Hypothesis

Adopting expansive postures led to the hormonal changes (i.e., increased testosterone, decreased cortisol) and increased propensity for risk-taking associated with power, while adopting constrictive positions had the opposite effect.

HYPOTHESIS 1
Posing individuals in postures associated with dominance (submissiveness) would increase (decrease) their pain thresholds.

HYPOTHESIS 2
Individuals would spontaneously adopt such postures to complement an interaction partner’s behavior and would consequently experience the same physiological effects as in Hypothesis 1.

Research has shown that when one interaction partner displays a “power pose” (an expansive, open posture), the other interaction partner is likely to display a submissive pose in response (a constricted, closed posture).

Measuring Pain Thresholds

To measure pain threshold, we used the tourniquet technique, participants donned a blood pressure cuff. The experimenter then inflated the cuff at a fixed rate, which induced pain by reducing blood flow to the participant’s arm.

We used blood pressure cuff to get pain threshold in mmHg.

Participants were instructed to say “stop” when they experienced discomfort from the pressure.

Results

The Standard Deviation comes out to be 6.47

The Standard Deviation comes out to be 5.22.

Conclusion

In two experiments, we found that power posing was associated with higher pain thresholds when individuals (1) were instructed to adopt power poses, or (2) adopted power poses spontaneously in response to an interaction partner’s behavior. Experiment 1 suggests that power posing may be a useful tool for pain management. Even individuals who do not perceive themselves as having control over their circumstances may benefit from behaving as if they do by adopting power poses. Experiment 2 suggests that subtle interpersonal interactions with caregivers and doctors may also influence an individual’s pain tolerance through the process of dominance complementarity.

References