Editorial

The Centrality of Human Interaction

Shared Paths and Synergistic Opportunities for Clinical and Social Psychology

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Once published side-by-side in the *Journal of Abnormal and Social Psychology* (1921–1964), key clinical and social psychological findings have mostly been documented individually over the last 50 years. While both successor journals – *The Journal of Abnormal Psychology* and *The Journal of Personality and Social Psychology* – have thrived, the divide increases the likelihood that the two fields miss out on each other's advances, contributions, and achievements. This Topical Issue takes a programmatic stance, based on the assumption that there are many commonalities between the fields worth highlighting, and synergies to develop and build upon.

Commonalities and Synergies: The First 100 Years

Social Psychology has unearthed multiple principles about how individuals function in a complex social world. In general, the social-psychological perspective is mostly “normal” behavior in social contexts, investigated in rigorous experimental research that grants high internal validity, but with a rather negligent approach to sampling characteristics (i.e., as long as the *N* is high enough, who participates is of lesser concern). *Clinical Psychology* has amassed a plethora of key insights on the nature of mental health, psychopathology, and behavior change as well as developed efficacious interventions. In general, the clinical psychological perspective concentrates predominately on “abnormal” behavior, investigated preferentially in real life (though the social context is largely ignored), and with a strong emphasis on sampling (i.e., who participates is crucial). Research questions in both fields are fundamentally shaped by contemporary scientific beliefs, culture, and ideology. For instance, when the *Journal of Abnormal and Social Psychology* placed stronger emphasis on experimental methods in the 1950s and 1960s, clinical case studies were harder to

publish (Hill & Weary, 1983). Or, with an increasing demand for high sample *N*s in the last decades, social psychologists are often forced to focus on individuals as the unit of analysis and shy away from topics that are at the heart of the field's self-definition, such as dynamics in inter- and intra-group processes.

Despite the differences, the fields share many commonalities. Both social and clinical psychology are interested in understanding, predicting, and influencing behavior. Both are interested in theories about the self; in beliefs about causality; in attributions about others; in dynamic social interactions; in traits; in automatic and deliberate cognitive processes; in feelings; in belongingness and relationships; in health; in behavior change; and so forth. More often than not, topics investigated by clinical and social psychologists share the same conceptual core, such as understanding the malleability of beliefs about the self and others. For Maddux (2011, p. 10), this is because “[b]ehavioral and emotional problems are essentially interpersonal problems.” From Maddux' perspective, “[t]he majority of people seek psychological services [...] because they are concerned about their relationship with other people.” Maddux hastens to add that “some psychological problems have strong biological roots,” but even then, he stresses the impact of situational and interpersonal factors. Indeed, the importance of social interactions is so crucial that deficits in maintaining them are considered key syndromes in several mental disorders (American Psychiatric Association, 2013). While disorders such as social phobia, personality disorders, and autism are determined by impairments in social interactions, other clinical pictures (e.g., depression, agoraphobia, psychosis) result in detrimental social behavior and difficulties maintaining meaningful interpersonal relationships.

The commonalities between clinical and social psychology have fueled joint ventures between the fields from their beginning. Perhaps best known is the joint publication

history in the *Journal of Abnormal and Social Psychology*, starting in 1921 and lasting for four decades until 1964. By inviting social psychologists to be part of the clinical community, the former *Journal of Abnormal Psychology* (1906–1920) provided a publishing home to social psychologists and helped the nascent field of social psychology to get off the ground. In subsequent years, the fields undeniably benefited from being published side-by-side, even if simply by ways of priming thoughts and ideas. However, little truly integrative work surged. When Allport (1938, p. 8) took office as editor, he asserted “that most of the contributions to its [the journal’s] pages pertain either to the one field or the other – but rarely to both,” and that a minority of 10% of contributions belonged simultaneously to both social and clinical psychology. This likely contributed to the dissolution of the social-clinical publishing partnership. The interest in the overlap between social and clinical psychology continued, however, as evidenced by the foundation of the *Journal of Social and Clinical Psychology* in 1983, and several influential books and book projects on the fields’ commonalities and synergies (e.g., Brehm, 1976; Goldstein et al., 1966; Kowalski & Leary, 2004; Maddux, 2011; Snyder & Forsyth, 1991). These joint ventures have insured that bridges between clinical and social psychology exist.

