DYNAMICS AND IMPLICATIONS OF DISTRESS ORGANIZING

WILLIAM A. KAHN
Boston University

This study offers a theory-generating examination of the social construction processes through which members regularly exposed to psychological distress navigate paradoxical demands to both extend and protect the self in their work with others. A qualitative study of a child welfare agency found that members organized themselves to avoid the conscious experience of psychological distress. Distress organizing involved, first, the use of collective avoidance mechanisms that constrained the time, space, and impetus for members to experience the distress of their work; and, second, patterns of interpersonal avoidance that prevented relationships in which such experiencing could occur. The mutually reinforcing, cumulative effect of distress organizing sharply reduced members' emotional availability to clients and coworkers, which manifested as largely dispassionate responses to others' distress. Dispassionate responding led to emotional isolation and emotional exhaustion, with which members coped by further avoidance of others. Distress organizing thus amplified rather than ameliorated distress. Amplification processes were temporarily suspended when agency members momentarily created conditions for providing and receiving compassion. These findings contribute to theory about social contexts of psychological distress in organizations, the alleviation of such distress, and the bases of organizing processes.

Various types of work expose organization members to intense emotions. Health care workers care for patients in varying states of pain, distress, and humiliation (Hinshelwood, 2001); social workers provide services for clients whose circumstances overwhelm their capabilities (Obholzer, 1994); bill collectors, attorneys, and probation officers perform tasks that bring them close to the disrepair of people's lives (Sutton, 1991); police officers, firefighters, and emergency medical personnel are first responders to or actors in tragic or brutal events (Beaton, Murphy, Johnson, Pike, & Corneil, 1998; Figley, 1995). Such workers are exposed, some regularly and others in moment of crisis, to intense emotional experiences.

These workers typically engage two processes simultaneously, consciously and unconsciously: they attempt to perform their roles competently while protecting themselves psychologically from distressing experiences (Miller, 1993). Either workers or those they serve tend to suffer if either of these processes is ineffective. If workers ignore the status of

their own resources, personal boundaries, and self-care, they will become emotionally, cognitively, and physically depleted (Bloom & Farragher, 2013); they will suffer burnout, manifested as emotional exhaustion, depersonalization, and diminished sense of accomplishment (Maslach, 1982; Maslach, Schaufeli, & Leiter, 2001). If workers attend primarily to self-preservation, the empathic connections necessary to join with, understand, and act to alleviate the painful situations of others become frayed (Anderson, 2000). Such workers would be unable to care enough about others to engage effectively on their behalf (Maslach, 1982).

Navigating the simultaneous needs to work effectively and protect the self from distressing experiences is largely understood as an individual-level dilemma. Individual workers are left to figure out how to strike balances between attending to others and to themselves. Researchers document these struggles in the context of burnout (Maslach, 1982; Maslach et al., 2001); "compassion fatigue" (from vicarious knowing about distressing events expressed or suffered by others [Figley, 1995; Valent, 2002]); "necessary evils" (work-related acts that cause emotional or physical harm to others in the service of some perceived greater good or purpose [Margolis & Molinsky, 2008]); and "dirty work" in

"tainted" organizations (Ashforth, Kreiner, Clark, & Fugate, 2007). Yet behavior is socially constructed (Berger & Luckmann, 1991), as individuals take cues from and affirm those around them (Weick, 1995). Presumably, collective-level dynamics shape how individuals resolve tensions between presenting and absenting themselves psychologically in roles that expose them to distressing experiences and emotions.

Through a qualitative, theory-generating study of a child welfare agency, I examined the interplay of individual, interpersonal, and organizational dynamics that shaped how members navigated the tensions between approaching and avoiding distress. To briefly review the findings, agency members organized to avoid exposure to and conscious experiences of distressing emotion. They developed mutually reinforcing collective avoidance mechanisms and interaction patterns that set in place a culture of disengagement. The culture meant that agency members largely reacted to one another's distress with dispassion, which left them isolated emotionally, propagated emotional exhaustion, and reinforced distress organizing. Members also created momentary spaces for compassion that occasionally superseded this distress-amplifying process—spaces that were inevitably extinguished amid mounting workloads, client demands, and emergent situations. These findings contribute to theory about social dynamics that shape the organizing, amplification, and alleviation of distress in emotionally intense work contexts.

NAVIGATIONS AMID DISTRESSING WORK

It is an unfortunate reality that social welfare agencies, health care organizations, police and fire departments, bill collection agencies, and judicial systems, to name a few, cannot function effectively without frontline workers becoming exposed to psychological distress. Organizational scholars conceptualize the effects in various ways. Job "burnout" results from prolonged exposure to emotional and interpersonal stressors on the job, which inculcates emotional overload (Maslach, 2003) and the accumulation of work-related stress (Halbesleben & Buckley, 2004). The core symptom of burnout is emotional exhaustion (Maslach, 2003; Shirom, 2003); as workers become overloaded by contact with clients and coworkers, they become emotionally overextended and drained (Leiter & Maslach, 1988). Emotional exhaustion also occurs from regular contact with distressed others, resulting in "compassion fatigue," which, like

burnout, is marked by distress and depletion (Adams, Boscarino, & Figley, 2006) as well as reduced capacity to empathize with and bear others' suffering (Figley, 2002).

