



Social desirability response bias and self-report of psychological distress in pediatric chronic pain patients

Deirdre E. Logan ^{*}, Robyn Lewis Claar, Lisa Scharff

Children's Hospital Boston and Harvard Medical School, Pain Treatment Service, 333 Longwood Avenue, Boston, MA 02115, USA

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Abstract

The objective of this study was to investigate associations between social desirability response bias and self-report of pain, disability, and psychological distress (depression, anxiety, and somatic symptoms) in a sample of children presenting to a multidisciplinary pediatric chronic pain clinic. A retrospective review was conducted on 414 consecutive clinic patients, ages 12–17 years, with chronic pain complaints of at least 3 months' duration. As part of a clinical battery, children completed self-report psychological questionnaires including the Children's Depression Inventory, Children's Somatization Inventory, and Revised Children's Manifest Anxiety Scale including the Lie Scale, an indicator of social desirability influence. Children also provided self report of pain intensity, pain duration and functional disability. Clinician ratings of anxiety and depressive symptoms also were collected. Results show that children scoring high on the measure of social desirability reported fewer symptoms of depression and anxiety compared to children scoring low on the social desirability index. No differences arose between these groups on reports of somatic symptoms, pain duration, or pain-related disability. These findings suggest that social desirability response bias may have implications for the self-report of psychological distress among pediatric chronic pain patients. The limits of self-report of symptoms should be considered in the clinical and research contexts.

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1. Introduction

Self-report of psychological functioning is an essential component of comprehensive chronic pain assessment in both adult and pediatric populations (Turk and Rudy, 1986; Karoly, 1991; Melzack and Turk, 1992). In the context of multidisciplinary pediatric pain clinical evaluations and research, patients often complete self-report batteries assessing psychological factors such as depression, anxiety, and coping styles (Kashikar-Zuck et al., 2002; Eccleston et al., 2005; Scharff et al., 2005). Self-report measures can provide valuable

information on psychological functioning of patients with chronic pain, especially given the limited time available for in-depth psychological evaluation in this setting. However, one limitation to the use of self-report of psychological functioning, particularly in children and adolescents, is the influence of social desirability on the child's willingness to endorse symptoms of psychological distress (Kazdin and Petti, 1982). Social desirability can be viewed as a tendency to present oneself favorably, or to obtain approval by responding in a culturally and socially acceptable manner (Crowne and Marlowe, 1960). Children strongly influenced by social desirability may deny negative thoughts and feelings in an effort to "look good," and/or to repress negative thoughts and feelings from their own awareness (Paulhus, 1984; Paulhus and Reid, 1991).

^{*} Corresponding author. Tel.: +1 617 355 6694; fax: +1 617 730 0199.

E-mail address: deirdre.logan@childrens.harvard.edu (D.E. Logan).

Previous research demonstrates that social desirability is strongly associated with adult chronic pain patients' self report of symptoms (Haythornthwaite et al., 1991; Deshields et al., 1995; Kermit et al., 2000). In a study of 200 adults, Deshields and colleagues (1995) found that individuals who were more sensitive to social desirability reported less depression and anxiety but greater pain intensity. The authors interpret these findings to suggest that these individuals minimized symptoms that might suggest a psychosomatic component to their pain while emphasizing the severity of their physical symptoms. They further speculated that social desirability bias may be particularly potent when patients complete self-report forms as part of their initial contact with the medical team, as is typically the case in most pain clinic settings.