At the same time, the two fields remain separate entities – and for good reasons. Despite the strong intersection, clinical and social psychology differ with respect to methodology, stakeholders, and publishing criteria. Given that there are good reasons for two distinct fields, why invest in bridges? Perhaps the bridge metaphor itself provides the best illustration: with bridges between cities and countries, trade and economy can thrive, people can unite, commonalities can be cherished, and differences in expertise are used to the advantage of all involved. Bridges between clinical and social psychology afford specialized knowledge in one field to be used for growth in the other field. Instead of continuously inventing the wheel in both fields, what has been unearthed in one field can be fruitfully built in the other field. Especially given that much research is funded with taxpayers’ money, harvesting the potential of bridges seems not only a good idea, but indeed imperative to more efficiently fulfill the potential of psychology and the demands of our stakeholders.

Because clinical and social psychology remain distinct fields, however, building bridges requires continuous investment. In addition, building scientific bridges generally requires strong effort, given that publishing at the intersection of two fields is often more demanding than mainstream work within one specialization. But the potential insight into the (normal and abnormal) human condition is also higher, and these endeavors’ impact may be more lasting. It is in this spirit that this special issue wishes to

continue – 100 years later – the investment started with Morton Prince’s visionary move in 1921 to foster a joint path of clinical and social psychology. By way of illustration, we next focus on one topic of core interest to both fields: prosocial behavior. In this editorial’s final section, we shortly pre-view the individual contributions to this special issue.

Prosocial Behavior: Where Clinical and Social Psychology Meet and Synergize

Human beings are not capable of existing for long in isolation. Generations ago, being cast out of the tribe spelled certain doom. The evolutionary echo of this threat is now felt as loneliness and the pain associated with social ostracism (e.g., Williams, 2009). Far from an innocuous discomfort, however, loneliness and ostracism are associated with negative mental and physical outcomes: *Perceived loneliness* is connected to a higher risk of increased blood pressure (Hawkley et al., 2010), metabolic syndrome (Whisman, 2010), and cardiovascular disease (Hawkley & Cacioppo, 2010), resulting in an established link between loneliness and risk of early mortality (Holt-Lunstad et al., 2015). A growing body of longitudinal studies suggests that loneliness accelerates cognitive decline (Cacioppo & Hawkley, 2009), increases the risk of developing depressive symptomatology (Cacioppo et al., 2010; Wei et al., 2005), and predicts later suicidal ideation and behavior (McClelland et al., 2020). Similarly, *perceived ostracism* is connected to many negative outcomes. Being ostracized hurts much like physical pain does (e.g., Eisenberger & Lieberman, 2005) and constitutes a powerful threat to the needs of belongingness, self-esteem, control, and meaningful existence (e.g., Williams, 2009). If sustained, ostracism can result in resignation and clinically relevant symptomatology, such as depression (e.g., Rudert et al., 2021).

Given the centrality of belonging and the pain of not belonging, a full understanding of human behavior requires us to understand not only what happens when disconnection occurs, but explore how connection can be fostered. Prosocial behavior is one such path toward maintaining relations. In its broadest meaning, prosociality refers to intentions and behaviors that benefit others, often at an expense of oneself. For example, people donate money to charitable causes, spend time volunteering, demonstrate teamwork at the workplace, share food with those less fortunate, and lend a sympathetic ear to others’ concerns. These manifestations of prosocial behavior point to an ability that – although not unique to human beings – is inimitably pronounced in its variability and ability to recognize and respond to a diversity of others’ unmet desires and needs (Dunfield, 2014).

Both clinical and social psychology have provided important insights into prosocial behavior. One particularly important point of intersection between the two fields is the role of emotions when helping others. For instance, prosocial behavior has been connected with the activation of reward circuits in both human beings and non-human beings (Ferris, 2014; Strathearn, 2011). A plethora of studies demonstrates immediate and long-term emotional benefits of engaging in prosocial behavior. For example, research suggests that everyday helping behavior protects from the negative effects of perceived stress (Raposa et al., 2016) and that spending money on others results in increased positive affect (Aknin et al., 2013). Furthermore, prosocial behavior has been linked to higher well-being, life satisfaction, and a sense of meaning in life (Kahana et al., 2013; Weinstein & Ryan, 2010). Giving to others also makes children happy – even happier than receiving (Aknin et al., 2015). Thus, apart from the obvious benefit that prosocial actions assume for the recipient and society as a whole, prosocial behavior is an important interpersonal and emotional resource for each individual that may be harnessed clinically. At the same time, a substantial body of evidence suggests that positive affect and emotions inspire prosocial behavior (e.g., Isen & Levin, 1972; O'Malley & Andrews, 1983) – a finding that has important implications for those suffering from low mood, social anxieties, and interpersonal difficulties.

