Dr. Anne E. Kazak
The Children's Hospital of Philadelphia
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March 9th, 2013

Dear Dr. Kazak,

Attached please find my submission for a Letter to the Editor for an article published in Volume 32, Issue 2 of *Health Psychology*. The full citation for this article is:

Gilliam, W. P., Burns, J. W., Gagnon, C., Stanos, S., Matsuura, J., & Beckman, N. (2013). Strategic self-presentation may enhance effects of interdisciplinary chronic pain treatment. *Health Psychology*, *32*(2), 156-163.

I attest, as the sole author of this letter, that I do not have any conflicts of interest related to the article or correspondence. I also attest to receiving feedback on this letter from a professor in my doctoral program before submitting it for your consideration.

Thank you for your time and consideration.

Sincerely,

Aleksandra Plocha

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Strategically Misleading Results? Self-Presentation and Self-Reports

A Letter to the Editor Regarding Gilliam et al. (2013)

Gilliam et al. (2013) used the strategic self-presentation (SSP) model to analyze how public and private commitment to advantageous coping strategies impact the treatment efficacy of an interdisciplinary pain management program. While the researchers acknowledge that they "did not directly assess dissonance reduction but only inferred its action from pre- to posttreatment results" (p. 162), their overreliance on self-reports represents a significant methodological flaw that may make their findings misleading. By using self reports to assess changes in individuals' behavior, Gilliam et al. (2013) measured the impact that self-presentation had on future self-report of symptoms—and more specifically, the likelihood of participants to match their pre- and posttreatment reports—rather than the impact that strategic self-presentation had on their conditions of pain severity, interference, activity level, depression, pain, self-efficacy, and coping. Thus, the authors may have not actually measured dissonance reduction in concordance with the main SSP assumption. The following conclusion can therefore be misleading:

> Having participants generate a description of how they were coping positively with their chronic pain, and then present these descriptions in an ostensibly public fashion, appeared to enhance effects from a structured and intensive pain treatment program beyond those shown by participants not doing so. (p. 161)

Additionally, although the authors rightly considered the confounding impact that the trait of social desirability could have on individuals' self reports of treatment efficacy, this feature represents only one of numerous alternative explanations—other than actual changes in pain management—for why participants in the public SSP-positive condition might have

reported positive changes in treatment efficacy. The researchers could have considered the impact that the participants' preexisting appraisals of pain might have had on reports of treatment efficacy, which previous research has shown to be a strong indicator of how a person will cope with chronic pain (Turk, Wilson, & Swanson, 2012). They also did not consider characteristics such as self-consciousness, which may influence an individual's tendency to strive for consistency in public self-reports as a way to reduce dissonance-inducing states produced by SSP (Doherty & Schlenker, 1991).

The authors are to be commended for their exploration of the impact of SSP on the treatment efficacy of a pain management program, as very little research has been done on this topic to date. Considered together, however, the authors' overreliance on self-reports to measure behavioral changes in treatment efficacy as a result of public, positive SSP and their failure to adequately address the many factors that could have produced high scores in posttreatment self-reports cause their findings to be misleadingly conclusive.

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chronic pain. In A. Baum, T. E. Revenson, & J. Singer (Eds.), *Handbook of health psychology* (pp. 149-174). New York, NY: Psychology Press.