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Socioemotional Understanding and Recreation

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ABSTRACT

A socioemotional framework for conducting clinical sociology is introduced. Case studies are presented as examples of two essential clinical sociological processes: *socioemotional understanding and recreation*. Special emphasis is placed upon the role that specific and general sociocultural contexts have upon the emotional profiles of individuals and society as a whole. Discussed is how clinical sociologists are especially skilled at facilitating individuals developing *responsible emotionality* and *emotional responsibility* as they singly and jointly explore, reflect upon, understand, and choose to recreate particular self and other destructive emotional patterns and processes as well as the sociocultural contexts that contribute to those patterns and processes.

Introduction

Clinical sociologists play an important role in assisting individuals to explore and reflect upon their patterns and processes of thinking, feeling, and behaving. They also lead individuals on the path of exploring, discovering, and reflecting upon the sociocultural contexts that have played and play an important role in the emergence of their patterns and processes of thinking, feeling, and behaving. Through *socioemotional understanding* individuals can be encouraged to examine how they not

only continually create and enact their individual beings but are influenced by and influence an interdependent web of existence. Until individuals honestly examine their personal socioemotional patterns and processes, they will not have the opportunity to choose to alter those patterns or processes, request the support of others in working with particularly ingrained patterns and processes as well as difficult circumstances, and intersect in a respectful yet creatively assertive fashion with those with different patterns and processes.

As described in an article on “Emotional Generalization: An Integrative Proposition” (Cuthbertson Johnson and Johnson 1995), socioemotional understanding is an important clinical sociological tool. Basic to socioemotional understanding is the identification of individuals’ typical emotional profiles, which include the type, range, valence, duration, intensity, and reactivity of major emotions; the situations, thoughts, and behaviors associated with predominant emotions; patterns of interpreting their own as well as others’ emotional experiences; and patterns through which they manage or do not manage their emotional experiences, including emotional expressiveness or nonexpressiveness. Vital to socioemotional understanding is leading individuals towards honestly reflecting upon the general social values, themes, beliefs, institutions, rituals, resources, and objects involved in their emotional patterns and processes as well as specific sociocultural groups, settings, themes, values, and rituals; social identities and roles; and socialization factors. Clinical sociologists are especially skilled at carrying out in-depth interviewing and understanding. Trained in qualitative research, they are highly proficient at taking the role of the other and empathetically discerning individuals’ interrelated patterns and processes of thinking, feeling, and behaving. Clinical sociologists are also very adept at identifying individuals’ personally valued identities and roles as well as commitments. Through developing trust with individuals and encouraging *emotional honesty*, clinical sociologists guide individuals towards discovering taken-for-granted socioemotional patterns and processes.

After the process of socioemotional understanding has been completed, a second essential clinical sociological step follows—*socioemotional recreation*. Clinical sociologists assist individuals in reflecting upon the personal and social consequences of their emotional patterns and processes and in choosing to enact alternative patterns and processes. At the socioemotional recreation step, clinical sociologists can use a wide variety of therapeutic strategies to work with individuals in transforming patterns, processes, or contexts that are particularly per-

sonally or socially destructive. Sociological knowledge and understanding of interpersonal, group, and collective contexts enables clinical sociologists to facilitate individuals working towards recreating, individually and jointly, positively influential sociocultural contexts. By giving individuals a deep understanding of general and specific sociocultural settings and how those settings embody social beliefs, values, themes, objects, rituals and institutions that deeply influence emotional experience, expression, and management, clinical sociologists give individuals the opportunity to choose to alter those contexts.

The following are two cases worked with in clinical sociology practice. These cases illustrate socioemotional understanding and recreation.

