescence and continue into adulthood (Boerner et al., 2014, Mills et al., 2019).
- Some clinical conditions that affect only individuals assigned male at birth are associated with significant pain, including testicular cancer, prostate cancer, and prostatitis.
- While many chronic pain conditions are more prevalent in women, some specific pain conditions are experienced more in men e.g., cluster headache (Fischera et al., 2008).
- In trials of psychological therapies for pediatric pain, boys represent only a third of the total adolescents recruited into trials. While most treatment effects were similar across sexes,

boys with non-headache chronic pain did not demonstrate post-treatment effects on functional disability (Boerner et al., 2017), suggesting that larger sample sizes must be recruited and/or differences in treatment approach or target may be needed.

- Men are more likely to experience substance use disorders. Sex differences have also been reported in rates of prescriptions for opioids, side effects, and drivers of substance use (Davis et al., 2021; Manubay et al., 2015).

The Role of Testosterone in Understanding Pain

- Testosterone is the primary sex hormone in males. In research across non-human animals and humans, testosterone seems to have antinociceptive (pain-reducing) effects (Vollert et al., 2022). However, findings are not consistent across all studies (Zhuo et al., 2023).
- In boys, advanced puberty and pubertal asynchrony are associated with an increased risk of pain (Li et al., 2023).
- Preliminary evidence suggests that testosterone replacement therapy may be associated with reduced pain in men with late-onset hypogonadism (Kato et al., 2020).
- [Find more information on sex steroids and pain here.](#)

The Role of Masculinity in Understanding Pain

- Masculinity describes attributes, behaviors, roles, and qualities stereotypically associated with boys and men. Traditional Western male role norms and masculinity prioritize stoicism, strength, independence, courage, competition, aggression, and assertiveness. These constructs appear to be important for understanding morbidity and mortality differences and

¹ Throughout this factsheet we use gendered terminology for clarity however the issues raised are relevant for any person born with female anatomy.

health behaviors, including those associated with pain (Keogh 2020, Boerner et al., 2019).

- Masculinity is not specific to men and can be experienced by, and influence the pain of, women and gender-diverse people.
- Experimental research has found that identifying with masculine traits is associated with a higher pain threshold (Alabas et al., 2012).
- Higher masculine identification has been associated with increased participation in experimental pain research in men but not women (Feijo et al., 2018).
- Research has also described a demasculinizing effect of living with chronic pain, particularly in forms of pain traditionally associated with women (Sallinen et al., 2019).
- This challenge to masculinity can affect men's mental health. For example, one study found that men with vertebral fractures (associated with older women) have been found to be at increased risk of self-harm compared to matched patients without fractures. However, it should also be noted that men with increased fracture risk often have additional risk factors, such as steroid use and smoking (Prior et al., 2021).
- Internal and/or external pressure to perform traditional masculine roles, such as the protector and family provider, can lead some men to feel they have no choice but to push through the pain and continue working to fulfill these roles (Flurey et al., 2017).

Help-Seeking Behaviours

- There is no consistent evidence of men seeking help for pain less than women in both everyday pain, such as back pain and headaches (Hunt et al., 2011), or for early symptoms of serious conditions, such as cancer (Wang et al., 2014). However, gender differences may exist in the reasons for delaying help-seeking.
- Traditional masculine role norms are associated with reduced help-seeking behaviors for health concerns (Leone et al., 2017), specifically in pain (Keogh & Boerner, 2020).
- Men with fibromyalgia-type pain have reported being "afraid of being looked upon as a whiner," and therefore putting up with a large amount of pain before seeking help. Some men continued working to the point that they collapsed and were hospitalized (Paulson et al., 2002).
- Other barriers to help-seeking for men include embarrassment, anxiety, distress, or fear of using healthcare services (Yousaf et al., 2013).
- Men are described as using more avoidance-focused pain coping approaches (Racine et al., 2015) and are more likely to

use alcohol to cope with pain (Riley & King, 2009). Such coping styles may begin early in development; a preference for distraction-focused pain coping is also observed in boys (Keogh & Eccleston, 2006; Lynch et al., 2007).

- The mental health literature describes the need for targeted interventions to improve help-seeking amongst men; to date, no such interventions exist for pain treatment.

Socio-cultural and Intersectional Considerations

- Because masculinity is considered a social construct, the ways in which it is understood, experienced, and expressed can differ across societies, cultures, and generations (Lease et al., 2013).
- Gender identity can intersect with other identities to influence pain. For example, one study in the United States found that Black men reported it was important to present themselves as strong and invulnerable to pain – both to live up to masculine values within their own communities and to avoid being perceived as an easy target for racially motivated aggression (Campbell & Mowbray, 2016).
- Additionally, both explicit and implicit biases still exist in healthcare through inadequate care and dismissal of symptoms or suffering, a lack of respect, or a lack of power to negotiate in healthcare interactions. Some healthcare staff stereotype minoritized ethnic groups, characterizing them as "irrational, difficult, frustrating, emotional, or dramatic." Minoritized groups can also receive inadequate support for treatment choices such as pain medications. This can result in a loss of trust in healthcare, higher unmet needs, and subsequent delays in help-seeking (Hamed et al., 2022). Masculine norms in some cultures emphasize expectations for men to resist seeking help for pain. For example, interviews with Aboriginal Australian men described a culture of staying "strong and silent" in the face of illness and managing their own health without medical assistance for as long as possible (Newman et al., 2017).
- Some men experience direct discrimination due to their sexuality. For example, gay men in Rwanda described discrimination and humiliation ("They told me to go home and repent because I'm a sinner" (Isano et al., 2023)). Whilst such overt discrimination may be less common in Western countries, discriminatory behaviors or heteronormative assumptions from healthcare professionals can still cause reluctance to disclose their sexual orientation or gender identity to health professionals, which can negatively affect their care. For example, see Doran et al.'s in the article describing a man with prostate cancer delaying surgery until he found a surgeon willing to perform nerve-sparing surgery (2018).

Summary

Both biological and social factors contribute to men's and boy's experience and expression of pain. Sex differences exist in the prevalence and character of different pain conditions, and while many pain conditions are more common among women, this is not universally true. Sex hormones (e.g., testosterone) may contribute to the pain experiences of boys and men. Gender constructs, such as masculinity, can play a role in pain behaviors and impact the way painful conditions affect men's mental well-being. While there is no consistent evidence that men are poorer at seeking medical help for painful conditions than women, there seem to be gender differences in the motivations and barriers to help-seeking. This may require different interventional approaches. Men are not a homogenous group, and the socio-cultural context cannot be ignored, with some cultures placing more emphasis on subscribing to masculine norms than others. Additionally, men from marginalized groups may face additional barriers to accessing and benefitting from support for painful conditions.

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