Implicit in these literatures is the central tension between workers extending or protecting themselves emotionally in the course of their work. Workers that are fully present with others in recurring emotionally intense situations, regularly exposed to distress, are at risk of burnout, depression, and dysfunctional relationships (Iacovides, Fountoulakis, Kaprinis, & Kaprinis, 2003; Maslach, 1982). Workers seeking to protect themselves from recurring emotional distress detach themselves physically, emotionally, and cognitively to reduce their exposure (Anderson, 2000). They become at least partially absent, holding themselves at some remove from those they serve. Such disconnection diminishes their abilities to perform given roles that require empathic connections (Bloom & Farragher, 2013). Further, in depersonalizing others, as a form of self-protection, workers depersonalize themselves, leading to their emotional dissonance and lack of existential meaning (Bandura, 1990).

Much of the existing research about workers in distressing roles focuses on how they protect themselves via "psychological triage" (Weick, 1995). Such triage involves individuals disengaging psychologically, in order to gain distance from their own emotions, from other people, and ultimately from their own humanity (Bandura, 1990). Burnout researchers frame this as "depersonalization" (Maslach, 1982) and compassion fatigue researchers as "detachment" (Figley, 2002). Scholars focusing on the performance of "necessary evils" note how individuals distance themselves psychologically from watching others suffer and being the proximal cause of that suffering (Margolis & Molinsky, 2008), while those examining "dirty work" note how workers disengage to diminish possible distress (Ashforth et al., 2007). These researchers offer empirical evidence and theoretical insights about self-preservation forms of psychological triage that feature disengagement—that is, the absenting of the self from role performances (see Kahn, 1990). Absent such triage, burnout and its consequences—ineffective work and personal relationships, mental and physical deteriorations, and reduced work effectiveness—are more or less inevitable (Iacovides et al., 2003; Maslach et al., 2001).

Yet another possibility exists: workers can engage emotionally fraught tasks with authenticity rather than detachment. They can care for patients, serve clients, and protect citizens with empathy, managing their boundaries while creating meaningful helping

relationships (Bloom & Farragher, 2013; Halpern, 2001). Workers tasked with necessary evils can engage rather than disengage, by focusing on personal impacts, attuning to others' experiences, and embracing and remaining connected to their own thoughts and feelings (Clair, Ladge, & Cotton, 2016; Margolis & Molinsky, 2008). They can engage in emotion work with authenticity rather than dissonance (Ashforth & Tomiuk, 2000; Yagil & Medler-Liraz, 2013). Engagement in emotionally distressing situations can, as Margolis and Molinsky (2008: 865) wrote, "provide a means of sustaining and expressing all aspects of the self, perhaps forestalling burnout."

How workers navigate the tension between "sustaining and expressing" themselves is typically conceptualized at the individual level of analysis. Individuals vary in their vulnerability to burnout, for example, based on demographics (e.g., age, gender, education), personalities (e.g., hardiness, locus of control), stability of self-image and self-esteem (Hallsten, 1993; Maslach et al., 2001; Schaufeli & Buunk, 2003). Yet burnout (and necessary evils, dirty work, and emotion work) unfolds in social contexts. It is in the context of groups and organizations that individuals evaluate their efforts and outcomes, compare responses, give and receive support, and are influenced by others' experiences and symptoms (Bakker, Le Blanc, & Schaufeli, 2005; Maslach et al., 2001; Schaufeli & Buunk, 2003; Winnubst, 1993). Yet, despite this understanding that individuals make conscious and unconscious choices to express and defend the self in social contexts, there has been little attention to the "social construction" of those choices. Social construction theory (Berger & Luckmann, 1991) points to how organization members actively create and institutionalize patterns that constitute their organizations. Recurring actions are central to "producing the structural contours of social life" (Feldman & Orlikowski, 2011: 1241). In theory, organizational members are likely to be collectively active in creating the social contexts requiring psychological triage.

The study reported here empirically examines this social construction process. The setting for the study, a child welfare agency, exposed members to significant opportunities for psychological distress in the course of supporting clients, materially and emotionally. The technical aspects of their work involved developing relationships in which emotional support was given and received against the backdrop of potential burnout and compassion fatigue. Presumably, social construction processes would be central to how they succeeded or failed to develop an ethic of care (Lawrence & Maitlis, 2012; Noddings, 1988) crucial to supporting both themselves and their work with clients.

