

Pain Language and Gender Differences When Describing a Past Pain Event

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Abstract:

Pain is a highly subjective experience that is challenging to describe to others and that depends heavily on words. So understanding and evaluating another person's pain requires an understanding of how they describe their pain. According to an expanding corpus of studies, men and women experience pain differently. However, few studies have looked at gender differences in the language used to describe pain, where gender is understood in both the biological and the social senses. The goal of this descriptive and analytical study was to investigate how men and women employed different vocabulary to describe remembered painful events. For the sake of perceiving the general understanding of this phenomenon, fifty university and college students were asked to respond to an online generated and distributed questionnaire. For the in-depth comprehension of how individuals of both genders perceive pain, face-to-face interactive sessions were held with twenty students. The resulting response rate of female participants was noticeably higher than male participants and it was eventually proved that females are more likely to communicate their pain in detail. This research also proved that there is indeed a difference between the pain language used by men and women.

Keywords: Pain language, gender, differences, pain event

Introduction:

Pain is a universal experience that affects individuals of all ages' genders, and backgrounds. It can be acute or chronic and can range from mild discomfort to severe agony. Although pain is a complex and subjective experience that can be difficult to quantify or describe individuals often use language to communicate their pain experiences to other. The way in which an individual describes their pain can provide valuable insight into the underlying causes and potential treatments for that pain.

Why is it significant to make pain gender specific? For doctors, psychiatrists, psychologists, the pharmaceutical industry, as well as for the actual sufferers and their families, gender performs a significant amount of intellectual work. As a result of the interconnection of physical and mental processes, gender stereotypes have a significant impact on the form of both individual and collective suffering. Painful feelings are the result of processes that male and female bodies actively involve in. As a result, they have an impact on all facets of the phenomenological experience of pain.

Research has shown that men and women may differ in their experiences of pain, as well as in the language they used to describe their pain. For example, studies have found that women tend to use more sensory and effective words when describing pain, such as "burning", "throbbing", or "aching", while men may use more evaluative words, such as "intense", "unbearable", or "sharp". Women may also be more likely to use social support and emotional coping strategies to manage pain, while men may use more problem solving approaches the reasons for these differences are not entirely clear, but may be influenced by a variety of factors, including biological, psychological, and social factors. for example, some research suggests that hormonal differences between men and women may contribute to gender differences in pain perception and expression. Additionally, cultural and societal expectations may also influence how men and women express and cope with pain.

There is an abundance of writing showing contrasts in the pain experienced and reported by men and women, exhibiting the considerable research on gender differences in health and disorder, where gender is deciphered in both the biological and the social sense. The reasons for these gender inconsistencies have been widely studied, but up until recently, the biology components of pain

perception, such as the roles of physical and physiological variables, hormones, and neurotransmission, have received most of the attention. According to recent research, psychosocial factors may actually "explain more of the variance associated with pain than do biological variables," and they can significantly influence a person's perception of and response to pain.

Also, there is expanding proof that there are gender differences in language and communication styles utilized in the medical setting. Recent thorough reviews have consistently found that men and women report symptoms differently. Level and kind of emotional and social content of symptom descriptions, willingness to reveal pain, discourse used to explain symptoms, and terminology used to describe diseases that cause similar pain have all been linked to gender differences. Women are said to be more likely to disclose their pain than men, to have more physical symptoms and to have more emotional content, as well as to place a bigger emphasis on social issues and the whole person in their symptom reports. The causes of these communication gaps are frequently attributed to psycho-social factors, including new research on the impact of social roles and gender expectations in pain discourse.

All pain doctors should play out the critical job of evaluating a patient's pain. Health specialists might decipher and evaluate men's and women's pain distinctively relying upon the language they decide to depict it. However, countless researches analyzing distinctions in gender differences in describing symptoms have generally analyzed health symptoms, trying to ignore how men and women express their pain encounters. Such examination would assist clinical faculty with bettering handle the seriousness and impacts of agony on their patients' health as well as gender differences while requesting that patients depict their pain symptoms. Clinical assessments and choices about potential medicines can be directed by this data.

