Sociology 3308: Sociology of Emotions

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Overheads Class 28: Emotions and Health:

* Tonight we will be considering the relationship, of any, between our emotions and health.

* To some extent we have already touched on this issue (e.g. Thoits; my work on gender).

* We will examine such issues in more specific detail through the works of:

(1) Peter Freund (on dramaturgical stress);
(2) Howard Levanthal & Linda Patrick-Miller on emotions & illness

Peter Freund: Social Performances and Their Discontents: The Biopsychosocial Aspects of Dramaturgical Stress

* In this paper, Freund:

- outlines how performing/ monitoring performances can be stressful
- develops and refines what he has termed "dramaturgical stress"
- views dramaturgical activities in the context of spatial metaphors.

* He proceeds as follows:

(1) He develops a "geography of emotions" & emotional relationships.
(2) discusses the embodied aspects of emotions and social relationships;
(3) discusses emotional communication and dramaturgical stress in intra-psychosomatic space;
(4) he examines dramaturgically stressful encounters in social-physical space

* All of this is linked to health and illness.

(i) The Geography of Emotions and Emotional Relationships:

*Goffman's work contains:

- strategies for controlling information flow across boundaries
- Spatial metaphors as illustrations in this regard
- a geography within the self, of self-other, and of inter and intra-group relationships
- a hint that an increasingly wide range of emotional activities are carried out behind the scenes of everyday life

* While Goffman didn't make space his master metaphor, Freund does:

- to examine mind, body and society relationships
- to examine the use of space for organizing information about self and others

* In Freund's view the organization of biopsychosocial and physical space is:

- used by individuals as a way of sustaining a performance
- used to establish boundaries and regulate the flow of information.

* Dramaturgical work thus involves:

- creating and maintaining boundaries between informational preserves
- regulating the flow of information across boundaries
- reading other actors' expressions
- attempting to "penetrate" others' informational preserves.

* Boundaries may be established not only in physical and social space but through the expressive activities of the body

* Expressive activities such as emotion work regulate the psychosocial and experienced bodily boundaries between self and others. They regulate the permeability of these boundaries and what information passes through them.

* This simultaneously somatic and symbolic management of self-other boundaries has been overlooked in the sociology of emotions.

* Many dramaturgical-emotional relationships can be represented topographically - as a map of relationships within the embodied self, and between the embodied self and others.

* Dramaturgical strategies of impression management are part of this topography that affects our conscious and unconscious subjective relationship to self and others.

Mind-Body and Performances:

* Various emotions are easier to read than others:

    - Some visibly linked to physiological activity;
    - Others hinted at through facial expression, posture or gestures

* Prior studies of the somatic aspects accompanying feelings have all been performed on inactive, decontextualized minds and bodies.

* The bodily aspect of emotion that can't be reduced to sensation needs to be more clearly identified.

* Emotions are not just cognitions nor are they clearly locatable in any specific sensation or biochemical change. Rather, they are *embodied* such that our entire being is actively engaged in an emotion.

* Emotions are thus a *fusion* of mutually modulating cognitive-physiological and behavioral aspects. Changes in one aspect may affect corresponding changes in another

* Relationships are in themselves sources of emotion. Situations which require co-presence occur in a field of bodily activities in which bodily activities may be geared into and detached from others.

* Emotions are variously embodied in:

- one's subjectivity;
- an internal biochemical milieu
- in motoric activities such as posture, gesture, etc.,
- are embedded in the field (i.e. the socio-psycho-biological-physical spaces - of social relations).

* This embodied aspect of emotion may be fruitfully conceptualized in spatial metaphors.

Emotional Information and Psychosomatic Space:

* Appraisals or interpretations may be essentially automatic

* The relative speed at which one grasps, perceives and interprets activity is an important dimension for differentiating levels, types of consciousness, and embodied agency.

* Emotions function as rapid and efficient modes of information processing, coordinating information perceived on a number of simultaneous levels.

* Some emotional communication may not involve cognition, but body consciousness that does not involve higher functions

* Emotion work as a dramaturgical strategy may involve consciously managing emotional expression or reshaping one's feelings, but must occur in the course of a short temporal lag.

