Social constraint and romantic partner support predict salivary cortisol & α-amylase trajectories during an acute stressor

Joshua F. Wiley¹, Heidi S. Kane², Christine Dunkel Schetter¹, Theodore Robles¹

¹UCLA Department of Psychology ²Wayne State University Department of Psychology



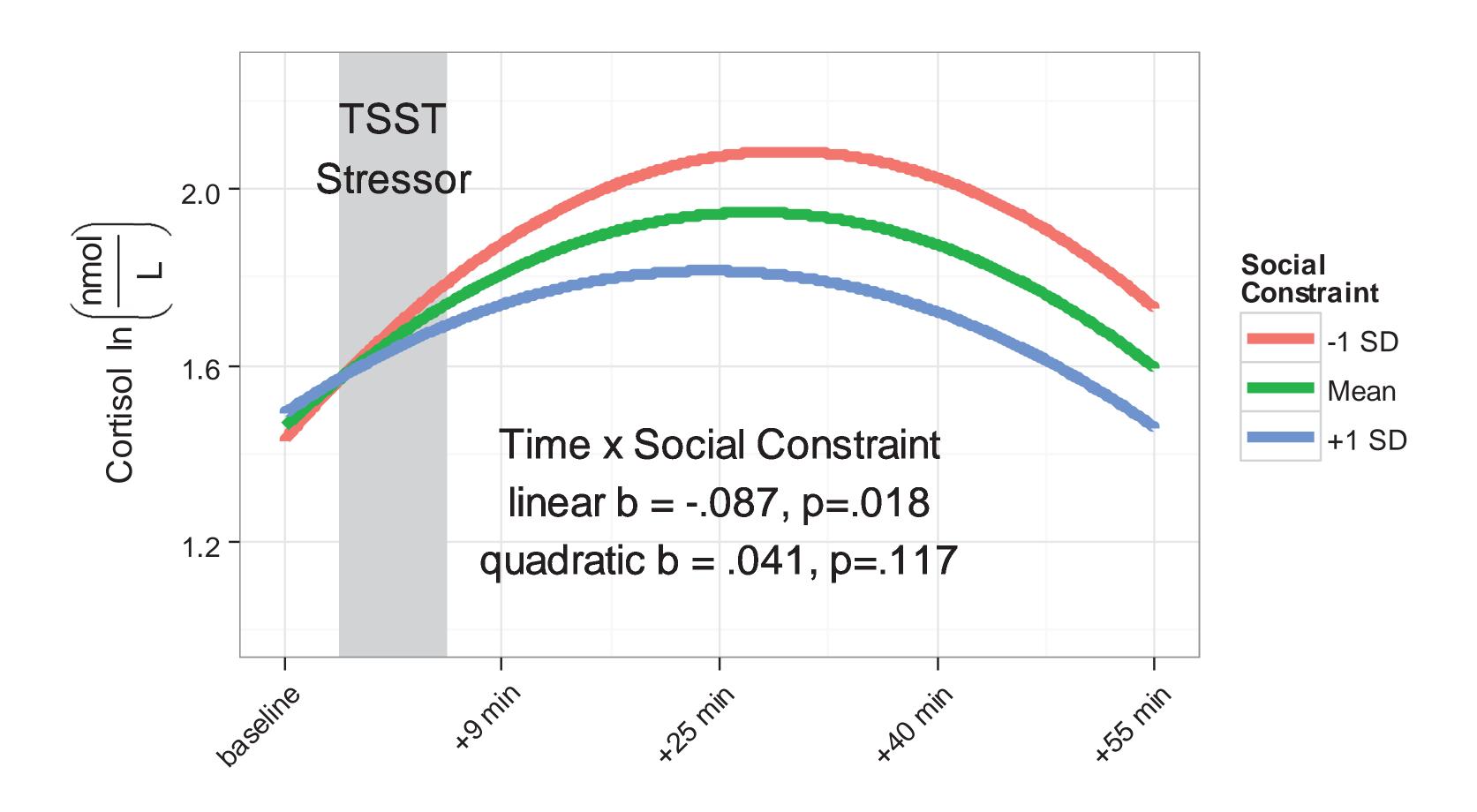
Background

Primary Aim

Examine whether self-esteem, optimism, social constraint, and perceived partner support in times of need moderate salivary cortisol and α-amylase (sAA) trajectories in response to an acute social stressor.

