



The effects of different types of social desirability on the identification of repressors

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Abstract

This study investigated whether different types of social desirability have an impact on the identification of repressors. In addition, it explored the relationship between the repressive coping style and various affect-related measures. Participants completed the Marlowe–Crowne Social Desirability Scale [Crowne, D.P. & Marlowe, D.A. (1964). *The approval motive: Studies in evaluative dependence*. New York: Wiley] and the Balanced Inventory of Desirable Responding [Paulhus, D. (1984). Two-component models of socially desirable responding. *Journal of Personality and Social Psychology*, 46, 598–609], which differentiates between *self-deceptive positivity* (the tendency to give self-reports that are honest, but positively biased) and *impression management* (deliberately positive self-presentation). These, in conjunction with scores on the Taylor Manifest Anxiety Scale [Taylor, J.A. (1953). A personality scale of manifest anxiety. *Journal of Abnormal and Social Psychology*, 48, 285–290], allowed the generation of three 2×2 categorisations. Participants also completed measures of trait emotional intelligence (trait EI), rumination, self-esteem, life satisfaction, and coping. A series of ANOVAs showed that the repressor group scored significantly higher on trait EI, self-esteem, life satisfaction, and “healthy” coping styles, but lower on rumination and “unhealthy” coping styles. In almost every analysis, repressors were significantly different from the non-defensive/high anxious group. There was, however, little evidence to support the notion that different social desirability measures have differential impact on the identification of repressors. © 2002 Elsevier Science Ltd. All rights reserved.

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Interest in repression as a coping mechanism dates back to Freud (Freud, 1915/1966), but the area continues to draw a lot of attention (Baumeister, Dale, & Sommer, 1998; Bell & Cook, 1998; Brosschot, de Ruiter, & Kindt, 1999; Burns, 2000; Burns, Evon, & Strain-Saloum, 1999; Cramer, 1998; Lehrer, 1998; Myers, 2000; Myers & Derakshan, 2000; Myers & Reynolds, 2000; Nassau,

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Fritz, & McQuaid, 2000; Newman & Hedberg, 1999; Sparks, Pellechia, & Irvine, 1999). During the 1960s and 1970s there were several psychometric investigations into repression primarily involving Byrne's (1961) repression-sensitisation scale. Although this scale was employed in a series of studies on repression (e.g. Altrocchi, 1961; Charbot, 1973), it was soon established that it was confounded with anxiety and was actually measuring little else (Furnham & Osborne, 1986; Tudor & Holmes, 1973).

Research in repression surged anew in the 1980s, this time with the initiative of Weinberger, Schwartz, and Davidson (1979), who used well-established tests of anxiety (Taylor Manifest Anxiety Scale; TMAS; Taylor, 1953) and social desirability (Marlowe-Crowne Social Desirability Scale; MCSD; Crowne & Marlowe, 1964) in an attempt to define the genuine repressor. Thus, Weinberger et al. (1979) proposed a fourfold categorization based on classifying people as high or low on the two said measures:

1. Defensive/high anxious: High on defensiveness and high on anxiety.
2. Non-defensive/low anxious: Low on defensiveness and anxiety.
3. Non-defensive/high anxious: Low on defensiveness and high on anxiety.
4. Repressors: High on defensiveness and low on anxiety.

Weinberger (1990) suggested that “repressors are people who fail to recognise their own affective responses. . .repressors as a group seem actively engaged in keeping themselves, rather than just other people, convinced that they are not prone to negative affect” (p. 338). Repressors downplay their state of anxiety so that they may appear more socially desirable. Originally, Weinberger et al.'s (1979) classificatory system was designed to examine responses to acute anxiety in laboratory settings and focused on individuals who did not report experiencing anxiety. However, this scheme quickly stimulated a great deal of research ranging from studies on personality and self-estimates (e.g. Furnham, Petrides, Sistrone, & Baluch, 2001) to studies examining physical health (Jensen, 1987).

Furnham et al. (2001) reviewed about 60 studies on the repressive coping style, which they grouped under three headings. First, they reported on cognitive studies (involving Stroop tests, recall tasks, etc.), which generally showed that repressors were highly sensitive to affect-laden stimuli such as emotional words and affective memories (e.g. Baumeister & Cairns, 1992; Bonanno, Davis, Singer, & Schwartz, 1991; Cutler, Larsen, & Bunce, 1996; Davis, 1987; Derakshan & Eysenck, 1997; Fox, 1993; Holtgraves & Hall, 1995; Mendolia, Moore, & Tesser, 1996; Myers & Brewin, 1994; Schimmack & Hartmann, 1997). Second, they reported on various individual differences studies relying mostly on self-report and demonstrating that repressors score high on adaptability, health, and successful coping and low on fear, anxiety, sadness, and hostility (e.g. Egloff & Hock, 1997; Egloff & Krohne, 1996; Kreitler & Kreitler, 1991; Myers & Brewin, 1996; Myers & Vetere, 1997). In short, repressors consistently emerged in self-report measures as the most healthy, happy, and adapted group. Third, they reviewed a series of studies investigating repression in relation to various behavioural and physiological measures such as electrodermal responses, heart-rate changes, and basal salivary cortisol levels (e.g. Altemus, Wexler, & Boulis, 1989; Asendorpf & Scherer, 1983; Brown, Tomarken, Orth, Loosen, Kalin, & Davidson, 1996; Fox, O'Boyle, Barry, & McCreary, 1989; Gudjonsson, 1981; Jamner & Schwartz, 1986; Jensen, 1987; King, Taylor, Albright, & Haskall, 1990; Kneier & Temoshok, 1984; Newton & Contrada, 1992; Shaw, Cohen, Doyle, & Palesky, 1985; Weinberger et al., 1979). The results from these studies

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