Comments Round One from the Control Foundation

On Tue, 9 Mar 2004, John A. Astin, PhD wrote:

> Dear Jill,
> Thank you for your recent submission to the Control Trust. We have
> conducted our initial review of your application and feel that overall
> your study has great merit and believe that with a few minor revisions
> it is a likely candidate for funding.
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> We believe you have made a strong case for the importance of furthering
> our understanding of some of the psychological characteristics that
> might underlie the poorly understood phenomenon of non-cardiac chest
> pain (NCCP) and share your theoretical hunch that sense of control may
> be related in some important ways.
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> We have a few specific suggestions for changes in the proposal and
> would ask that you make these fairly minor revisions and send us the
> revised proposal by April 1st, which would enable us to make our final
> funding decision by May 1. The areas we would like to suggest you
> address are:
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> 1.We appreciate your concerns about possibly burdening patients with
> the entire SCI and your subsequent choice to limit your analysis to 37
> questions that make up four of the nine scales on the inventory.
> However, we have several comments about this. First of all, while the
> complete version of the SCI may initially seem a bit daunting to both
> investigator and study participant, the fact is that the SCI actually
> takes only 20 minutes to complete. Furthermore, our theory and
> research both suggest that control is a complex, multidimensional
> construct and that the oftentimes subtle relationships between control
> and health outcomes can frequently be missed if the different control
> components are not assessed [cf. Astin, JA et al. (1999). Sense of
control and adjustment to breast cancer: The importance of balancing
control coping styles. Behavioral Medicine, 25, 101-109.] Particularly
as it relates to your proposed study, we feel that an assessment of the
modes of control could provide very important and useful information.
For example, in terms of NCCP, our theory would suggest that there
might very well be two distinct control profiles that predict it. For
example, some patients may have a low sense of control, high negative
assertive control (quadrant 3 in our model of modes of control), high
desire for control, and low sense of control from others (agency). On
the other hand, some patients presenting with NCCP may actually have a
low desire for control, low sense of agency from self, and high
negative yielding mode of control. How one would subsequently work
clinically with these two control profiles would be quite different.
For these reasons, we believe the application would be strengthened by
administering the entire SCI and examining correlations between the
symptoms of NCCP and all the SCI subscales.

> 2. A second more minor point concerns the measurement of additional
> constructs and covariates. You state that you will be carrying out
> multivariate analyses. However, it is not clear from the proposal what
> (if any) additional psychological or demographic variables you will
> actually be examining along with the control constructs in your
> regression and structural equation analyses. Also, you mention that
> chest pain will be assessed with a self-report measure developed for
> this study. We were wondering, however, if there were already
> standardized measures for NCCP and if so, believe that you should
> provide some rationale for why you would not be utilizing these in your
> study.
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> We look forward to reviewing your revised proposal. Don^Rt hesitate to
> contact me if you have any questions about the above revision requests
> or any other matters pertaining to the proposal.
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> Sincerely,
> Dr. Astin