Socioemotional Understanding: Ben

Ben was a 50-year old male who had lived for nine years with Leslie, a 43-year old woman who had been diagnosed as experiencing bipolar disorder. He was also feeling inundated by his work role in a management position. Ben's reasons for coming to sociotherapy were heavy drinking, severe depression, and suicidal thoughts. Ben's *emotional repertoire* consisted primarily of anxiety, anger, self-disgust, guilt, and a lack of life satisfaction and peace of mind. Consequently, he also experienced two encompassing, generalized emotional states—stress and depression. Ben's emotional repertoire was identified through in-depth clinical sociological sessions in which the type, including intensity, extent, and reactivity of each emotion, the range of emotions, the interplay of emotions, the absence of emotions, and the presence of encompassing emotions like depression or stress were outlined and reflected upon. Also examined were the major generalizations or meta-generalizations Ben's emotions represented, for example, his anxiety was an indication that the relationship between Ben and his environment was being defined by him as possible threat, vulnerability, and lack of control. Anger was Ben's continual definition of his situation as being unjust and unfair; and his self-disgust and guilt were self-evaluative as to his social status and performance. Also highly important was the absence of emotions, such as his lack of satisfaction and peace of mind. These patterns were particularly important to uncover because Ben had reached a current state of being overwhelmed by the encompassing emotional states of stress and depression. These metageneralizations were based on his continuing negative emotions of anxiety, anger, guilt, and self-disgust and the absence of positive emotions. Therefore, he

had reached two ongoing, overwhelming conclusions about his place in life—overwhelming (stress) and, finally, hopeless (depression).

Socioemotional understanding included assisting Ben in identifying the style, form, process, and focus of personal linguistic statements that related to the creation of his emotional repertoire. On examining Ben's ritual self-talk, there were a number of patterns discovered that contributed to his creating and maintaining negative emotions as well as his not creating or neutralizing positive emotions. First of all, Ben made continuing comments that he was a "screw up" along with repeated assertions that he would probably screw up in the future. Linked to those assertions were expressions of guilt, self-anger, and self-disgust that he had screwed up and anxiety that he would probably continue to screw up. In addition, Ben repeatedly brought up the successful performance of others, ending his discussions with statements like "I could never perform like that." Moreover, when complimented for his positive qualities or actions, he would reply with statements like "Of course, it's not as good as Joe would do." The discounting statements used by Ben effectively precluded his creating feelings of self-confidence, pride, and satisfaction in the present and hopeful feelings for a successful performance in the future. Through numerous session exercises, Ben was shown how his self-talk and the continued expression of his statements to himself and others strongly influenced his ongoing self/ environment relationship. Also brought to his attention was the role his statements made in defining himself in regard to the past, the present, and the future. All were linked to negative conclusions. The past had been a screw-up; the present was filled with negativity and strain; and the future was a possible threat.

Through clinical sociological consultation Ben was also shown how he continually created particular identities through defining himself as being either "perfect" or a "screw-up." Adding to those definitions of self and self-performance was his "either/or" format as well as his belief that screwing up was easy to do as well as associated with severe consequences. Ben was therefore shown how language played a major role in the patterns and processes through which emotional meaning in his life was established. He was shown that the style and form of his statements, such as self-discounts, established anxiety and self-disgust, for example, as well as precluded confidence. Through symbolic exercises, he was shown the effect of his continuing nullifying statements like "It really wasn't that great." These exercises were carried out in an enjoyable fashion, with much humor interjected. Ben was also requested to

leave "either/or's" out of his language patterns because this format had been carried to an extreme and, accordingly, had precluded many aspects of the multifaceted Ben. He had become either perfect or worthless. Overall, Ben discovered in the clinical sociological sessions how his self-talk in form and process had created a particular self as well as self-environment relationship.

Especially vital in socioemotional understanding was working with Ben to explore and reflect upon the particular social themes, beliefs, values, institutions and objects he had taken for granted and integrated into himself or at times rebelled against or shut out. As John E. Owen (1963, p. 313) states, "Every culture emphasizes, and, in fact, demands, certain types of behavior to which individual conformity is required." The clinical sociologist has a particular expertise in discerning and understanding those sociocultural beliefs, values, and norms whether they are of a particular group, community, culture, or society as a whole. Ben was therefore assisted in reflecting upon the social bank from which his socioemotional meanings and adaptations had emerged. He was led on the path of exploring his focus upon success, competition, and personal excellence. He came to openly acknowledge his fear of being seen as a failure or as inadequate and understand society's emphasis on status, achieving, competing, and evaluation. A long discussion was held regarding work settings in which performance was evaluated, and rewards or punishments given in the form of financial payments or demotions, promotions, and firing. Ben also was assisted in discovering how he concentrated strongly on his performance at work rather than enjoying the process of working. These sessions enabled him to discover what activities he enjoyed, found challenging, or extremely disliked and what opinions he had on the set-up of work environments.

