HOW THE MEDICAL SYSTEM DISMISSES WOMEN'S PAIN–AND WHY THAT MUST CHANGE

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I've spent decades treating chronic pain—and I see it every day: women dismissed, labeled "emotional," or told their pain is "all in their head." This isn't rare. It's systemic.

Around 1 in 3 women report feeling dismissed or unheard by healthcare providers, especially when it comes to chronic pain, reproductive conditions, or fatigue-related illness.[1]

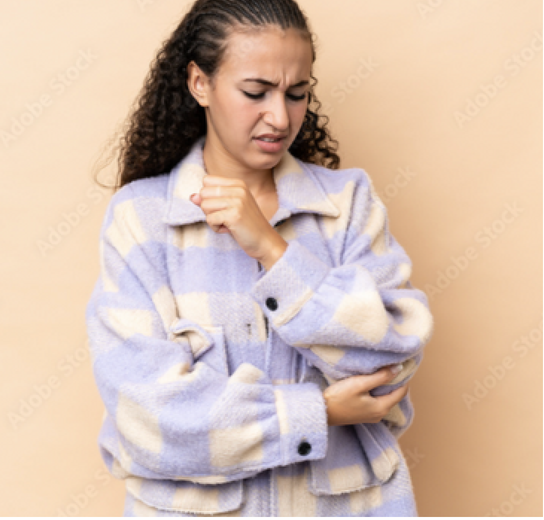
While chronic pain affects up to 70% of women, about 80% of pain studies are still conducted on male subjects.[2]

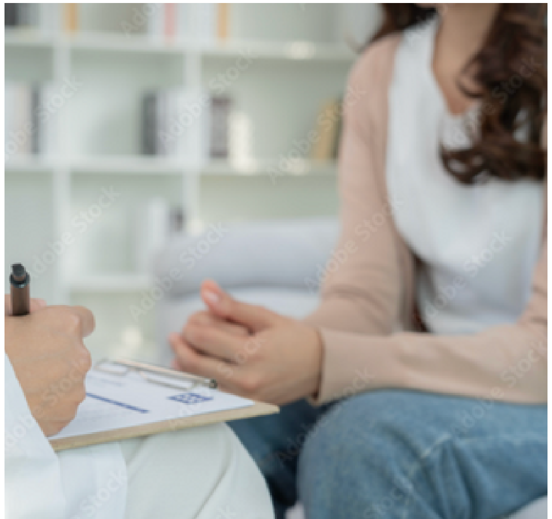
Women with complex pain are significantly more likely to be prescribed antidepressants or referred for psychiatric care instead of being offered comprehensive pain management.[3]

These statistics hit home: the system wasn't built for women's pain.

Why Women Feel More Pain—And Why It's Often Ignored

There are biological reasons why women account for a larger share of chronic pain cases. Hormonal fluctuations—especially estrogen and progesterone—affect how pain is processed in the nervous system.[4] These changes occur during menstruation, pregnancy, perimenopause, and menopause, often increasing sensitivity to pain. Women also have a higher density of sensory nerve fibers and more mast cells in tissues, which leads to stronger inflammatory responses.[5]





In short: women's bodies aren't more fragile—they're wired differently. But because most medical education and research is based on male anatomy and responses, women's pain continues to be misunderstood and misdiagnosed.[6]

When Pain Gets a Psychiatric Label

Dismissal doesn't just delay care—it becomes a diagnosis. Conditions like fibromyalgia, CRPS, POTS, and autoimmune fatigue syndromes are frequently written off as psychosomatic or "stress-related." Many women are told their pain is due to anxiety, depression, or somatic symptom disorder, rather than being evaluated through a trauma-informed or nervous-system lens.

But even with those facts in hand, I still have patients come to me after seeing six or seven doctors—only to be told “nothing’s wrong.” They feel dismissed. They feel crazy. They start to doubt their own experience.

The Bias Is Even Worse for Black, Indigenous, and People of Color

When race and gender intersect, the disparities deepen. Black and Latina women face *even greater* barriers to being believed or treated appropriately.

- Over **20% of Black women** report being treated unfairly by a healthcare provider due to race.[10]
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- Black patients are **less likely to receive pain medication** than white patients for the same symptoms.[11]
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Medical bias is real—and it’s not just inconvenient. It’s dangerous. It delays care. It erodes trust. And for many, it leads to lifelong harm.

Where We Go From Here

This isn’t just about frustration. It’s about justice. I became an occupational therapist to help people heal. Not to watch them be ignored by a system too rigid to adapt.

We need:

- Clinicians who listen—and challenge assumptions.
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- Researchers who include women in trials, not just as a subgroup.
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- Patients who know they’re not imagining it—and who keep speaking up.
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Pain isn’t "in your head." It's in your nervous system, your immune response, your lived experience. It’s real. And it deserves to be treated that way.

We can do better. We must do better.

📚 Sources

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