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The Management of Sadness in Everyday Life

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Summary. – Sadness (i.e., feeling down or sorrowful) represents a burdensome emotion to those feeling it and to those witnessing it. For people feeling sad, the burden arises because social norms discourage people from expressing their sadness. People hold expectations about how, when, and to what extent people should feel sad, and research suggests that people work hard to honor these social norms - even during profoundly sad periods (Goodrum, 2008; Hochschild, 2003). Social norms about feeling sad can even influence the extent to which people experience sadness in different situations. For those witnessing sadness, the burden arises as a result of the expectation that people express sympathy for others' misfortune (Clark, 1987). Strategies for the management of one's own and others' sadness allow people to control sadness – to honor sadness-related feeling rules and expression norms and to minimize the likelihood of a label of emotional deviance. The purpose of this chapter is to review the literature on the management of sadness, including the ways people manage their sadness and the social consequences for the expression and management of sadness in everyday life.

The purpose of this chapter is to review the literature on the management of sadness, including the ways people manage their sadness and the social consequences for the expression and management of sadness in everyday life. The review is divided into two main sections: the burden of sadness and the management of sadness. The chapter concludes with some discussion of the implications for the management of sadness in society.

THE BURDEN OF SADNESS

The literature on emotion suggests that sadness does not exist apart from or in isolation from others; instead, sadness is a feeling that humans create, reflect on, express, and suppress in internal conversations with the self and in social interactions with others. As with other emotions, sadness falls on a continuum and is subject to social regulation. Sadness can vary in intensity from mild disappointment to clinical depression. At the mild end of the continuum, sadness represents a temporary state, one that will or should pass within a few minutes or hours. At the extreme end, sadness can involve profound grief over the loss of a loved one or a serious mental illness that requires medication and counseling (e.g., depression). At all levels of sadness, feeling rules (i.e., expectations for the type, length, and depth of internal feeling in a situation) and display rules (i.e., guidelines for outward emotional behavior) provide a framework for the amount of sadness one should feel and express in social encounters with others. When people have trouble honoring sadness-related feeling rules and emotion norms – such as following an unexpected loss (e.g., divorce, death) or as the result of severe depression – they may seek therapy, join a support group, or face informal sanctions. Much of the knowledge people gain about the management of sadness, however, comes from every day social encounters – not from therapy sessions or support group meetings.

For more than forty years, sociologists have studied sadness in social life (see Hochschild, 2003; Sudnow, 1967); this research repeatedly finds that people tend to conceal their feelings of sadness from others to minimize the likelihood of a socially awkward situation. People restrain their feelings and expressions of sadness for two main reasons: (1) they do not want to burden others with their sadness and (2) they do not think others will be able to understand the extent of their sadness (Goodrum, 2008). In research on loss to murder, bereaved individuals and the criminal justice workers who encountered them described grief from loss to murder as a burden for others to witness (Goodrum, 2008; Goodrum & Stafford, 2003). Interestingly, bereaved individuals recognized the burden their sadness represented to others and they tried to minimize the burden to others; in doing so, they followed the unwritten rule that one should not upset others or make them feel impotent (Goodrum, 2008). Greer (2002) writes, “*Managing emotional expression helps social interactions to transpire more smoothly*” (p. 120).

Sad people also worry, with good reason, that others will have trouble understanding their pain and seeing their sadness. Sad people often recognize that their suffering proves especially difficult to witness when it seems nothing helps to resolve the situation, and some sad people feel guilty about this fact. For example, Wortman, Battle, & Lemkau (1997) found that supporters felt helpless when faced with suddenly bereaved people because there was little that brought them comfort

(see also Goodrum & Stafford, 2003). The effort to bring comfort and have that comfort not help the person is often frustrating to potential supporters, and many sad people understand and even anticipate this sense of frustration in others.