Yet, despite the central role prosocial behavior plays for human development and social coexistence, it remains a relatively unexplored question whether and how such behavior can be willingly influenced for clinical purposes. Social psychological research has contributed immensely to our understanding of everyday forms of prosocial behavior by pinpointing dispositional, motivational, and situational factors that explain when and why prosocial behavior occurs. While this allows us to understand and predict under which circumstances people are likely to engage in prosocial behavior, it does not sufficiently inform us about how to intervene clinically. While some interventions stimulating prosocial behavior have been developed and applied, these are almost exclusively concerned with large-scaled school-based programs to promote prosocial behavior in childhood and adolescence (Caprara et al., 2015; Ellis et al., 2016; Mesurado et al., 2019). Only recently have researchers begun to test whether prosocial behavior can be increased with interventions such as mindfulness and compassion (Böckler et al., 2018; Donald et al., 2019) or by increasing psychological flexibility (Gloster et al., 2020).

The future study of prosocial behavior can benefit from intertwining clinical and social psychological perspectives more closely. Clinical psychologists need to better understand which interventions increase prosocial behavior.

Further, it is important to determine when and under which circumstances interventions are most effective. The insights from social psychology to date can help accelerate this research. Insights from clinical studies, in turn, may help social psychologists understand the malleability of prosocial behaviors both within individuals and as a function of the target group (e.g., students vs. patients). This, in turn, may help refine theories. Both disciplines can benefit from seeking out and sharing methods and paradigms.

Outline of Contributions in Special Issue

As exemplified by research on prosocial behavior, clinical and social psychology can benefit from standing on each other's strong shoulders and can synergistically improve the study of human behavior. This special issue has brought together six articles to explore this synergy. The articles' authors are experts in the fields of clinical and social psychology. In each article, we requested the authors to think about their subject matter from the perspective of both fields and to discuss the possible implications for clinical and social psychology. For every article, we have been fortunate enough to receive reviews from both clinical and social psychologists. The resulting articles are insightful, exciting, and synergistic.

Williams et al. (2021) examine ostracism, drawing on social and clinical psychological theories. The authors demonstrate the immediate and long-term detrimental impacts of ostracism, examine how ostracism threatens people's need to belong and explore how current clinical interventions may help.

Richter and Schoebi (2021) expand the discussion of ostracism to the dynamic of rejection sensitivity in intimate partners. The authors tested how one partner impacts the other – in this case, how responsive the partner is. This study demonstrates how fine-grained methods such as smartphone-based ambulatory assessment can help to elucidate the processes involved in interpersonal dynamics.

Aengenheister et al. (2021) present two experiments that examined how someone's perception of their treatment influences their intention to change. In particular, the authors varied whether participants perceived their interventions as partners in care where they would need to be active, or perceived their intervention such that they would be passive recipients of care. These experiments show how social conceptualizations can influence clinical outcomes and thus demonstrate how clinical treatment can benefit from basic social psychological knowledge.

Twardawski et al. (2021) focus on coping with experienced injustice in the social domain. In particular, they show that an intervention technique from clinical psychology – imagery rescripting – may prove beneficial in the context of minor victimization experiences. This study thus

exemplifies how social psychology can strongly benefit from knowledge and evidence accrued in clinical psychological work.

Muniak et al. (2021) offer evidence on the link between mimicry and lying. Prior studies in clinical and social psychology suggest that unobtrusive mimicking of others increases, for instance, trust or therapeutic rapport. The present findings, however, suggest that mimicking others may also come at the cost of being lied to more: indeed, mimicked compared to not-mimicked individuals showed a greater tendency to deceive the mimicker.

Finally, Fiedler and Grüning (2021) offer a selective theoretical review of synergies between social and clinical psychology. As social psychologists, they present a methodological and procedural toolbox that practitioners and researchers in clinical psychology might use in diagnostics and interventions.

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