The hypothalamic-pituitary-adrenal axis (HPA) and sympathetic nervous system (SNS) are responsive to stress. Cortisol and sAA are biomarkers for the HPA and SNS, respectively.

Significant variability in cortisol and sAA trajectories in reaction to stress indicates individual differences are important. We examined four psychological factors that may moderate the experience and physiological response to an acute social stressor.



Above. Graph of the interaction of social constraint and the linear and quadratic time effects for salivary cortisol.

Results

Optimism and self esteem did not significantly moderate the cortisol nor sAA trajectories.. Due to participants not following instructions, missing data and outliers, 124 people (n=618) were included for the social constraint and cortisol model and 125 (n=617) for the support and sAA model.

Cortisol increased significantly in response to the TSST holding social constraint at its mean (at baseline simple slope b = .24, at 25 min b = .03), and the effect was moderated by social constraint, such that people who were higher in social constraint had a blunted cortisol response.

At the mean support, both the sAA reactivity (b = .40) and recovery (b = .49) slopes were statistically significant. sAA reactivity but not recovery was moderated by perceiving a high amount of partner support in times of need.

Methods

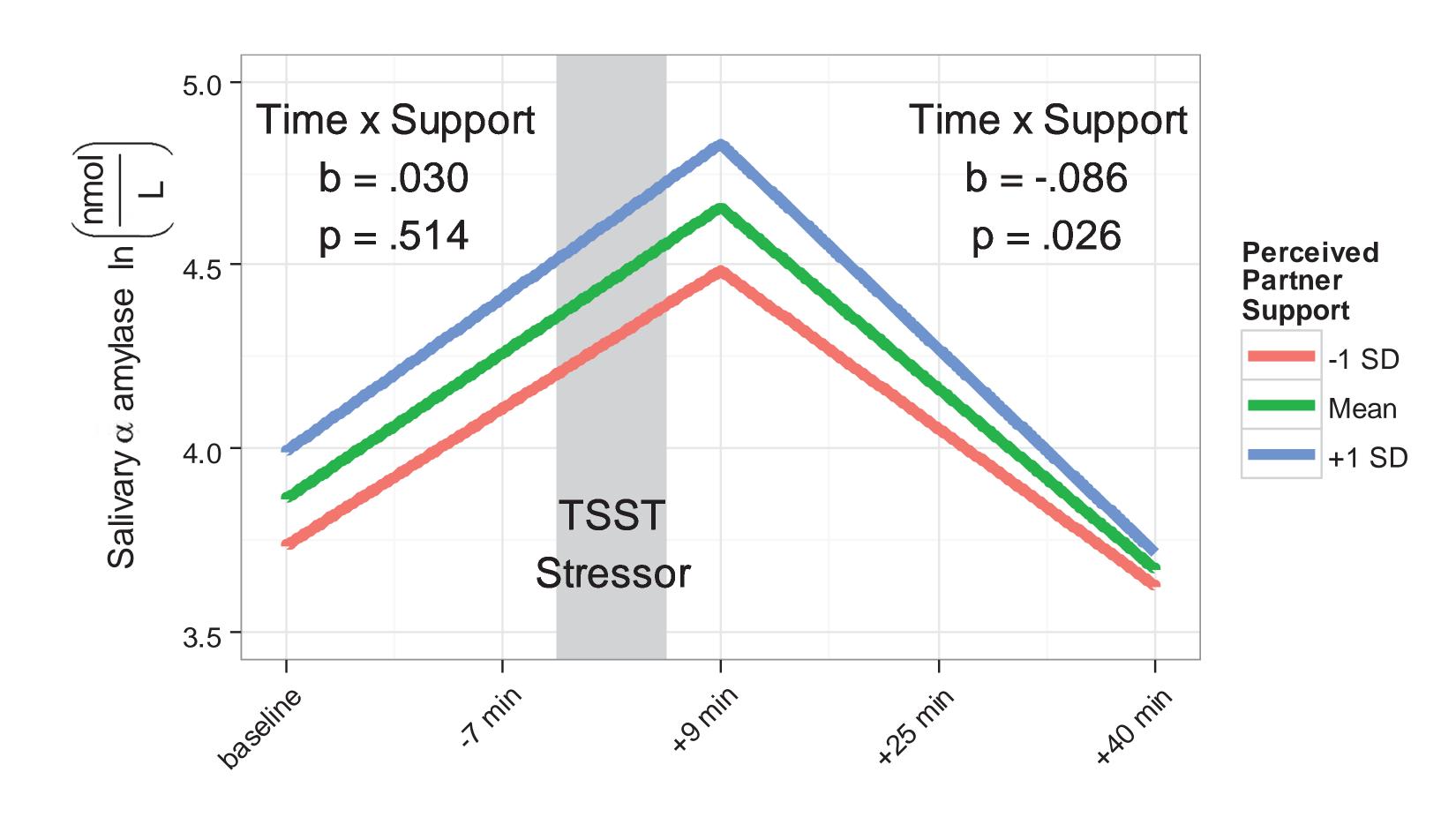
Couples (N = 142) were recruited from the UCLA community; one member was randomly assigned to the Trier Social Stress Test (TSST), which involves performing a public speech and math task to an unsupportive audience