The emotional burden of sadness may arise from not just an observer's inability to understand and alleviate the sadness but also from their discomfort with the extent of it. Clark (1987) writes, "*Long-term problems, while they may be worth more sympathy, may call for greater emotional expenditures than others can or will put forth*" (p. 305). A curvilinear relationship may exist between feelings of empathy and efforts to help, such that people feeling high levels of empathy for victims offer the least amount of help (Thoits, 1989). The experience of seeing and then feeling another's profound sadness may prove too difficult to bear and some sad people acknowledge and appreciate this fact (Goodrum, 2008). Two of the more extreme types of sadness studied by sociologists and others include loss-related grief and medically diagnosed depression.

GRIEF

In the case of grief, feeling rules tell people how deeply and for how long they should grieve a loss, while display rules tell people when, where, and to whom they should express that grief. These rules and norms help define "normal" grief, guide emotional behavior, and motivate people to manage their sadness to minimize the likelihood of being labeled as emotionally deviant. In his ground-breaking study on the social organization of dying in hospitals, Sudnow (1967) found that bereaved individuals often down-played their grief and hid their crying from medical professionals in recognition of the difficulty that their loss presented to others. Sudnow (1967) wrote, "*The bereaved person takes the physician off the hook, spares him the discomfort of witnessing the bereaved's pain*" (p. 140).

How much sadness following a loss is "normal," however, remains unclear. Hochschild (2003) cites a study of parents of children fighting leukemia as an example of the confusion surrounding grief-related feeling rules and emotion norms. Parents who displayed too much stoicism - or what parents thought was strength - got described as cold or unconcerned by medical personnel. Many parents felt they "could not break down" in front of their children or physicians, but then felt guilty for not experiencing more grief (Hochschild, 2003, p. 65). Few norms surround bereavement (i.e., the status accompanying a loss). Anecdotal evidence from widows, widowers, and others suggests that expectations for the appropriate length of bereavement and the normal amount of sadness for a given loss may not match actual experiences (Thoits, 1990). These unrealistic expectations may create internal conflict for people trying to display the proper public

face and mask their personal pain (see Karp, 1996). The disconnect between the norms surrounding grief and people's actual experiences can become awkward in social interactions with others, and this disconnect may be most apparent to people suffering a traumatic experience, such as an unexpected death (e.g., homicide, suicide), a criminal victimization (e.g., sexual assault), or a terminal diagnosis (e.g., cancer), where the sadness is profound and the recovery process or physical decline can be lengthy (see Rando, 1993).

Research finds that for many bereaved individuals the simple decision to tell someone about their sadness presents an emotional challenge (Goodrum, 2008). The desire to share the news and the need to receive emotional support from others can collide with worries about upsetting people who are unprepared to hear about their tremendous sadness. The self-interaction process gives bereaved people the ability to think about their own and others' feelings simultaneously, performing emotional multitasking. One study found that even when people felt extremely sad, they stopped to consider the effect their sadness might have on others. One bereaved respondent explained, "*There's not a day [that] goes by that I don't cry. . . . [but] I don't want to share [that] with anyone else because I don't want to make them feel bad*" (Goodrum, 2008, p. 434). Sociologists argue that the self-interaction process (i.e., internal dialogue that allows an individual to contemplate others' likely responses to their behavior) gives people the ability to imagine and anticipate others' reactions to their behavior, including their general emotional behavior and their specific expressions of sadness.

DEPRESSION

In his study on the clinically depressed, Karp (1996) found that depression made social interaction difficult and often increased feelings of social isolation. He notes that observers expect the physically ill to withdraw from social life for a time to give them time to heal and to allow for reduced social obligations (Karp, 1996 citing Parsons, 1954). Empirical research indicates that people also expect those experiencing a loss or severe depression to withdraw from social interaction to deal with the sadness and to recover from it. Karp (1996) and others have found that this withdrawal benefits the bereaved and the ill, and it also benefits potential observers of the sadness. When people withdraw socially following an unfortunate experience or during a sad period, they alleviate others from the burden of an awkward or difficult conversation (e.g., I heard about your father's death; you seem depressed. . . are you feeling okay?).