* The appraisal activities of mind-body can occur on a number of different levels of consciousness, including our experience of others' expression

* Feelings and emotions motivate or move us. In this process, space is the site of conscious embodied experience. Moods affect its character (e.g. open/closed).

* Under certain circumstances, opposing postures may be evoked simultaneously (e.g. ambivalence, double-bind social situations).

* These are responses to contradictory dramaturgical demands and represent an acute form of dramaturgical stress. A disjuncture between:

- the ways in which one desires to present oneself ;
- the social context which demands an opposite style of self presentation; and
- doesn't allow the actor to leave the field

* The body may cope through spontaneous symptomatic expressions

* Some people dissociate performance from gut feelings ("emotional false consciousness"). The underlying physiological stresses remain.

* People often collusively and collectively reproduce oppressive and distressing structures, acting as their own agents of social control.

* Such responses may become fixed and in turn affect the production of feelings (e.g. depression).

* Articulates some of the mechanisms by which stratified society shapes our experiences of health and illness (and vice versa)

* This splitting of consciousness in psychobiological space facilitates the smooth functioning of hierarchical relationships while producing distress.

* Facilitates blaming the victim.

* Coping/emotion work may only work at one level: short-circuiting the signal function of emotion.

The Theatre of Inner Psychosomatic Space:

* The psychosomatic aspect of dramaturgical stress can be carried into an actor's inner psycho-somatic space:

-previous and anticipated stressful encounters reviewed
-accompanying somatic aspects
- amplifying, subduing, refining or recasting arousal states.

* An experience accompanying such embodiment is a sense of containment. This depends on:

- sociocultural factors such as forms of social control; and
- the status relationships in which we find ourselves.

* Our experience of physical containment leads us to develop an inside-outside orientation, a sense of self and emotional boundaries. This forms the ground of our sense of security or insecurity.

* The "civilizing process" involves increasingly complex emotional/display work demanded for proper functioning in a variety of social situations.

* This results in a heightened reflexivity, a sharper self-consciousness, and a growing inner space for imagination.

* This enlargement of internal psychological space is accompanied by an increased sense of self-other boundaries.

* Emotion work and a sense of being contained in a vessel can be increasingly embodied.

* The increased reflexivity allegedly characteristic of "postmodern" actors may have some somatic aspects, including consequences for our health.

Dramaturgical Stress in Sociophysical Space:

* In our dramaturgical society, the very activity of manipulating appearances is, in itself, more stressful.

* Under what social conditions does such stress become particularly intense and chronic?

* Such stress is heightened when:

    - one perceives the face presented is somehow inconsistent with the face one tries to maintain for oneself and others.
    - there is a breach of boundaries.

* Some actors are in social spaces that make them particularly vulnerable to such stress:

    -subordinates with imposed and stressful emotion work
    -minorities
    -those who must cope with a social stigma/pass as “normal”

* In the dramaturgical work required to hide or redefine distressing feelings, new tensions are created which must also be hidden from the audience.

* Stress-related emotions arise from the anticipation that a more powerful other will invade or encroach upon a person’s self or space (e.g. abusive relationships), and often can only be expressed somatically.

* The growth of the service sector of the economy has increased the need for elaborate skills of self-presentation and emotion management - greatly increasing dramaturgical stress

* Further assisted by a tendency in our society to privatize disruptive feelings, and push them behind the scenes of everyday life (e.g. visiting professionals).

* Physical containment may support emotional containment (e.g. the availability of “backstages”).

* The social organization of physical space is related to dramaturgical competence. Social status of actors influences:

- their degree of control over spatial arrangements
- the ease with which one can sustain an effective performance
- the degree of surveillance to which an actor’s performance is subject
- hence levels of stress..

* The inability of a subordinate individual to cope emotionally is often seen as a personal failure, not a systemic one.

* Even when people apparently “cope” successfully with dramaturgical stress, embodying social control in this way may produce other costs for them (e.g. health).

* Sociocultural situations in which such dramaturgical work is done influence the intensity, quality and quantity of emotional demands as well as how actors respond to them.