Clinical sociologists also work with individuals in exploring the particular settings and experiences from which ritual patterns of self-talk and behavior have emerged. Ben, the youngest of three children, was brought up by a hard-working, successful insurance executive who had taken little time for relaxation and play. Moreover, his father had been harshly critical of Ben's performance in school or at work, expressing his criticism in bursts of violent temper. Ben's mother had been loving and giving, believing anything Ben did was perfect. Several traumatic life events had also contributed to Ben's thematic emphases and overall anxious state regarding performance and responsibility. His brother had been killed in World War II, and his sister had died of leukemia when he was 19. Ben therefore defined himself as his parents'

“last chance,” the only possibility for a “good, successful son.” Consequently, he enacted a special commitment to not “flubbing up.” Ben therefore reflected upon the socioemotional environment he had experienced in life as well as the definitions of the situation he had made and conclusions he had come to. He reflected upon how understandable it was that he had come to concentrate on work, not hobbies or relaxation, or to believe that if he was not perfect he would be severely criticized. These explorations and reflections were carried out in relaxing, trustful interchanges in order that Ben could examine his life in a comfortable, nonevaluative fashion.

With the assistance of the clinical sociologist Ben also came to realize that his behavioral strategies were intricately linked to his ritualized definitions of the situation. His work strategies demonstrated a commitment to perfectionist performance as well as harsh, self-evaluative postures. For example, he posted a sheet recording daily screw-ups on his bulletin board at work. He also took little time for rest and relaxation. As a result of these and similar practices, he eventually came to define work as a burden and chore, not something providing fulfillment and satisfaction. Even promotional opportunities became possible threats, because to Ben they meant increased responsibility and the probability of further messing up or failing. Clinical sociological interventions therefore continually stressed the intersection of thoughts, feelings, behavior, and the social environment.

Ben also explored how current home circumstances contributed to his anxiety and anger. He was continually apprehensive over the possibility that his partner, Leslie, would have a manic episode. To reduce his anxiety over the possibility of episodes, he engaged in highly controlling behavior, including sleeping by the door of their apartment at night to prevent Leslie's leaving if she became manic. The more he engaged in controlling behavior, however, the less opportunity Leslie had to control her behavior. Furthermore, they both became angry—Ben over having to constantly be on guard for an episode and Leslie over Ben's controlling behavior. Over time, Ben became highly reluctant to upset Leslie and possibly evoke an episode. Accordingly, he refrained from sharing with her a number of upsetting experiences. For example, he did not tell her he had been fired from a job for three weeks. In limiting his sharing of negative feelings, Ben was effectively limiting the possibility that Leslie would provide him with empathetic support. Ironically, he often described her as not empathetic and supportive. Ben's interpersonal, at-home environment therefore had a significant effect

on his emotional profile. He came to understand how Leslie did play a part in the creation and maintenance of his emotional profile while at the same time his interpretation of and response to Leslie's presence and behaviors also played a critical role. A special example was Ben's realization that from his emotional standpoint of ongoing anxiety in regard to screwing-up, combined with self-expectations that he "should be" responsible, he experienced considerable anguish when Leslie had to be hospitalized. He viewed her hospitalizations as a personal failure and managed his guilt and self-disgust by heavy drinking. He therefore gained deep insight into his emotion management ritual called self-upon-self emotion work by Arlie Hochschild (1979). Also discussed was his use of a substance, alcohol, to carry out his emotion management ritual and the personal and social consequences of using that substance in the manner he did.

Ben and the clinical sociologist also came to a deep understanding of his emotional career. As conditions did not change and negative emotions prevailed, Ben had come to a low point in his life. Taking into account his circumstances, constant anxiety, and lack of peace of mind, satisfaction, and other positive emotions, he had become angry at himself, Leslie, his father, and hospital personnel who were not "curing" Leslie. As a result, he had begun to emotionally manage by drinking even more heavily. Also, he had come to experience depression as he concluded that life was full of negative meanings, and unbearable as well as unresolvable. He had come to see himself as deficient, inadequate, and a victim of his father, partner, and circumstances. Ben's emotional career just about ended when he decided to commit suicide and stated "I really don't want to be," "I am not what I want to be," and "Life is unbearable, hopeless, and uncontrollable."