THE MANAGEMENT OF SADNESS

Emotion management strategies (i.e., attempt to influence or alter the feelings of the self or others) allow people “to bring emotions into line with the feeling norms of the situation”, maximizing their control of the situation, permitting them to get work done, and preventing emotional deviance (Francis, 1994, p. 152). These strategies, which get used in the process of self-interaction and get applied in the process of social interaction, prove particularly helpful with troubling emotions like sadness, because these strategies allow people to assess others’ emotional tolerance for and emotional skill in difficult situations and plan their emotional expression accordingly.

Sociologists identify two types of strategies for emotion management: self and interpersonal emotion management and both strategies get used with sadness. Self-emotion management strategies can help workers maintain a customer-satisfaction orientation, display a professional (i.e., stoic) demeanor, and minimize emotional drain. Medical professionals use avoidance to distance themselves from grieving relatives and prevent themselves from feeling sad (Coombs & Powers, 1976). There are costs associated with both failures and successes in self-emotion management. Copp (1998) has argued that workers who cannot preserve their emotional well-being end up burning out (and becoming emotionally deviant). Success in the management of one’s own sadness has the potential to prevent burnout at work and in relationships, but Hochschild (2003) argues that the practice of concealing one’s emotions in social encounters on a regular basis has the potential to disconnect people from their true feelings. The more common methods of self emotion management for sadness include restraining sadness, pretending to feel okay, accessing status shields and organization shields, and maintaining professional composure.

SELF-EMOTION MANAGEMENT

Restraining Sadness.- Restraining sadness and pretending to feel good are the most common and perhaps most effective strategies people use to manage their sadness for the benefit of the self and others, demonstrating the effectiveness of self-interaction during periods of intense emotional upset (Goodrum, 2008). These self emotion management strategies can take verbal and nonverbal forms. Clark (1987; 1997) and Sudnow (1967) have found that people sometimes underplay their suffering to fit the emotion norms of a particular setting. Sudnow (1967) described bereaved people in hospital settings, “Persons are engaged, so it seems, in the continual de-emphasis of their feelings of loss, out of respect for the difficulties of the interaction facing those less intimately involved in the death themselves”

(p. 140). This research indicates that persons also deemphasize grief for the benefit of those family members intimately familiar with the loss.

An individual's sadness or crying can provoke discomfort in those witnessing it. Through these types of social encounters, sad people can build experiential wisdom that restraining their sadness is a valuable skill and they learn to engage in sadness restraint in front of others so they do not share their pain or add to another's pain. The restraint of sadness in social situations can prevent others from also becoming depressed. When sadness spreads to others like a virus, the knowledge that one has passed the burden on can make a sad person feel worse. The awareness that one's sadness presents a burden to others is, indeed, a burden in and of itself.

Like clinically depressed patients who withhold information about their current state of mind (Karp, 1996), grief-stricken people hide their true feelings to protect others as well as themselves. Feeling sad is emotionally challenging. Through role-taking and the self-interaction process, sad people often try to gauge others' general comfort level with and emotional stability in the face of their sadness, and people do this to avoid contaminating others with their own emotional baggage. For instance, even in close interpersonal relationships, people will carry the dual burden of managing their own and others' sadness over a family loss. In these situations, bereaved people are emotional multitaskers – managing their own sadness and the sadness of others. Some bereaved people never fully allow themselves to grieve following a loss because they feel that they have to put their pain aside to help their loved ones cope with a relative's death.