This research paper aims to explore the relationship between pain language and gender differences when describing a painful event of the past. Specifically, this paper will investigate how men and women use language differently to describe past painful experiences and what underlying factors may contribute to these differences. The study of pain language and gender differences is important because it can help us better understand how individuals experience and cope with pain, which can lead to more effective pain management strategies in future.

Literature Review:

Pain is a complex and subjective experience that can be influenced by a range of factors, including an individual's gender and the way they describe and cope with pain. Research has shown that men and women may have different approaches to pain management and that they may use different language to describe their pain experiences. While much of the existing research on gender differences in pain has focused on current or ongoing pain experiences, less is known about how men and women differ in the language they use to describe past painful events. This research paper aims to address this gap by examining how men and women use language differently to describe a past painful experience and what underlying factors may contribute to these differences. Understanding the ways in which men and women describe past pain experiences can provide valuable insights into how individuals perceive, experience, and cope with the pain over time, and can inform the development of more effective pain management strategies.

In the literature, different gender-specific responses to pain have been documented. For instance, **Berkley (1998)** revealed that females have lower pain thresholds, greater pain discrimination abilities, higher pain ratings, or less tolerance to noxious stimuli than males. Females typically report more numerous aches in more body locations than males do for endogenous pain, or pain with an unknown cause (**Berkley**). Females were more likely than males to experience severe pain, and they did so more frequently than men, according to **Kamp's (2001)** survey of more than 1000 participants. **Kamp** went on to say that there may be biological variations between men and women that contribute to how they experience pain, in addition to how medical professionals perceive and act towards various genders and how society as a whole views gender differences. According to **Jackson et al. (2002)**, self-efficacy is one feasible component that could modulate the link between gender and pain perception. According to **Bandura (1977)**, self-efficacy is a learnt, cognitive belief that is supported by past behavior performance, observations of others imitating the activity, praise from others, and visceral or autonomic arousal when doing the behavior.

In **2009**, there was done a research on gender disparities in pain language. They discovered differences between the sexes in the terminology and linguistic patterns used to describe pain and emotional reaction. It's not surprising that researchers **J. Strong, T. Mathews, R. Sussex, et al.** discovered women used more words, were more detailed, and were more graphic than males, or

that they often concentrated on the sensory aspects of their pain episode, given that women are typically considered as storytellers and nurturers. Researchers **E. J. Bartley and R. B. Fillingim** claim in a **2013** study that sex hormones have a major impact on pain-related variability, including sensitivity, and that men and women are likely to experience pain in different ways.

Medical experts have recently made an effort to define the complex effects of gender, in addition to sex, on unique experiences of pain. **National Institutes of Health (NIH) researcher M. A. Ruda** said in an editorial that was published in the American journal *Pain* in **1993** that "**with the emphasis on equality of the sexes that occurred in the 1980s, it has not been politically correct to suggest that men and women are different.**" Even still, **Ruda** proclaimed, "**We all know that men and women are different!**" and continued by stating that it was now necessary to conduct additional research on the physiological and psychological "**gender issues that relate to pain.**"

Scientists continued to explore the intricate connection between gender and pain when the male body was no longer used as the universal standard in medical study. During the intervening years, hundreds of studies on the topic were published. After conducting a systematic assessment of the literature from **1998** to **2008**, a group of **researchers from Quebec** came to the conclusion in **2012** that the majority of studies in the field did not significantly demonstrate sex-based differences in pain sensitivity. But some academics have made significant advances in figuring out how gender affects people's experiences and how they deal with emotional and physical distress. Their studies have concentrated on biological explanations for gender differences in pain response, such as the impact of reproductive hormones, sex differences in stress-induced analgesia responses, and anatomical variations in the brain and central nervous system, as well as psychological and cultural variations in how people respond to pain.

