Perceptions of Pain and Perceptions of Health

Ellen L. Idler

Rutgers University

Perceptions of pain and perceptions of overall health status are complex phenomena. While logically and empirically linked, the direction of influence between the two is uncertain. Is pain one among the many indicators people take into account as they evaluate their general health status? Or are global health perceptions stable aspects of experience which underlie and color more transient experiences such as pain? These are especially interesting questions given recent evidence regarding the power of subjective health assessments in mortality prediction. The relationship between pain and perceptions of health was examined in a sample of 200 randomly selected clients of an outpatient rehabilitation center. Respondents were given a complete musculoskeletal examination by their physician followed by an extensive arthritis pain assessment administered by the staff nurse; instruments used were from the U.S. Public Health Service National Health and Nutrition Examination (NHANES-I). Other data collected by self-report included symptoms elicited by a body systems review, diagnosed chronic disease, functional disability, self-ratings of global health, evaluations of past and future health, and demographic factors. Regression analysis showed that (1) pain had an independent effect on self-perceptions of health net of other health status covariates, (2) self-perceptions of health had an independent effect on pain net of other health status covariates, (3) individuals who evaluated both their past and future health as poor reported more present pain, and (4) individuals who felt their health would be worse in the future reported poorer present health. Findings show that reports of present pain and present global health

1The research reported in this paper was carried out under the auspices of a National Institute on Aging FIRST Award, 1 R29 AG07480-01A1. The National Center for Health Statistics provided data from the National Health and Nutrition Examination (NHANES-I). I would especially like to thank the medical staff and patients of the International Center for the Disabled for their willingness to participate in the study and Shelley Myer for her assistance in data collection and analysis.

2Address all correspondence to Ellen L. Idler, 30 College Avenue, P.O. Box 5070, New Brunswick, New Jersey 08903.
Pain is an inherently subjective phenomenon. So is an individual’s perception of his or her overall state of health. Unlike other products of the senses, neither pain nor health perceptions have an external referent, but only internal, invisible ones. Neither can be independently observed by others nor directly measured by reliable instruments without the mediating voice of the individual subject. The essential inaccessibility of the two phenomena, and the potential ambiguity of self-reports about them, have increasingly concerned researchers who design health surveys (Feinberg, Loftus, & Tanur, 1985a; Tanur, 1992); they lead directly to the often-raised question, “Why do some people appear to minimize pain and poor physical health and others to magnify them?”

The uncertainty on the part of researchers about what is meant by pain and health reports, however, appears ironic in contrast with the rapidity and certainty with which people respond to questions about pain and health in survey situations. These are familiar subjects to people, on which they are the sole informants. Moreover, a developing body of recent longitudinal research shows that self-assessments of health are powerful predictors of mortality after controlling for actual medical conditions (reviewed in Idler, 1992; Jagger & Clarke, 1988; Rakowski, Mor, & Hiris, 1991; Wolinsky & Johnson, 1992), extending a certain prospective validity to self-reports of current subjective states.

How are pain and global self-assessments of health related to each other? Common sense links them, but the direction of influence between the two is uncertain. Is pain one among the many indicators people take into account as they evaluate their general health status? Or are global health perceptions stable aspects of experience which underlie and color more transient and volatile symptomatic episodes such as pain? As Feinberg, Loftus, and Tanur (1985b) wrote,

Judgments of overall health are no doubt influenced by objective conditions but the influence may be limited (e.g. respondents who have successfully adjusted to long-term conditions may discount them in evaluating their health) and perceptions of objective conditions may be as much influenced by the overall judgment as the reverse. Research on underreporting of conditions demonstrates the impact of the overall evaluation on the reporting of conditions: underreporting is greater for respondents who see themselves as healthy. Global judgments in other domains typically integrate information from several dimensions, but little is known about the subjective dimensions of health. (p. 561, emphasis added)