

Self presentation and cardiovascular reactivity

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Abstract

This research was concerned with two issues: first, whether cardiovascular response patterns to a social stressor (i.e. self-presentation under evaluative circumstances) differ as a function of one's ability to control the impression one makes on others; second, whether cognitive appraisals are necessary or sufficient for the cardiovascular components of emotional arousal. Forty-two male subjects (Ss), monitored for cardiac impedance and blood pressure, were shown a previously recorded videotape of themselves in which each S verbally described personal aspects about himself. Ss in an *Active* condition were allowed to mark segments of the tape they wanted to re-shoot before the tape was evaluated by reviewers. Ss in a *Passive* condition viewed their tape but could not indicate whether to revise it. Control conditions allowed assessment of the activity entailed in tape marking and of evaluation per se. Self-reports of stress, threat, and coping ability regarding the upcoming task were taken. Blood pressure elevations occurred equally in both experimental conditions, but apparently through different underlying mechanisms. The *Active* condition produced myocardial responses (increased ejection fraction), while the *Passive* condition produced a vascular response (increased total peripheral resistance). However, while cardiovascular reactivity patterns did differ as a function of the opportunity to control the impression one could make on evaluative others, they did not differ as a function of having appraised the task as a challenge or as a threat. Consideration also is given to the conditions necessary for cognitive appraisal to occur and to influence reactivity. © 1999 Elsevier Science B.V. All rights reserved.

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1. Introduction

The present study is concerned primarily with cardiovascular activity during situations in which people can or cannot control their self-presentations under evaluative conditions. A second issue concerns whether cognitive appraisals are necessary or sufficient for such cardiovascular patterns.

Cardiovascular reactivity to physical and social psychological demands has long been of interest in psychophysiological research, both for its potential pathogenic significance (Anderson et al., 1993; Saab and Schneiderman, 1993; Uchino et al., 1995) and for the information it provides about autonomic functioning and autonomic space (Berntson et al., 1991; Cacioppo, 1994). The study of reactivity to social stressors may be especially important, given their ubiquity in everyday life, especially since reactivity to less explicitly social stressors, such as mental arithmetic, is not necessarily predictive of reactivity to patently social stressors (Lassner et al., 1994; Al'Absi et al., 1997).

Self-presentation is a ubiquitous feature of daily life. Baumeister (1982) identifies two main self-presentational motives: (1) pleasing an audience; and (2) constructing one's public self congruent to one's ideal. According to Baumeister, the intention behind self-presentation does not need to be conscious, nor does the impression need to be accurate either objectively or in the self-presenter's own view.

Self-presenters, in an effort to construct and protect a set of desired identity images, have been shown to modify their attitudes according to the probable reactions of audiences (Schlenker and Weigold, 1990). Moreover, when people want to make a favorable impression but doubt that they will succeed, social anxiety occurs (Schlenker and Leary, 1982). Leitenberg refers to social anxiety as 'ubiquitous' and notes that it involves feelings of apprehension, self-consciousness, and emotional distress in anticipated or actual social-evaluative situations (Leitenberg, 1990). Spielberger (Spielberger, 1979) has described such anxiety as a dominant fact of modern life.

Self-presentation, then, is ubiquitous and often stressful, particularly in evaluative circumstances.

However, very little if any research has explored physiological reactivity in association with situations that impede the opportunity to create a desired self impression. Such stress should be reflected in patterns of cardiovascular reactivity, patterns which in turn might have serious health implications (Folkow, 1978).

A related issue concerns a person's assessment of how threatening a situation is. The model of stress of Lazarus and Folkman (1987) posits that cognitive appraisal processes intervene between the initial perception and subsequent experience of a potentially stressful situation. These appraisals are thought to shape emotional, physiological, and behavioral responses to such events. Tomaka et al. (1993) tested Lazarus and Folkman's model and discovered that different patterns of cardiovascular reactivity were associated with one's perceived ability to cope with the situation. To Tomaka and associates, high perceived coping ability generally will lower or preclude stress, while low perceived coping ability generally will increase stress. Operationally, they dichotomized groups according to a ratio of participants' judgments of how threatening an upcoming task (e.g. mental arithmetic) was relative to how able the participant felt to cope with the task. A relatively high ratio represented threat, and a relatively low ratio represented challenge. Increased myocardial reactivity was associated with greater challenge and less perceived stress, and increased vascular responsivity was associated with greater threat and more perceived stress. However, cardiovascular reactivity patterns also have been found to vary with the type of stressful situation — specifically, with whether the situation allows action by the person or imposes passivity (Baumeister, 1982; Lovallo et al., 1985; Sherwood et al., 1990). Therefore, the action opportunities afforded by a stressful situation might be an important modulator of cardiovascular reactivity, whether the action affordances are imposed by the situation or construed by the person's own appraisal.

How a person reacts physiologically to stressful social situations has important health implications, since reactivity patterns have been linked with immunosuppression (Cacioppo, 1994) and

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