British researchers have discovered variations between how male and female participants deal with pain, with women favoring a "**emotion-focused**" coping technique while males favour a sensory-focused one. Australian experts have brought attention to how gender influences the vocabulary used to describe previously pain events. It was shown that women use more descriptive and emotional language when communicating their pain than men, who often use fewer words. Eight British researchers have discovered disparities between how male and female subjects deal with pain, with women favoring a "**emotion-focused**" coping technique while males chose a

sensory-focused one. The vocabulary used to describe a prior pain incident is gender specific, according to 9 Australian specialists. When communicating suffering, women were found to use more vivid and evocative language than men, who typically relied on fewer words.

These results highlight the persistent limitations of language in explaining pain. **Elaine Scarry** first made this argument in her now-classic **1985** book **The Body in Pain**, where she claimed that **"pain does not simply resist language but actively destroys it."** While some have objected to **Scarry's** interpretation of the connection between language and pain, academics from various fields, including historians, have emphasized the importance of understanding the gestural languages of pain, nonverbal expressions of discomfort that are inherently gendered.

The present health care systems in place across a number of national contexts are significantly impacted by gender-based inequities in the treatment of pain. A healthcare system that continues to discriminate against women, as **Hoffman and Tarzian** note, **"is also likely to lose the confidence of its female patrons,"** who, for a variety of reasons, are more prone to seek out alternative remedies than men. **Keith Wailoo**, a historian, has shown that the treatment of pain is always political by focusing on the American example. Physicians and the courts were positioned as the medical and legal gatekeepers of relief during the mid-20th century health insurance debates, which included Medicare, Medicaid in the USA, or the introduction of universal health care in the form of the National Health Service and the Medical Care Act (Medicare) in the British and Canadian contexts. These debates sought to balance the costs of adequate treatment with the need for healthy and productive citizens. Given the strains on the health care systems in Britain and North America today, the introduction of insurance programmes necessitated adequate treatment. Attention to ongoing disparities in the treatment of pain - across gender, race, and ethnicity - has become even more important in the setting of a growing ageing population. When considered collectively, these elements urge fresh and sophisticated analyses of the connection between gender and pain, igniting continuing, interdisciplinary study into these topics.

Research Objectives:

- To investigate whether there are gender differences in the language used to describe past pain events.

- To determine whether there are differences in the types of pain descriptors used by men and women when discussing past pain events.
- To explore whether there are differences in the emotional content of pain narratives between men and women.
- To examine the relationship between gender and the perceived intensity of past pain events.
- To develop an understanding of the subjective experience of pain from a gender perspective.

Research Questions:

- Based on the objectives of this research the major focus was directed towards answering the following questions:
- In what ways do men and women differ in their use of language when describing a past pain event?
- Can there be differences found in the types of words used by men and women when describing their pain?
- In what aspects do men and women differ in their descriptions of the intensity of pain experienced in a past event?
- Are there detectable differences in the emotional language used by men and women when recounting their painful experiences?

Methodology:

The subjects who voluntarily agreed to participate in the research were university students with the majority belonging to the Department of English, University of Sargodha along with some college students belonging to Punjab College for Women, Sargodha. For the aim of researching the objectives provided in this research, an online questionnaire was generated for its purpose as a data collection tool. The questionnaire was for the purpose of collecting general opinions about language used to describe pain and the gender differences involved in narrating past pain events. To further develop an in-depth understanding about the differences in language used by men and women while describing the intensity of pain experienced, face-to-face discussions were held with some students. Some of those students who were selected as a sample for the discussion had good linguistic abilities and effectively provided detailed and rich pain descriptions, while some students resorted to switching to their native tongue while narrating the past pain events because the description was so raw and they could not find the correct words to use in their descriptions. In such cases, the liberty was taken to translate their recounts. Fifty students agreed to participate and responded to the questionnaire for pain language study, comprising of fifteen male and thirty-five female