Socioemotional Recreation: Ben

Ben was assisted in reflecting upon his own emotional and emotion management patterns as well as the patterns of his significant other, the contexts in which their patterns emerged, and the intersections of their respective patterns. He was supported in acquiring a job that was a middle-management position in which he enjoyed the process of working. He was given considerable instruction in how to bring his personal knowledge to the work setting and not concentrate on how he was fulfilling or not fulfilling an expected role. He also learned to make mistakes and enjoy making mistakes. He was asked to describe how the mistakes often gave him new

knowledge and the opportunity to contribute new ideas to the work environment. Ben also began to develop a hobby to which he was especially attracted—photography. Interestingly, in exploring, with clinical sociological assistance, his father's background, he discovered that his father had loved art, only to set it aside for fulfilling work responsibilities. Ben also began using his photographic talent to do projects that illustrated his new socioemotional understandings. For instance, he photographed a picture from two angles, showing how the stance he took and the focus techniques he used gave different views of a similar scene.

Ben particularly reflected upon his either/or linguistic formats. He saw how he, in relation to the family format in which he had been raised, saw himself as perfect (mother's continuing perspective) or worthless (father's continued criticisms and rage). He understood that his emotions had become evaluation. In performing, he realized he had lost out on "being" and "enacting" his authentic identity in the social world. His only safety and relaxation had come to be involved with distancing or muting his feelings of inadequacy and tension through withdrawing, overperforming, or drinking. With the assistance of creative sociotherapy, he became to feel he was a unique individual with many aspects, which he could continually validate or alter according to his values and desires, which included his respect and concern for others but did not encourage others being the dictators of his definitions and behaviors. Ben also was taught how to leave out either/or's from his vocabulary in a humorous and self-compassionate fashion.

Ben and his partner also engaged in interpersonal reconstruction. They were given clinical sociological guidance in the area of **responsible emotionality/emotional responsibility**. They acknowledged that they were the individuals primarily responsible for their own ingrained emotional patterns and that only they could initiate and request support for responsibly altering the patterns that had negative consequences for themselves and others. With clinical sociological assistance, they discussed and enacted ways in which they would work together on acting responsibly but also enabling the other to have the choice to be responsible. Ben reflected deeply on how his controlling of Leslie had reached a point that was not enabling her to reflect upon and take positive moves toward choosing to work, in a positive fashion, towards controlling her manic episodes and depression. They also worked out strategies that gave each of them the opportunity to choose to support the other. Ben began to ask, in a respectful fashion, for what he wanted. Leslie began to have more self-confidence and less feelings of being controlled in regard to her emotional patterns. Each also learned

new strategies for expressing their anxiety and anger as well as positive emotions. Interestingly, both began to work on photography expeditions. They planned trips where they could enjoy the environment and companionship as Ben took photographs. With clinical sociological guidance, they came to recreate strategies for socially intersecting in a more positive fashion. These intersections then became the context for new, positive emotions within and between them.

Ben and Leslie were also engaged in discussions regarding the importance of community contexts and resources and how they could contribute to as well as benefit from those contexts. They then chose to utilize particular resources. Ben joined a bipolar spousal support group, and Leslie joined an individuals with bipolar disorder support group, both groups co-led by a clinical sociologist. They were also encouraged by the clinical sociologist to play an important role in altering certain sociocultural context forms and processes. For example, they each encouraged hospital management personnel to initiate services that included not only the individual with a disorder but family members. In addition, they were shown how to contribute their new understandings to the community. Ben began to take photographs that represented insights he had achieved. He offered them to the public through established social settings and objects like galleries and publications. Wonderfully, his work began to receive recognition and acclaim.