Some people may also restrain their sadness for themselves. Self-emotion management helps people control their sadness and carefully monitor their volatile feelings. Some view this suppression of sadness for the self as critical to their continued functioning in life and at work. Other people try to compartmentalize their sadness and ask others to assist them by telling them not to ask about their difficult experience or tragic life event. In these cases, the sad individual tries to educate others on sympathy rules. Thus, people contain and reframe their sadness over personal issues to get things done at work and in life (Goodrum, 2008; Goodrum & Stafford, 2003; Copp, 1998; Hochschild, 2003; Lois, 2001).

Pretending to Feel Okay.— Another surprisingly effective way that people manage their sadness in interpersonal encounters is to pretend to feel okay. People experiencing tremendous sadness will claim, “I’m doing better about my mother’s death” or “I’m feeling good today” to prevent others from feeling the need to offer them sympathy or special treatment. Interestingly, when sad people pretend to feel okay in front of others, the dual responsibility of the emotional burden of sadness becomes more apparent, revealing the need for emotional multitasking

in self-interaction. Sad people often feel obligated to manage their own sadness and to alleviate others' emotional discomfort with their sadness in interpersonal relationships. When sad people swallow their own sadness – either by restraining their sadness or by pretending to feel okay – out of consideration for others and to meet emotion norms, they miss out on an opportunity to redefine sadness related emotion norms and feeling rules and to renegotiate the boundaries of sadness displays in social life.

Accessing Status Shields and Organizational Shields.- Status shields and organizational shields are self-emotion management tools used in the workplace and they tend to be very effective in helping workers regulate their own emotions and obey the display rules of the organization. A status shield involves workers' use of authority (or the persona of authority) to minimize the likelihood that citizens or clients will attempt to contact them (Hochschild, 2003). An organizational shield involves a worker's use of another lower-ranker employee as a human buffer between him or herself and the public to reduce the likelihood that citizens or clients will contact them directly. Shields can prove particularly helpful in work with emotionally traumatized individuals, where every encounter is emotionally volatile and draining. In the criminal justice system, detectives and prosecutors discourage victims from contacting them by cultivating a persona of authority (a status shield) (Stenross & Kleinman, 1989) and by pushing victims off onto victim service counselors (an organizational shield) (Goodrum & Stafford, 2003). These shields reduced the likelihood that workers would have face-to-face contact with and feel emotionally drained by distraught victims.

Venting.- Venting refers to the unfettered expression of emotion, and in the case of sadness, it can range from a simple disclosure of feelings of unhappiness to a full-blown gushing of feelings of grief. Common wisdom leads many to believe that venting sadness is a cathartic experience and thus health-promoting. Research, however, suggests that venting negative emotions, such as sadness and anger, can lead one to focus on the negative emotions more intensely making them difficult to overcome (see Tice & Bratslavsky, 2000 for a review). Tice & Bratslavsky (2000, p. 155) cite numerous studies that indicate "*the physical feedback from the facial muscles, posture and other bodily systems [following venting] play a role in prolonging the negative mood*". Similarly, ruminating about (or pondering) feelings of sadness or the situation that brought about the feelings of sadness does not typically improve a depressed mood, because – like venting – it leads one to concentrate on the emotion more completely making it difficult to cope with or recover from it.

Disbelief and Denial.- The literature in sociology, psychology and psychiatry describes disbelief and denial as strategies that involve delaying the acceptance of bad news or trauma – either temporarily or indefinitely (respectively); these