students. As the questionnaire was generated and distributed online, the collection process was not very difficult but this hindered the response rate of students. The response rate of female students was higher than the male students. The age of the subjects ranged from 17 to 24 years. For the discussion, a total of twenty students agreed who comprised of fifteen female students and five male students. Similar to the responses of the questionnaire, female students were more willing to participate. The participants who agreed to take part in discussions were questioned to reflect on any such occasion that occurred in their lives and caused them to experience pain, and to use a few sentences to describe their painful experiences— what sort of event happened to them to bring about pain, how they felt as a consequence to that certain pain, what they did in such situation, and what was the reaction they observed from others who were involved. Some students pondered on the fact that whether they were to describe events related to 'physical' or 'emotional' pain, they were assured that all pain is valid, whatever kind of pain they felt whether, 'physical' or 'emotional' they can freely describe it . Such instances were not recorded and neither was the gender of the people who questioned this matter. As the data available to clearly differentiate between the vocabulary used for mental and physical pain, the words used to describe pain were taken into consideration in a general sense. The students who participated were relayed information about the study beforehand, they were made aware regarding its purpose and both the procedures involved. They were also asked to freely participate in any of the two procedures by their choice and also asked to give consent to use their responses for the process of data collection.

Data Collection:

Some subjects decided to describe more than one pain event. In these cases, subjects' pain descriptions were divided into separate entries. The gender of the subjects was taken into consideration while looking at the answers. As male and female participants had different answers and used varying pain descriptors to describe the pain. Their responses were taken into consideration by looking at the pain descriptors used by them. The pain descriptors used by male and female participants in their answers were analyzed for the identification of commonly used descriptors and the words and patterns that could be identified in their language of use. The quantitative approach for the questionnaire was used to identify an understand the general pattern of thinking and psychology of participants in describing their pain and recollecting the painful events that they have experienced. For the sake of this research the pain descriptors used by males and females we're not categorized separately but were analyzed in a collective pool. The analysis was based on the frequency of words used and synonymous words were also put in similar categories. The options provided to the participants in the questioner we're also put in a table to identify the words used by both genders to describe their pain. These were then used to identify commonly co-occurring words all patterns visible in the male and female descriptions of pain sensations and to examine gender differences. Insignificant words and swear words were not included in the research because they were not meaningful or change the meaning based on the context.

Data Analysis:

Questionnaire:

The first procedure that was employed for data collection was the questionnaire. All of the students to whom the questionnaire was distributed, only fifty responded. Statistical analysis revealed that men were less likely to participate in this study while women showed a more positive response. Thirty-five female students responded while on the other hand the number of male students was only fifteen. The age range of participants was between 17 and 24.

- In the online generated questionnaire that consisted of close-ended questions, the first question that was asked was to ascertain the total number of students belonging to both genders that participated in the research. This question was asked to estimate the total number of participants of both genders to calculate the response rate of male and female participants.
- The second question that was asked was, **“In your opinion which gender is more willing to disclose the pain they feel to another person?”** The number of students who agreed that the answer to this question was women were 77.4%, 12.9% agreed that I were more willing, while 9.7% answered that both are equally willing. These responses showed that even male participants agreed that females are more likely to talk about their pain events and lack in the communication department.
- The next question on the list was whether, **“Males are freely willing to communicate their pain in detail?”** 58.1% showed disagreement on this matter, 16.1% agreed and 25.8% remained neutral.
- Another matter on which the students were questioned was, **“Do you believe that there are differences in language used by males and females to report pain?”** 83.9% agreed, 16.1% remained neutral while not a single student disagreed.
- The fifth question that was asked was, **“Health professionals should keep in mind gender differences when looking at pain symptom descriptions to better understand the impact and extent of pain on a patient’s wellbeing?”** A total majority of 96.8% students agreed with this statement.