* Two features are particularly relevant:

(1) the form of social control that prevails; and
(2) the relative social positions of the actors

Dramaturgical Stress and Health:

* To what extent do the stressful experience influence health?

* Generally:

- ill health results from a change in the normal rhythms of a subsystem incited by stressful experience;

- Disease occurs when a stressful experience interacts with a pre-existing regulatory disturbance or with a structural change.

* Distinction between physical and psychological problems unproductive
* Relationships between ill health, disease and stress (including dramaturgical stress) are neither linear nor unicausal.

* A conception of the body actively engaged with its internal and external environment is needed.

* One key factor is the extent to which the organisms' body is open to the world.

* There is an inevitable tension between stark, alienated individuality and absorption of self into others' existence. The experience of this dialectic sustains our proper sensitivity to the world of others.

* Dramaturgical strategies regulate the psychosocial-biological and physical boundaries, their relative permeability or impermeability, and in general the flow of information across them.

* The ability to manage these boundaries is essential to our security, and likely to our health. It is suggested that the principles - or geography - of information exchange here are significant.

* These spatial concepts help link various levels of information exchange in biopsychological, social and physical space to understand the changing interaction of embodied actions.

Howard Leventhal and Linda Patrick-Miller: Emotions and Physical Illness: Causes and Indicators of Vulnerability

* Views on the relationship between psychological/emotional factors and physical health:
(1) *Causal Perspective* (i.e. emotions as mediators and/or causes of illness);

(2) *Outcome perspective* (i.e. emotions are outcomes of illness);
(3) *Indicator perspective* (i.e. emotions as indicators of systemic vulnerability to disease.

* The *causal* perspective:

- emotional processes function as antecedent determinants of illness.
- may be direct or indirect

* The *outcome* perspective:

- disease itself is the causal antecedent to emotion
- may also be direct or indirect
- important for firming up methodology of causal studies
- important in research examining the factors mediating emotional adjustment to illness
- important in demonstrating that the connections between emotion and disease are bidirectional

* The *indicator* perspective:

- proposes that conscious affective processes are indicators of the body's resources, vulnerability or strength
- need not mean anything in a causal sense

The communicative Function and Structure of Emotion:

* Viewing emotions in any of the three ways above doesn't necessarily mean that these are separate or discrete classifications.

* An emotional reaction can serve any one or any combination of these functions

* The relationships of emotion to disease are made possible by the structure of the underlying emotional mechanisms.

The Multicomponent, Hierarchical Structure of Emotion Mechanisms:

* Emotion theorists have made a strong case for:

    (1) the multicomponent, hierarchical structure of emotion mechanisms
    (2) the role of emotion in both interpersonal and intrapersonal communication.

* These help us understand:

    - the bidirectional nature of the emotion-illness link; and
    - why and how emotions can have indicator functions with respect to disease processes.

* Emotional processes are complex and hierarchically arranged in the following three levels:

(1) sensory-motor (the primitive emotional seeds defining the raw “feel” of primary emotions);
(2) emotion schemas (associative processes connecting and expanding the range of stimuli and responses linked to primary emotions); and
(3) a higher-order executive mechanism for verbalizing and regulating emotional experiences and their situational elicitors.

* It is reasonable to expect that patterned central nervous system activity is the basis for conscious emotional experience.

* Sustained peripheral autonomic activity can also promote physiological processes that damage organ structure and increase susceptibility to disease.

* Dissociation between processes at these three levels play an important role in the analysis of the causal and indicator functions of emotion.

Models for Direct Causation:

* Much research has focused on direct causation between emotion and disease. It is unclear, however, how well the data support this outlook.

* We will:

(1) Examine some of the major findings
(2) Consider how the indicator framework accounts for these.

* Three basic criteria appear necessary to support a direct relationship between emotion and disease:

(1) a specific emotion-disease linkage;
(2) the exclusion of potentially causal third factors; and
(3) a mechanism consistent with the known pathophysiology of the disease.

* Long-term longitudinal studies predict longevity from measures of emotional distress during adolescence and early childhood. Problems:

- the mortality predicted results from all causes - not just disease.
- fails to identify specific emotion-disease links nor their mechanisms
- hints at the possibility of other factors being involved.