strategies represent powerful and resourceful tools for coping with and processing difficult experiences. In the management of sadness, each strategy allows the individual to use conscious thought to either disregard information (e.g., “that cannot be true”) or conceal information (e.g., “that never happened”) from oneself or others to prevent feeling sad. Disbelief and the more intense management technique of denial provide ways of escaping the reality of a situation and of buying time to adjust to the news of it. Psychiatrists define denial as “a primitive defense, consisting of an attempt to disavow the existence of an unpleasant reality” (Hinsie & Campbell, 1970, p. 199) and it can involve conscious deception (Kastenbaum, 1986, p. 233). In a study on loss to murder, Goodrum (2005) found that 25% of study participants did not initially believe the news of their loved one’s murder; in fact, several participants dismissed the reality of the news by giving detectives alternative explanations for their loved one’s disappearance or the crime scene evidence. Other research indicates that denial is a common coping strategy among adult survivors of incest (Cole, Michel, & Teti, 1994). Disbelief and denial can protect people from experiencing severe emotional distress and debilitating grief, but they can also have long-term negative consequences for adult functioning, particularly when their prolonged use prevents the healthy integration of information with thoughts and feelings. As with disbelief and denial, the emotion management techniques of avoidance and distraction may allow people to use their thoughts and behavior to prevent the feeling or expression of sadness; taken to the extreme, however, the continuous use of avoidance or distraction to cope with sadness may actually prolong the negative emotional state. Wenzlaff, Wegner, & Roper (1988) found that depressed individuals who used other negative thoughts to distract themselves from their feelings of sadness found the technique to be ineffective in improving their well-being.

INTERPERSONAL EMOTION MANAGEMENT

The second type of emotion management – interpersonal emotion management – gets used when people want to influence or alter others’ emotional feelings or emotional expressions. For sadness, interpersonal emotion management can arise when people want to either provoke sadness (e.g., to illicit sympathy) or minimize the likelihood of sadness (e.g., to prevent crying) in others. Interpersonal emotion management is needed when someone believes or anticipates that another’s strategies self emotion management have failed or are likely to fail – leading them to feel or display inappropriate emotions in a given situation. The most common sadness-related interpersonal emotion management strategies include sympathy and information control.

Sympathy.- Sympathy involves “feeling sorry for or with another person,” and “it is a role-taking emotion” (Clark, 1987, p. 291), and it can alleviate another’s sadness and connect people (Shott, 1979). When people cannot contain their sadness and express their upsetness in front of others, social norms suggest that others should respond with sympathy. Clark (1987; 1997) argues that people expect sympathy in times of need, but she notes that not all observers of misfortune respond the way a suffering individual might expect. The exchange of sadness and sympathy can foster relationships; it can also drain relationships, particularly when people ask for too much sympathy or when they do not offer the sympathy that others expect.

Clark (1987, p. 313) refers to unsympathetic others as “*underinvestors*,” whose “*sin, it seems, is to be aloof and removed*”. A review of the literature offers three possible explanations for the sympathy sins of “underinvestors”: (1) the sad situation is too painful or difficult to imagine, (2) the observer lacks the skill to offer sympathy, or (3) the observer does not believe sympathy is deserved or warranted. First, some people may feel another’s pain so deeply that they prefer to avoid the person (and the pain) than to help alleviate it (Thoits, 1989). Feelings of genuine sympathy typically require that people put themselves in the other’s shoes and that they imagine the other person’s situation. Some people may not want to imagine another person’s misfortune for themselves, and they may decline to fully engage in emotional role-taking and the expression of genuine sympathy for that reason (Goodrum & Stafford, 2003). Goodrum & Stafford (2003) found that criminal justice workers found their encounters with people who had lost a loved one to homicide emotionally burdensome because they felt uncomfortable imagining what such a loss would mean for them. Other research suggests that when the sad person cannot be avoided, potential supporters may seek to minimize the situation and the pain or they may assign blame to the victim to diminish their discomfort and maintain their belief in a just world (Montada & Lerner, 1998).

Second, sympathy rules can be difficult to honor when a potential supporter feels uncomfortable with or inexperienced with the victim’s sadness (see Burleson, Albrecht & Sarason, 1994). Some people do not have the comforting skills to handle an encounter with a profoundly sad person. They may have limited experience with extreme sadness, making it difficult to know what to say or do. Coyne, Wortman & Lehmann (1988) found that when people have difficulty improving depressed people’s emotions, it leaves the giver feeling frustrated, which may lead potential supporters to withdraw from or blame the person suffering from depression (see also Montada & Lerner, 1998). Finally, the individual’s sympathy biography (i.e., history of giving and receiving sympathy) and characteristics (e.g., age, gender, socio-economic status) may influence others’ willingness to offer sympathy. For instance, people tend to offer children more sympathy than adults (Clark, 1987).

