



## Perceived appearance judgments moderate the biological stress effects of social exchanges



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### ABSTRACT

Social relationships are generally thought of as beneficial. However, the present study set out to test the hypothesis that for individuals who perceive others to judge their appearance negatively, daily social interactions can also be a source of stress. Indeed when assessing 38 young adults, we found that both more incidences of negative exchanges reported during the past month as well as perceived negative appearance judgments by others were associated with more self-reported stress. Interestingly, however, for individuals with low attribution body esteem, higher numbers of *positive* social exchanges during the past month were related to health-relevant changes in biological markers of chronic stress as well. The same was true for individuals with *high* attribution body esteem who reported to experience only very *few* positive exchanges. As such, these findings go beyond the initial focus on low body esteem and negative social exchanges and introduce high body esteem as well as daily positive exchanges as potential health risk factors.

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### 1. Introduction

Although social relationships are generally thought of as beneficial, negative social interactions have been associated with psychological distress (Newsom, Rook, Nishishiba, Sorkin, & Mahan, 2005). However, all social interactions can be sources of daily stress (Bolger, DeLongis, Kessler, & Schilling, 1989), particularly those involving social evaluation (Dickerson, Mycek, & Zaldivar, 2008). Social evaluation, in turn, may be especially relevant for individuals who are worried about being judged on their appearance (McClintock & Evans, 2001). Importantly, chronic stress due to concerns about perceived appearance judgments and social exchanges may result in physiological wear and tear and subsequently, health consequences (Goldstein & McEwen, 2002; Tsigos & Chrousos, 2002). Thus, concerns about appearance judgments may be an important moderator of the link between social exchanges and psychological and biological stress markers. To date, no study has examined the role of daily positive and negative social exchanges for self-reported chronic stress or daily functioning of

physiological stress-related systems, or whether these associations vary based on attribution body esteem.

#### 1.1. Daily social exchanges as stressors

Stress from social relationships has been associated with a host of negative mental and physical health outcomes (e.g., Newsom, Mahan, Rook, & Krause, 2008). Interestingly, a number of studies have found that simply the numbers of day-to-day positive and negative social exchanges are associated with psychological well-being as well as physical health (Finch, Okun, Pool, & Ruelman, 1999; Newsom, Nishishiba, Morgan, & Rook, 2003; Newsom et al., 2008; Okun & Keith, 1998). Using both retrospective (i.e., during the past month) and daily assessments of the frequency of exchanges, previous studies have shown links between more frequent positive social interactions and better health-related outcomes and correspondingly, more negative interactions and poorer health. In general however, all social exchanges may have the capacity to be stressful. Prior research has found that expectations about social evaluation play a vital role in whether a social interaction is stress inducing or stress buffering (Dickerson et al., 2008; Kors, Linden, & Gerin, 1997). In other words, when someone expects to be evaluated by another person, be it a stranger, friend, or romantic partner, they are more likely to experience stress related to that interaction. Thus, despite previous literature describing the health risks

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associated with negative exchanges (e.g., Newsom et al., 2008), this framework suggests that positive social exchanges characterized by social evaluation can be just as stressful as negative social exchanges.

### 1.2. Body esteem as a moderator

If associations between social exchanges and stress are less dependent on the valence of the social exchanges, the question arises which other factors may help explain potential inter-individual differences. One important moderator contributing to whether social exchanges are perceived as stressful may be body esteem. More specifically, the social-self preservation theory has described how stress is most often induced in contexts in which one's performance is evaluated by other people (Dickerson et al., 2008). Interestingly, body image and gender theorists have suggested that the way one's body is presented can be considered a form of performance as well (Bordo, 2003; Fredrickson & Roberts, 1997). This idea has important implications. Constant exposure to images of unattainable ideals of appearance can lead to adoption of unrealistic standards for one's own looks. Once the societal standards for appearance are internalized, this can lead to frequent unfavorable comparisons of one's own body against the ideal (Wertheim, Paxton, & Blaney, 2004). This discrepancy can lead to low body esteem, i.e., negative feelings about one's body and appearance independent of one's actual body size (Mendelson, Mendelson, & White, 2001).

As such, appearance may be a particularly relevant source of evaluation-related stress experiences in social interactions. Indeed, low body esteem has been associated with increased fear of negative evaluation as well as social phobia behaviors (McClintock & Evans, 2001). Furthermore, daily social exchanges can be frequent and occur not only with people one knows, like friends and family, but also with strangers as well. Having internalized an unrealistic standard of appearance, expectations to be evaluated negatively in said social interactions may contribute to those interactions being stressful.