- The sixth question that was asked was, **“Have you ever felt that your pain was not taken seriously because of your gender?”** 41.9% of both the male and female participants responded that ‘yes’ they have been made to feel that way on a number of occasions. 25.8% of the participants responded with ‘no’, their reasoning was that they have been nurtured in a positive environment where communication is encouraged. 25.8% participants decided to stay neutral on this matter and one student responded by saying that ‘all pain is valid’, therefore, people should not be made to feel this way.
- In the next question, participants were provided with a hypothetical situation i.e. **‘you touched a hot utensil and got your hand burnt’**, they were then provided with a list of words to describe their pain. The words included in the list were, awful, throbbing, dull, shooting, intense etc. The most frequent answer chosen by students was ‘intense’ especially females and the males mostly chose words such as ‘bearable’ and ‘dull’ in such situation. Other additional options that were chosen by students were ‘dull and persisting’ and ‘agonizing’.
- Students were provided with another hypothetical situation, **“If you accidentally stub your toe, how would you describe the pain?”** Again they were provided with a list of words ranging from sharp, aching, bearable, intense and dull to describe their pain. The most commonly used descriptors were ‘throbbing’ and ‘aching’. Women inclined towards using ‘throbbing’ to refer to their pain while men again inclining towards ‘dull’ and ‘intense’ for pain description.
- The ninth question that the students were asked was that, **“If you would voluntarily describe a pain event from your life, what words would you use to describe it?”** 61.3% emotional, 16.1% angry words, 9.7% distressing words.
- The tenth question that the students were asked was that, **“Have you ever been told that you are overreacting or exaggerating the pain you are experiencing? If so, how did that make you feel?”** 41.9% yes, it made me feel frustrated, 32.3% no, 16.1% yes, it made me feel dismissed.
- The eleventh question that the students were asked was that, **“How difficult do you believe it is describe your pain in appropriate words?”** Majority of the students and almost all male students responded by saying that they find it very difficult, female participants

responded by saying that they do not find to communicate their pain only on some occasions. Another student replied by saying that, it is not difficult as much but the other person who takes your pain for granted makes it worse. Another responded by saying that it depends on the kind of pain. Another participant went into detail stating that, *'Sometimes very difficult as you don't know if it's creating impact or not. It is quite different as sometimes we are not able to describe the pain that we felt in the form of words because silence is also an answer'*. One of the students who showed positive response stated that, *'I don't find it difficult because in my environment healthy communication has always been appreciated'*.

- The next question the participants were asked was, **“Which gender is more susceptible to use swear words while describing their pain?”** 64.5% of the participants believe that men are more susceptible to swearing. While 19.4% of the participants believe that the answer is women. Meanwhile, 16.1% of the participants believe that both are equally susceptible to swearing.
- The thirteenth question that was asked was, **“If you describe a pain event, what your focus of discussion be?”** The number of participants who replied that their focus would be the events surrounding the pain was 25.8%, while 32.3% that they would be stressing the use of emotional expressions of pain intensity and 41.9% of the participants said that they would focus on both aspects.
- The next question that was asked was, **“Do you think that societal expectations around gender roles and pain expression play a role in how men and women describe their pain experiences?”** 93.1% agreed with this statement and 6.9% remained neutral.
- The last question that the students were asked was, **“How do you think we can improve communication and understanding between genders when it comes to pain language and expression?”** Some students, almost 7.1% were of the view that providing education about pain and its effects is necessary, while 32.1% decided that it's best for ourselves and for teaching others to foster empathy and understanding. While, majority of participants, almost 60.7% emphasized on the need for encouragement for open communication about pain experiences.

Hence, keeping this questionnaire in mind data was analyzed and further discussions were carried out for the sake of accurate collection of data and to achieve desirable results.

Interview:

Participants who agreed for a one-on-one correspondence session were also of similar background to the students who participated in the questionnaire. The male and female participants were also of similar age and had a common native tongue and used English as a second language. Men and women exhibited a wide variety of painful experiences in response to the discussions held. The most common painful experiences that were described were either associated with accident or injury in case of physical pain and also some described painful experiences associated with emotional or psychological causes. Among the participants some chose to narrate what they deemed to be their worst or most painful events and a few discussed pain as a general term and how they chose to perceive it. They gave vague without any context or disclosed the cause of such thought pattern.