Ben was also led to reflect upon how drinking had become a habitual emotion management strategy. When Ben felt overwhelmed, frustrated, or anxious, he managed his feelings by drinking. He and Leslie worked out more positive emotion management strategies and enlisted the support of Ben's children and Leslie to facilitate his enacting nondrinking strategies, including calling Leslie or a friend when he was experiencing certain feelings, or going on a brisk walk.

Interestingly, Ben also began to deeply reflect on current society's emphasis on achievement, status, and performance and started to work with his children on working with their jobs in a more beneficial fashion. Ben began to assist them in understanding the bureaucratic format of their employment settings and developing strategies to feel comfortable in their work settings and contribute new ideas in a positively creative fashion.

These are several examples of Ben's new socioemotional understandings and enactments. Only with socioemotional understanding did Ben choose to, with the assistance and support of his clinical sociologist, alter his situation and decide to not only live but live, with his partner and the community, in a positive, fulfilling manner.

Socioemotional Understanding: Justin

A second case example is Justin, a twelve year old, who had been, in the traditional therapeutic framework, labeled with hyperactivity attention deficit disorder, and prescribed medication. Justin was having extreme difficulties at home and in school. By working with him, his parents, as well as the teacher of his class, from a clinical sociological framework, positive change was facilitated by all.

Justin was encouraged to reflect upon his typical emotional profile. Two of his major emotions were anxiety and frustration. Justin was anxious about not being what he “should be.” He was often frustrated at not accomplishing or doing what was expected or what he wanted to do. His father was very angry because Justin was interested in art, not sports, and Justin was having a difficult time with his father’s criticism and anger when he was doing art on the computer. Justin also was deeply envious of his brother, who was considered “normal” by the family because he loved group sports. Justin had reached the point of managing his emotions and the situation by deleting his brother’s name and achievements from family scrapbooks. Also, with his creative ability, Justin had developed a chemical solution that he used to secretly destroy the film in his father’s camera that contained pictures of his brother doing sports.

Justin’s parents were assisted in understanding how several of their linguistic strategies, such as “You should do this,” “You need to do that” (according to their entrenched ideas of what a young man “should be”) were influencing Justin’s particular adaptive strategies. They were also instructed in how to reflect upon Justin being a young man who felt he was not fulfilling the established, current “sports hero” social role for young males.

Another pattern Justin had was constantly describing himself in a number of either/or fashions. For example, he would continually state he was abnormal, not normal, weird, or not average. Adding to the challenge was the fact that Justin did not want to be abnormal yet he did not like just being normal, for instance, engaging in group sports. He also was assisted in seeing how adept he was at noticing social patterns when he reported to the clinical sociologist that at school the “jock” was usually one of the individuals placed on the student council. In fact, with clinical sociological guidance, Justin came to realize that he had developed an emotion management strategy of not following regular time schedules (he was often late for school), and not paying attention in school or defining school as “boring” in order to distance his anxiety

and frustration over established school contexts. Justin as well as his parents were therefore assisted in examining and reflecting upon their emotional patterns and processes including emotion management strategies and the consequences these had for themselves as well as others.

Socioemotional Recreation: Justin

In a respectful manner, it was pointed out to Justin in several clinical sociology sessions that he had several patterns that were increasing his chances of developing future emotional distress and a strained and conflictual relationship with his family as well as with society. In an emotionally honest context and using various art and music therapies, emphasis was placed on how Justin had become "captured" (Cuthbertson Johnson and Johnson 1992) by focusing on status, control, and rebellion rather than intersecting with his family and society in a creative, self and other respectful and affirmative fashion. Justin's significant others were also asked to understand their roles in the situation and encouraged to develop alternative patterns of behavior. One major topic was the current social "sports hero" model. His parents as well as Justin were encouraged to reflect upon the societal sports model, not downgrading the value and enjoyment of sports, but thinking about how, until recently, sports had been mostly focused upon by males and how competition and winning were major social processes. Justin's mother decided to promote Justin's physical fitness by enrolling him in karate. At the same time she encouraged him to develop his artistic talents. Justin's father delved deeply into his personal concentration on group sports. He did not give this up; he still participated and enjoyed being with Justin's brother in a group sport setting yet he chose to add important behavior changes. He developed special father/Justin companion activities like hiking and boating. Justin and his father began, together, to enjoy the process of preparing for and engaging in these activities. Justin's father was also encouraged by the clinical sociologist to ask Justin to make sketches of the scenery they observed. Justin and his family were also worked with in learning how to bring up issues in an emotionally honest fashion and work on those issues, individually and jointly, in a respectful and committed manner. Justin played a primary role in this process as he had previously hidden his feelings and utilized deceptive, undercover ways to resolve problems, such as destroying the film in the camera. He and his family were encouraged to develop active/interactive confrontation, for example, expressing frustration in an