* The connection of Type A behavior/hostility to cardiovascular disease is another example. Problems:

- Type A behavior is generic, and the specific emotion connected to the arterial changes was only later specified.
- The psychophysiological pathways are complex, leaving abundant room for third factors
- The physiological reactions accompanying anger are relatively short in duration.
- The question of whether chronic hostility is in fact an emotion
- Differentiation of levels suggest different interventions required

Models for Cancer:

***** Cancers are also etiologically multifactorial and developmentally multiphasic - only considerably more so.

* Investigation of direct causal linkages between emotion and cancer is vulnerable to many of the same challenges:

    - the difficulty of making specific connections between the emotional hierarchy and the physiological hierarchy;
    -"third-factor" interpretations.

* Also important here is the degree of involvement of the immune system, and the window that this affords to view the bidirectionality of the processes.

The Indicator Function of Emotion in a Bidirectional System:

* The difficulty in demonstrating emotions as causes of illness contrasts with the ease with which we can see the effects of illness on behavior.

* When we become very ill with an infectious disease, our body concentrates its energy on fighting the infection, making us "sick."

* Illness-induced moods are typically characterized by fatigue, depression or distress - both in minor and serious illnesses. This supports the indicator model of emotion.

* Studies of the relationship of affect and more severe, life-threatening illnesses are also consistent with the indicator function of affect (e.g. the association of "helplessness" and "passive acceptance" with poorer prognosis in cancer patients).

* Immune system activity is energy-consumptive and must draw upon the organism's resources, dampening affect. Thus, emotional experience appear to be the domain for the conscious representation of physiological.
* Such mood effects are indicators of the availability of resources for

combating disease processes, and they can predict specific disease outcomes.

New Directions: Infectious Diseases and Wound Healing:

* Much of the difficulty in examining the causal relationship between emotion and disease can be linked to two factors:

(1) the prolonged and multiphasic developmental disease course; and
(2) the difficulty of adequately controlling causal agents.

* Studies of infectious disease and wound healing, hold great promise in elucidating emotion to disease causal relationships because they deal with these issues.

* Studies examining the relationship between life-stress and the development of infectious disease provide strong evidence of a link between emotion and disease.

* Similarly, researchers have demonstrated that measures of stress correspond to prolonged healing time of experimentally produced puncture wounds.

* In both cases the proposed direct causal mediator of the outcome relationship is immune function.

* These studies are impressive in their degree of experimental control and specificity of disease outcome. However, we must consider:

- the relative strength of the causal relationship (stronger in wound healing)
- the relative duration of stress involved
- the fact that stress, not measures of emotion, were used

Genes as "Third Factors" in Indirect Causation:

* Genetic variables have been noted as possible “third factors” that might account for the presumed direct pathways from emotion to illness

* Such hypotheses are not wild speculations (e.g. recent studies on depression, dopamine receptor genes, smoking behaviors and disease)

* Genetic variables can be important “third factors” contributing to the relationship between emotion and disease through their effects on risk behaviors.

* Examination of these matters are only in the early stages:

- genetic factors only accounted for a small percentage of the variance
- psychological factors may mediate the relationships

* Genes in combination with environmental factors sought and created by psychological variables (e.g. selecting risk-seeking friends) may create a complex series of relationships for the promotion of disease.

* More research is needed.

Conclusion: Emotion as Communication and the Emotion-Disease Link:

* Emotions don’t necessarily predict disease outcomes.

* Experientially elaborated, multilevel emotion systems respond to a wide variety of external and internal events and their meanings.

* Much depends upon the person and context.

* The search for direct effect, and the idea that controlling our thoughts, feelings and actions can help us reduce the risk of disease can mislead us

* Yet it can also inform us by encouraging research on the bidirectional connections between emotions and illness, linking biological and

psychological theory.

* The focus on indicators is designed to identify the important roles that psychological factors can play in this investigation, and also to discourage a single-causality model that obscures the role of emotion.

* We really need multifactorial models of the onset, development and outcome of the most prevalent life threatening diseases.