Some participants were fluent in describing their painful events, while others spoke in phrases, vocalized a list of words, or provided us with some keywords. On average woman singing to be more capable of using more words as compared to men to describe their past painful events. The most prominent theme in these discussions was the use of pain descriptors e.g. words used as throbbing, intense, sharp, excruciating etc. Among these objectives and vocabulary items, the words most frequently used by women were; sharp, throbbing, intense, consistent, The verge most commonly used by men were; sharp, dull, burning, annoying etc. Thus, it seemed that on one hand women were using such words as 'intense' and 'sharp' to demonstrate the correct intensity of pain they were feeling at the time, on the other hand, men were using such words as 'burning' and 'annoying' to emphasize their frustration at feeling such pain at the time. The additional words used by one or two participants include, smarting, aching, pricking etc. These words were not frequently used. A few of the participants also used similes for the purpose of conveying the pain sensations in a more vivid manner. The Oxford English Reference Dictionary defines a simile as, *"a figure of speech involving the comparison of one thing with another of a different kind, as an illustration or ornament"* [25]. These phrases were present in descriptions used by women. Hence,

the use of similes gave prominence to these women's pain descriptions and were then used in conveying a more sensual aspect of emotional and physical pain. These instances are described as follows:

"...the pain was so harsh, it felt like my head was about to explode and the pain in my neck and shoulders only intensified." Another student while discussing pain as an emotion replied that, *"...I believe that my anxiety causes me so much pain that it feels like thorns are stuck in my throat whenever I try to voice my feelings..."*

Another student who was questioned about the emotional aspect of pain, and the extent or severity of their pain narrated one of their favorite poems,

"Grief is not something you complete, but rather something you endure" ...the pain caused by emotions is twofold any pain caused by physical caused because it never goes away."

Another participant when asked about emotional pain, delved deeper into the philosophical stage and replied that:

"...physical wounds can heal and scars can fade but emotional scars never fade away, they fester in your soul..."

The participants also described the mental imagery that was employed by them at the time of these painful events. Mental imagery can be defined as a visual picture or representation of their experiences at the time of pain. The mental images included the ways in which the subjects visually represented their pain, projected images whose purpose was to the present their concerns for the future, the consequences of their injuries and road to their recovery, some also included flashbacks to the time of the injury. A male student while describing the procedure for the recovery of his fractured limb described that:

"...when the doctor touched my fractured arm, I was in so much pain I saw red and white...". Some other students responded while saying that *'...I felt such a terrible pain that I fainted and saw black'* or *"the pain was so unbearable I saw white"*.

It was observed that both males and females used emotive words to describe their pain quite frequently. Although, the rate of usage of emotive words used by men was less than women but it

was still higher than expected. An emotive word can we describe is any kind of word that is used to express the subjects' emotional state. The words most frequently used by men to describe emotions were; angry, emotional, and depressed. On the other hand, the emotive words used in abundance by women were; emotional, angry, helpless and sad. Particularly, words such as anger or angry that were used to indicate frustration were found to be commonly used emotive words while describing pain. The use of words cry or scream was also observed. It was therefore concluded that men are more likely to identify frustration and feelings of anger while women are more likely to resort to feeling frustrated by using words such as wanting to cry or scream.

Another team that was observed in the research was the functional impact of pain on the participants. Some participants use pain descriptors and vocabulary items to lay emphasis on this theme. They narrated their pain events and described such feelings as unable to participate in their daily activities, numbness that felt like a physical blanket restricting them from moving freely. These additional consequences caused the participants emotional distress as well and they sort of had to put their daily life on hold. One of the participants stated that his emotional pain was far greater than the physical pain, it led to him feeling depressed because his pain was disrupting his daily life.