upfront yet respectful fashion. In addition, Justin and his family, because of their particular, ingrained patterns were asked to stay away from “either/or’s,” such as perfect or worthless. Also, they chose to not focus on Justin’s performance. If they saw something they liked or that he was doing well, they told him what they liked about it, such as a piece of his artwork, or, occasionally, what they did not like about a form or color. They also came to repeatedly ask what he, Justin, liked or did not like. In addition, they facilitated Justin making mistakes without their becoming overcritical and controlling. They were also encouraged and assisted in developing ways to view Justin as an important, equal part of a family that valued uniqueness and differences, which included Justin’s artistic abilities.

After deep sociological discussions, Justin came to understand the role of sports in society. This was not easy as he had developed a deep fear of failing at that socially valued ritual. A particular example is when Justin became considerably anxious, even physically ill, over the prospect of taking part in a community basketball clinic. Sports were then discussed in depth with Justin, and he was assisted in delving into his fears of messing up at sports and how other guys might put him down when he “goofed up.” Also examined was Justin’s fear of making mistakes and how the making of mistakes could be not just negative; it could be a positive, learning experience. In addition, Justin was shown three videos on sports “bloopers.” Justin then became more amenable to attending a basketball clinic and defining it as a fun, exploratory experience and a place where he could make new friends. He was encouraged to take a current friend, who was also insecure about his athletic ability, to the clinic with him. In addition, Justin was asked to reflect upon his many-faceted social identity, including the artistic one, not just the “no good at sports” Justin. He was asked to bring, after attending the basketball clinic, some reports on what he had pleasure doing, what actions felt most comfortable with his body, which actions most difficult, and what moves seemed most coordinated or uncoordinated. Furthermore, he was requested to note several patternings/moves he could incorporate into a piece of art.

Justin’s teachers were also consulted with in regard to Justin’s patterns as well as their behaviors, class formats, and context. They were requested to work with Justin in steering away from statements like “This is boring.” They were also encouraged to have him bring to class and share with students the excitement and challenges of his art talents. Furthermore, they were asked to have the class discuss the societal em-

phasis on sports in a positive, reflective fashion. As these requests were enacted, Justin became involved in karate, basketball, and special computer art graphics. He also became a straight-A student! This case, from a clinical sociological perspective, involved not only Justin's biopsychosocial patterns but interpersonal and social contexts. Others' responses and expectations were important; community image was valued; social rituals and objects like the basketball were involved; and social contexts with established procedures like the educational setting were very important. Only in working with Justin, the family, and the school setting were positive alterations constructed. Especially relevant was bringing to Justin's and the family's awareness that social themes and values, like societal emphasis on sports, performance, and achievement, played a major role in the emotional patterns and processes that had emerged.

Discussion

Clinical sociologists, with their strong backgrounds in social theory and a variety of sociological methods, can provide valuable socioemotional understandings of individuals and the contexts in which particular problems and disorders develop and have an impact. Clinical sociologists have the skills and experience for establishing and maintaining rapport with individuals, doing in-depth interviewing, and completing individual and family socioemotional profiles.

Clinical sociologists are highly effective individual, family, or group therapists. Understanding both sides—individual and society—and their interrelationship enables clinical sociologists to appreciate specific individual strengths and vulnerabilities and their relationship to sociocultural contexts. The clinical sociologists can advise individuals on likely contradictions between personal goals and societal possibilities and help individuals find a place or create a unique opportunity within established social settings. The clinical sociologist can inspire individuals' developing a special understanding of the limitations of existing social formats and conditions. Furthermore, the clinical sociologist can bring to individuals an understanding of social change in order that the individual can learn to develop, in positively creative ways, means to alter established sociocultural frameworks. In learning to take the role of the other, through clinical sociological guidance, individuals can come to understand themselves as well as others. Clinical sociologists can therefore facilitate empathetic understanding and respect for differing stand-

points and strategies and outline how certain perspectives can link or clash. Only with this understanding can personal, interpersonal, and social relationships be altered in a manner other than harmful, adversarial confrontation or manipulative deception.