Information Control.- Interpersonal emotion management through information control represents a type of social control (see Gibbs, 1982), used by professionals within bureaucratic organizations. When it seems possible to affect an individual's sadness through information, professionals manipulate the amount, timing, and tone (i.e., manner of delivery) of information released to clients or the public. For example, in murder cases, criminal justice workers offer or withhold strategic pieces of information about the death or the case so that murder victims' family members feel better about the criminal justice system, family members feel less upset about their loss, and detectives can promote the integrity of the murder investigation. Information control is a method of "preventive emotion management" and it can influence how clients or the public feels about an issue *before* they actually have a feeling about it (Copp, 1998). Goodrum & Stafford (2003) found that detectives, prosecutors, and counselors controlled information about murder cases to promote murder victims' family members long-term emotional well-being. For example, several detectives, prosecutors, and counselors reported that some bereaved victims asked to see the murder scene and autopsy photographs, believing that knowing exactly what had happened to their loved one would make them feel better. Criminal justice workers, however, knew from experience that the violent images in those photographs often created tremendous sadness and pain in victims' family members.

CONCLUSIONS

Sadness is a symbolic interaction. Sharing one's sadness with others can create a special bond, promote mutual understanding, and facilitate ongoing social interaction (Mattley, 2002). It can also divide people, foster misunderstanding, and impede future social interactions, particularly, when those shared feelings of sadness get dismissed or minimized. Sadness has the power to both bond and separate people, and its expression presents a challenge to those experiencing and witnessing it, in part, because the rules and norms surrounding the expression of sadness remain unclear. This chapter examined the burden of sadness and the management of sadness in everyday life.

Current research suggests that the norms surrounding the expression of sadness need revision. The lack of shared knowledge over appropriate sympathy responses can hinder potential supporters' ability to offer the social support that previous researchers have identified as so critical to recovery from stressful life events (House, Umberson, & Landis, 1988), making some people's sadness disenfranchised (i.e., unrecognized or unsupported). The revision of sadness-related norms proves important for two reasons.

First, when people partially or completely withhold their sadness to spare others their pain or to honor feeling rules and display rules, they put forth an inauthentic self. Suppressing feelings can increase a sense of inauthenticity (Erickson & Ritter, 2001). For clinically depressed people, Karp (1996, p. 43) has argued that “*each moment spent ‘passing’ as normal deepens the sense of disconnection generated by depression in the first instance. . . . The price of the performance is to further exacerbate a life condition that already seems impossibly painful.*” Other research suggests that the suppression of emotion can harm well-being (see Hochschild, 2003). Future research should examine the extent to which suppressing sadness hinders recovery from trauma, harms psychological well-being, and damages social relationships.

Second, hiding one’s sadness to spare others from pain and to honor social norms may hamper the possibility for change in the norms surrounding sadness, grief, and depression. When people keep their dissatisfaction with a norm to themselves, when they use self-emotion management to suppress their true feelings about their sadness, the extent of their sadness, and their disappointment over others’ lack of understanding for their sadness—they confine their dissatisfaction to the realm of self-interaction. When people keep their dissatisfaction to themselves, they miss an opportunity to question the status quo, to revise social norms, and to educate others. Potential supporters may never learn that their response hurt the sad individual, and they may never know that many sad people want to scream: “Let me express my sadness!” Thus, the social norms surrounding sadness need to change. People should give each other the opportunity to express their sadness openly and honestly. A society comfortable with some sadness would promote emotional well-being, facilitate recovery from loss, and foster smooth social interaction. Future research should consider supporters, potential supporters, and distant observers’ perceptions of sad people. These findings could shed light on the other side of the interactional process.

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