One facet of body esteem that captures specifically how individuals feel about their appearance in social situations is attribution body esteem (Mendelson et al., 2001). Someone with high attribution body esteem feels that others frequently make positive judgments about their appearance whereas those with low attribution body esteem perceive that others rarely make positive judgments (Mendelson et al., 2001). Because individuals with low attribution body esteem already expect that others do not evaluate their looks positively, they may carry this attitude into their social interactions thereby increasing the risk for experiencing stress association with social exchanges.

Self-verification theory offers an interesting extension to this idea. This theory posits that individuals prefer and seek out feedback that confirms their own self-view, even if their self-view is negative (Giesler, Josephs, & Swann, 1996). Thus, those with low attribution body esteem may be more likely to perceive negative evaluation and thus stress as a result of both negative and positive social exchanges; either due to social exchanges reinforcing their own negative self-view or due to positive exchanges conflicting with their negative perception of themselves.

### 1.3. Pathways to health outcomes

Given that social exchanges are almost impossible to avoid, such repeated and often uncontrollable interactions may result in repeated physiological stress responses. Wear and tear resulting from these repeated stress responses will eventually lead to dysfunctions in stress systems, which in turn pose a health risk (Goldstein & McEwen, 2002; Tsigos & Chrousos, 2002).

A key factor involved in physiological stress responses is the hypothalamic pituitary adrenal (HPA) axis with its hormonal end product, cortisol. Repeated chronic HPA axis activation has been found to result in dysregulation of the basal state of this system, specifically, dysfunctions in the circadian cortisol rhythm. Cortisol in a healthy individual shows a strong increase in response to awakening followed by a gradual decline over the course of the day with very low levels late at night, whereas dysregulations include patterns characterized by a flattened cortisol decrease across the day as well as hypercortisolism (i.e. elevated cortisol levels throughout the day) (Chrousos & Gold, 1992). Dysregulated daily cortisol rhythms have subsequently been associated with a variety of negative physical and mental health outcomes (e.g., Kumari, Shipley, Stafford, & Kivimaki, 2011; Matthews, Schwartz, Cohen, & Seeman, 2006; Stetler & Miller, 2005). Taken together, alterations in basal stress systems may be an important pathway by which social factors can influence health (Adam & Kumari, 2009; Seltzer et al., 2009).

### 1.4. Study aims

The current study aims to examine whether attribution body esteem affects health by turning daily social interactions into a source of chronic stress. Because previous literature has linked negative social exchanges to psychological well-being but not yet to chronic stress, the present study will first test (1) whether higher numbers of negative exchanges reported during the past month are associated with (a) elevated chronic psychological stress and (b) alterations in basal daily cortisol patterns. Further, since low attribution body esteem indicates that individuals feel evaluated in social situations and thus more vulnerable to stress from social exchanges, we will next examine to what extent (2) attribution body esteem will moderate the association between numbers of negative social exchanges and (a) psychological stress, as well as (b) health-relevant basal cortisol indices.

Little is known about the potential detrimental effects of positive social exchanges. As suggested above, individuals with low attribution body esteem may be more likely to perceive negative judgment in all types of social situations, making even positive exchanges potentially stressful. Thus, the third hypothesis examines (3) for individuals with lower attribution body esteem, whether higher numbers of positive exchanges during the past month will be associated with (a) increased chronic psychological stress as well as the (b) respective changes in diurnal cortisol patterns.

## 2. Method

### 2.1. Participants

A total of 44 Brandeis University undergraduates were recruited through the Psychology subject pool as well as advertisements in lower-division Psychology classes. This sample size (40 plus 10% to account for attrition) was based on previous findings with similar variables (social interactions and diurnal cortisol), particularly, a study reporting a large effect size ( $R^2 = .51$ ) with 36 healthy participants (Stetler & Miller, 2005). One participant was excluded due to missing cortisol data, two participants for missing data on the social support measure, and three for incomplete data on the social exchanges measure. Thus complete datasets were available for 38 participants (age =  $20.5 \pm 2.45$ , 15 males and 23 females, overall BMI mean = 23.4,  $SD = 3.72$ ). All participants were over 18 years old and free from chronic disease. Women taking oral contraceptives were excluded from participation as this medication interferes with cortisol levels. Upon study completion, participants received credit for their Psychology class or \$15. The study protocol was approved the Brandeis University Institutional Review Board.

### 2.2. Procedures

Participants came to the Health Psychology Laboratory on a weekday and were seated in a quiet testing room. After consenting to participation, they first answered a package of questionnaires described in detail below. Next, they were given instructions on how to collect saliva samples at home. All participants collected saliva

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