Generally, participants felt difficulty in using the correct words to describe the intensity of pain and the descriptions of pain that occurred and used phrases to convey as such. Hence, it was observed that the difficulty felt was in describing the abstract description of pain because pain is such a concept that can only be felt. But, the participants successfully communicated that they were facing difficulties in the matter of describing their pain.

The participants in this study contemplated on the duality of pain and discussed both the emotional and physical aspects of pain both these aspects were at times compared and contrasted to give accurate descriptions of the past pain events. Some participants argued that the emotional pain they felt was greater than the physical pain, another student said that at the time she was so disconnected with her emotions, that the only pain she could feel was physical, another stated that the similarity between both is the realization that you have to wait to get better and there is no immediate way of fixing such experiences while others were not able to differentiate between the intensity of both.

It was found that men and women differentiate in the focus of their pain descriptions. Women were more focused on describing their pain sensations while men were more focused on describing the events or actions that occurred during the experience and the emotions associated with it. The pain descriptions of male participants were typically focused on narrating the facts and observations regarding the event and also some insight of their thoughts and emotions. Men were also prone to show frustration and anger while recalling such experiences and reported that they tend to use more swear words while recollection of such events in informal settings. Consequently, female participants focused primarily on describing the sensations they felt and used a wider range of vocabulary to recollect their experiences. Their focus was on sensations, pain quality and expressions.

Result and Discussion:

The purpose of this study, which was to prove that men and women use language differently when conveying different aspects of their pain when describing a painful event has been justified. The female participants who engaged in this research were significantly more likely to give detailed responses and tended to use more expressive and descriptive vocabulary while men used fewer words and less graphic language and the stance taken by them was generally objective in their observations and recollections of the painful event. Men and women therefore differ in their willingness to relay information about pain experiences and their expression and communication of past pain events. Undoubtedly, this aspect affects the communication of the pain events with health professionals, and may influence aspects of pain assessment and treatment of the reported gender differences in the language used in men's and women's pain reports have been attributed to a variety of factors. There is some evidence that women are progressively more talkative than men.

However, it has been proved that this aspect has more to do with the social-contextual factors such as topic, speaker, context, and purpose of the conversation rather than the biological aspects. As already been discussed women's responses were longer they used more similes and vivid descriptions. It can be said that they were able to verbalize their pain sensations effectively.

Reasons for reported gender language differences are more commonly attributed to social factors. Gender differences in culturally learned pain responses may have an impact on language use when

reporting pain symptoms. Males are generally expected to appear stoic and not appear weak in response to pain, thus, they often times may also have omit the details of their pain sensations to conform to their socially constructed stoic male stereotype. The responses of male subjects were shorter and appeared less detailed. In case of emotional responses these were believed to show the true gender differences between men and women. Particularly, men tend to use emotive words of anger for the express purpose of showcasing their frustration while women tend to use emotive words to express the feelings of wanting to cry or scream. Furthermore, research is required to examine the relationship between anger expressions and gender differences while reporting pain.

There were many common aspects that were discovered in the pain descriptions by men and women, especially their use of pain descriptors. While, only some participants decided to use additional words not provided in the lists, it still proves that this questionnaire was unable to provide full coverage to encompass the pain sensations felt by the masses. Another similarity was that both genders discussed the physical and emotional aspects of pain.

Limitations of the study:

The topic of research for this study was exploratory, focused on examining the differences in language use of men and women when describing a painful event. It is evident, the language used for description may vary from setting to setting, audience or even pain behaviors. Additionally, the amount of students involved in the data collection pool was decidedly small.

Conclusion:

The purpose for which the research was being conducted proved quite successful, as the objectives for this research were mostly met. The findings suggest that health professionals strictly keep in mind the aspects they need to focus on while working with people who experience pain. It has been proven that men and women do differ in their language use and usage of pain descriptors. Common themes that were discussed include duality of pain experience, difficulty in describing pain and the functional impact of pain, are also important points to be taken into consideration.

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