The area of the sociology of emotions is of particular value to clinical sociologists as well as professionals in other disciplines who work with individuals with emotional problems and disorders. There has been extensive, groundbreaking work done in the area of the Sociology of Emotions, as outlined in *The Sociology of Emotions: An Annotated Bibliography* (Cuthbertson Johnson, Franks, and Dornan 1994). Socioemotional understanding does not rule out the importance of the biological and the psychological, yet it goes, in a positive fashion, beyond the current emphasis on emotion as irrational or unconscious factors, or individual disordered states as the products of a brain disease or a chemical imbalance. As Patricia R. Barchas wrote (1976, p. 303) "Sociological processes may set in motion events that influence biochemical mechanisms. Biochemical events may profoundly alter the ability of the organism to respond to its environment." As outlined in Cuthbertson Johnson (1989) and Cuthbertson Johnson and Johnson (1992 and 1995), the neurophysiological is intimately linked to the psychological and the social.

How individuals moderate and manage their emotions are areas especially important to examine. The concept of emotion work, as developed by Arlie Hochschild (1979), is a special area of clinical sociology expertise. Developing an understanding of emotion management patterns with a client can facilitate responsible change. That is, individuals can understand their patterns of emotion management. For example, they may continually distance one pattern of emotion by another or control their emotions through alcohol or drugs. They can also discover how significant others manage their emotions and therefore become better able to choose nondestructive ways of working with those patterns.

Clinical sociologists can also assist individuals in understanding "feeling rules," a concept developed by Hochschild in 1979. A clinical sociologist can point out to individuals what emotions are considered appropriate or inappropriate to experience or express in particular social circumstances in our society or in relation to specific personal attributes. Clinical sociologists can also point out sociocultural values, interpretations, or personal circumstances and experiences that may have influenced an individual's establishment of specific feeling rules.

Time Management

The concept of time is also important in clinical sociological understanding. A current sociocultural concept is "Live in the Present." Yet, many emotional patterns have become ingrained habits, memories that are not easily altered. Kenneth Gorelick (1989, p. 8) notes, "the past is an extraordinarily large part of the self. Perceptions, feelings and memory are reciprocally tied." Individuals may enter this world with particular genetic and neurophysiologically related aptitudes that may extend the histories of former, related individuals' adaptive strategies. And those aptitudes can continue, if individuals do not in an emotionally responsible manner reflect on and accept patterns within themselves and choose to strive for adaptive alterations. As Tooby and Cosmides (1990, p. 419) have stated, "Emotions and other component mechanisms lead individuals to act as if certain things were true about their present circumstances, whether or not they are, because they were true of past circumstances . . . in this lies their strength and their weakness." Yet, only these individuals as well as significant others and all of us who are continual creators of sociocultural contexts can work with choosing to maintain or alter particular patterns/processes.

The Importance of Acknowledging Differences

Another special area of expertise for clinical sociologists is working with individuals who have been socially discounted. Clinical sociologists understand cultural and subcultural differences. They can therefore assist individuals who are "different" in standing up for what they believe in and value, yet at the same time "navigate the social system." They can also encourage society to respect and value the individual and group differences, and design contexts to facilitate emotional respect and well-being. Individuals who experience severe emotional distress are often socially stigmatized and discounted. As a result, they are often reluctant to express their concerns or request support from others. Clinical sociologists are especially adept at facilitating understanding of the patterns and processes of those who have been through extremely painful intersections with life or have used their adaptive strategies in a self-empowering but other-downing, or other-empowering but self-downing, manner. Instead of stigmatizing or moralizing, clinical sociologists can compassionately accept differences in adaptation and the consequences of those differences for the individual and the community. In

doing so, they perform a critically important task: facilitating responsible emotionality/emotional responsibility by each and all. This is especially true for those who have been severely outcast and stigmatized for having “mental illness” or labeled as the victims of a “brain disease.” Working with individuals from a socioemotional understanding and socioemotional recreation framework and reflecting on particular individual’s pathways to coming to the conclusion that “I do not fit in this world any more, in any shape, size, or form,” can be especially meaningful.