Salivary cortisol and sAA were assessed five times during the TSST

Optimism¹ – 6 items e.g., "In uncertain times, I usually expect the best" Self Esteem² – 10 items e.g., "I take a positive attitude toward myself" Social Constraint³ – 11 items e.g., "in the past month has your partner minimized your problems/feelings?"

Partner Support⁴ – 8 items e.g., "To what extent can you turn to your partner for advice about problems?"

Data were analyzed using Bayesian multilevel models with informative priors and controlled for respondent sex, age, caffeine use, alcohol consumption in the previous 24 hours, and prescription or oral contraceptive use



Above. Graph of the interaction of perceived partner support and the piecewise reactivity and recovery time effect for salivary α -amylase.

Conclusion

- As expected cortisol and salivary α-amylase significantly changed in response to the TSST.
- Individuals high in social constraint have a blunted cortisol responses, whereas those low in constraint have a stronger reaction and recovery
- Perceived partner support has no effect on sAA reactivity but is associated with a faster recovery

Social stress encountered in daily life can activate the HPA axis and SNS. Our work suggests individual differences in social constraint and perceived partner support may moderate these physiological responses, which over time may have implications for long term health. Although salivary cortisol has been extensively studied, there comparatively little research on sAA. sAA is easy and noninvasive to collect, and our work furthers the evidence that it is responsive to social stressors and can be predicted by psychosocial factors.

Funding/Support: The project described was supported by fellowship support to Wiley (T32GM084903) and Kane (MH15750) and UCLA Faculty Research grants to Drs. Robles and Dunkel Schetter. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Contact information is available at the author's website: http://joshuawiley.com/

^{1.} Life Orientation Test – Revised. Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the life orientation test. Journal of Personality and Social Psychology, 67(6), 1063-1078.

^{2.} Rosenberg Self Esteem Scale. Rosenberg, Morris. 1989. Society and the Adolescent Self-Image. Revised edition. Middletown, CT: Wesleyan University Press.

^{3.} Social Constraints Scale. Lepore, S. J., Ituarte, P. H. G. (1999). Optimism about cancer enhances mood by

reducing negative social interactions. Cancer Research, Therapy and Control, 8, 165-174.

4. Safe Haven Support. Unpublished scale used in the work of Nancy Collins and Brooke Feeney.