Due to lower cognitive maturity levels, children and adolescents are typically more susceptible to social desirability influences than adults (Brown and Kodadek, 1987; Mabe and Treiber, 1989; Mwamwenda, 1995). However, no known studies have explored the effects of social desirability on responses to common self-report measures in a pediatric chronic pain population. The purpose of this study was to assess associations between social desirability and self-report of psychological and pain symptoms among youth presenting to a multidisciplinary pediatric chronic pain clinic. We sought to test a primary hypothesis that children whose response patterns are characterized by higher social desirability would self-report lower levels of psychological distress. A secondary, exploratory aim was to compare self-reported symptom levels with clinicians' judgments of psychological distress. We hypothesized that there would be greater discrepancy between self-report and clinician ratings of psychological symptoms among children scoring high on a measure of social desirability, compared to children without elevated social desirability scores. Finally, we sought to explore associations between social desirability and demographic and pain characteristics (i.e., age, gender, pain complaint, reported pain intensity and duration). The goal was to improve clinical practice by understanding the limitations of what can be gleaned through self-report measures of pain and psychological symptoms in this clinic population.

2. Methods

2.1. Participants

Potential study participants included all patients ages 12–17, with at least three months duration of chronic pain who underwent a multidisciplinary pain evaluation at a tertiary pain clinic in a large, urban northeast pediatric hospital between February 2003 and September 2005.

Of the 710 patients seen by the Pain Treatment Service during this time, 149 did not meet the age range criterion (12 to 17 years). Thirty-six patients did not meet the three-month pain

duration criterion. In addition, 111 patients were ineligible due to missing, incomplete, or invalid questionnaire data. No differences were found between patients with missing data and those with complete data in terms of the child's age or gender. No families refused to complete the questionnaires.

The total sample included 414 patients (58% of the children seen in clinic) and was primarily Caucasian (91%) and female (75.6%), reflective of the population of children seen in this tertiary care clinic setting. The mean age was 14.7 years ($SD = 1.6$). See Table 1 for pain diagnosis distribution. At the time of the evaluation, patients' mean duration of pain was greater than two years, $M = 28.6$ months ($SD = 29.9$, range = 3–178 months).

Family socioeconomic status (SES) based on the four-factor index of social status (Hollingshead, 1971) ranged from 15 (unskilled laborer) to 66 (business owner; professional), with a mean of 48.0 ($SD = 10.1$; lower quartile = 40.0; median quartile = 48.0; upper quartile = 56.0). The majority of mothers (55.3%) and fathers (53.6%) were college graduates.

2.2. Measures

2.2.1. The Children's Depression Inventory (CDI)

Depressive symptoms were assessed with the CDI (Kovacs and Beck, 1977; Kovacs, 1981). The CDI contains 27 self-report items representing depressive symptoms. Items are rated on a 3-point scale and summed to obtain a total score. Higher scores indicate higher levels of depressive symptoms. Test–retest reliability of the CDI has been found to range across populations and time intervals from 0.71 to 0.87. Validity studies show that the CDI is highly correlated with measures of self-concept and can distinguish emotionally distressed from normal school age children (Saylor et al., 1984). Standardized (T) scores are used in all analyses.

2.2.2. Children's Somatization Inventory (CSI)

The CSI (Garber et al., 1991; Walker et al., 1991) assesses the severity of nonspecific somatic symptoms (e.g., "weakness," "dizziness") that need not have organic disease etiology. Respondents rate the extent to which they have experienced each of 35 symptoms during the last 2 weeks using a 5-point scale ranging from "not at all" (0) to "a whole lot" (4). Higher scores indicate higher levels of somatic symptoms. The CSI has demonstrated good reliability and validity (Walker et al., 1991).

2.2.3. Functional Disability Inventory (FDI)

The FDI (Walker and Greene, 1991; Claar and Walker, 2006) assesses children's self-reported difficulty in physical and psychosocial functioning due to their physical health. The instrument consists of 15 items concerning perceptions of activity limitations during the past 2 weeks; total scores are computed by sum-

Table 1
Participants' ($n = 414$) primary pain diagnoses

Pain diagnosis	N (%)
Headaches (any type)	112 (27.5)
Musculoskeletal pain	107 (25.8)
Neuropathic pain	72 (17.6)
Abdominal pain	47 (11.5)
Diffuse pain	38 (9.3)
Other pain (e.g., chest, ear, bladder, hip)	32 (7.8)

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