Through sociotherapy with individuals and family members and the use of support groups, clinical sociologists can have an important impact on assisting individuals and their significant others in developing patterns, processes, and contexts for creating different, more positive self/environment intersections. An example is an individual with bipolar disorder who proclaimed that “I am what I have to be when I have to be what I am.” Only in discovering how he continually performed the expected, “safe” self when his “real” self was criticized, not accepted, or set aside was he able to continually construct and be his “am,” a self that he created, valued, and respected.

Conclusion

Clinical sociologists are particularly well suited at understanding forms of socioemotional adaptation that have become particularly destructive for individuals, significant others, and society. How, for example, do individuals come to define life as hopeless, as a setting in which they no longer fit, where suicide becomes a strongly perceived alternative. Clinical sociologists can assist individuals in understanding how they have come to the emotional metageneralization, depression, and facilitate socioemotional understanding of individuals’ established adaptive strategies, including outlining the sociocultural values and themes that have played primary parts in the formation and use of those strategies.

Only through socioemotional understanding can individuals proceed through the process of becoming artists of life, creators and recreators. They can learn to interact with themselves as well as significant others and social settings in more positively adaptive fashions. They can also learn to reflect upon certain social themes, emphasis on outcome, status, achievement, for example, that may have contributed to their personal statements and connected anxiety. “I should be doing better.” “I am not achieving what I am supposed to.” As John E. Owen (1963, p.

314) has stated, "Traditional arrangements of the economic-industrial system, family demands, and expectations of an individual in his ascribed role often exert a high price in human suffering and frustration."

Clinical sociologists can encourage responsible emotionality and emotional responsibility on a personal and community scale. Yes, Ben and Justin were the ones who became primarily responsible for choosing to alter certain adaptive socioemotional patterns. Yet, through clinical sociological intervention, they were facilitated and supported along with significant others as well as other social institutional members to reflect upon and choose to change some of their taken-for-granted patterns and processes.

Whatever the social setting or "society" of which individuals are a part, there will always be socioemotional disorders. There will always be consequences of certain values and standpoints that cannot be predicted. Only through emotional honesty, reflection, and responsibility—not a chore, burden, or righteous affirmation of an ultimate truth, destiny, or right and wrong—will individuals be able to work together toward positively adaptive life contexts. And, whatever life is composed, the process will continually repeat itself. It will always be essential to explore, understand, reflect upon the life created and to choose to enact, through positively creative endeavors, different scenarios. For those who have been influenced strongly by difficult circumstances or who have chosen adaptive strategies that injure themselves or others, responsible emotionality is the only avenue. That is, he or she can choose to work, with supportive others, to control and alter extreme emotional patterns.

Clinical sociologists, because of understanding both sides of the coin, the individual in society and society in the individual, are especially skillful at working with individual/group intersections on a therapeutic level. They are therefore particularly adept at working with individuals in facilitated therapy or support groups. As L. Alex Swan (1984, p. 94) states:

Group members impact the entire group as they explore and discover their problems with other group members. As they express, share and reveal their feelings, attitudes, thinking and disposition, they receive feedback, and begin to obtain insight and understanding and achieve a sense of relief and a feeling of well-being.

Life is a symphony, long, complex, and varied. There can be many different movements, contrasting forms, and keys. Only **I, YOU, WE**, as individual notes and notes intersecting with other notes, pauses, rhythms, intensities, and concordant and discordant measures, can con-

tinue to create those symphonies that **I, YOU, WE** as well as others can value, cherish, and enjoy. Clinical sociologists are individuals highly suited to facilitate the orchestration of life. Clinical sociologists can assist in describing as well as mapping humanity. Through doing this, clinical sociologists can continually facilitate **ME, YOU, US** to compose for life in an individually and mutually beneficial manner.

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