THE EMERGENCE OF ORGANIZING AS A KEY CONSTRUCT

Organizing emerged in the study as central to the understanding of the social construction processes involved as agency members navigated the psychological complexity of their work amid distress. Organizing involves people making sense of and acting amid ambiguity, resulting in interrelated actions and structures by which to adapt to given circumstances (Weick, 1979). Organizing is typically explored when members experience striking events, such as a wildfire that disrupted a firefighting unit (Weick, 1993), a campus fire that led university members to coalesce around distraught students (Dutton, Worline, Frost, & Lilius, 2006), and a medical error that generated significant challenges for hospital members (Paget, 1993). Such disruptive events trigger "organizing"— that is, individuals developing patterns of collective action to navigate suddenly altered environments (Weick, 1979). Organizing focuses on consensually constructed, coordinated action by which members search for answers to the questions such as "What's going on here?" and "Now what should I do?" (Weick, Sutcliffe, & Obstfeld, 2005). People organize to make sense of various inputs, and enact that sense back into their immediate world, in order to make that altered world orderly. In this sense, enactment involves reciprocal exchanges between actors and environments, resulting in the creation of "structures, constraints, and opportunities that were not there before they [actors] took action" (Weick, 1988: 306).

In the study reported here, the organizing process became visible as individuals struggled to work within a context marked not by striking events that suddenly altered their reality but by recurring situations that created a paradoxical reality difficult to navigate. Their world was disordered not by emergent events but by the simultaneous need to work within and remain outside the distress embedded in their daily experiences. The organizing concept emerged as a compelling way to understand how individuals navigated their contradictory impulses to make themselves available and to protect themselves in their work. The study thus examined how individuals, regularly exposed to distress, organized on the basis of their desires to both work effectively and protect themselves within emotionally complex roles.

METHODS

The setting for the study was a child welfare agency in the Northeastern United States responsible for the care and protection of children. Child welfare agencies are known for chronic burnout and psychological distress, given the sheer number and unrelenting nature of painful situations with abused and neglected children (Meyers & Cornille, 2002; Pryce, Shackelford, & Pryce, 2007). The agency had multiple offices responsible for cases in particular geographical regions. Offices consisted of social workers grouped into units assigned to supervisors, clusters of units overseen by program managers, and an office director. Social workers, supervisors, and program managers minimally held bachelor's degrees in social work or related fields; over 40% also held master's degrees as licensed clinical social workers, while agency attorneys had juris doctor degrees. Agency members provided ongoing support services for families, removed children from unsafe environments, placed them in foster care, worked to reunify families, and facilitated adoptions.

Data Collection

Qualitative data were collected as part of a three-year project focused on distress and coping practices in the agency. I conducted the research reported here throughout the second year of the project; in the final year of the project, I helped develop and implement peer coping groups, training social workers to facilitate biweekly sessions to provide emotional support for workers removing children from homes. At the point of data collection, I had developed enough close relationships with agency members to enable me to be accepted as an intelligent outsider, knowledgeable enough about their lived experiences to ask relevant questions in the language of their own culture (Locke, 2001). Further, the project focus had legitimated our conversations about the emotional dimensions of their work, which offset their inclinations to hide their vulnerabilities from others.

Data collection involved document and website analyses, group meetings, and semi-structured interviews (see Table 1). Document analysis of agency regulations, procedures, and recommended practices provided the foundation for understanding child removal processes. Newspaper articles and websites offered data regarding community perceptions of the agency. Large group meetings involved discussions with members of 22 area offices about agency-wide practices and responses to distress; small group meetings with program managers in those offices continued those discussions, with more specific focus on removals practices and procedures.

The document analysis and group meetings were secondary data useful for understanding sources, experiences, and responses to distress in the agency, sensitizing me to themes to further explore in interviews. I developed the interview sample, constructed to maximize demographics (i.e., tenure, roles, age, gender), by asking for volunteers during large and small group meetings. Interviewees were then asked for the names of other agency members likely to have compelling or unique perspectives, in the spirit of snowball sampling (Biernacki & Waldorf, 1981).

Semi-structured individual interviews with 85 agency members provided the primary data for understanding their experiences, generally and in relation to specific child removals. Open-ended questions focused on members' roles and experiences in the agency, particularly contacts with clients and coworkers. I included specific probes about members' experiences of distress, based on existing definitions that emphasized intrusive imagery, somatic complaints, and hypervigilance (Van der Volk, 2007), or drained or absent emotions (Maslach, 1982). I asked about what occurred in the context of specific events likely to shape distress experiences and reactions, probing for members' thoughts, feelings, and behaviors as those events played out over time.

The interviews with social workers and supervisors included in-depth explorations of child removals as a source of psychological distress. In addition to general questions about the agency's removal process—causes and triggers, sequence of actions, key actors and roles—I asked about particular removals. I probed social workers about their personal experiences before, during, and after specific removals: what they thought, felt, and did; how others responded to them; and the implications for their work and relationships. I asked supervisors and coworkers to elaborate upon their interactions with workers before, during, and after removals.

Data Analysis

Data analysis involved a grounded theory approach (Glaser & Strauss, 1967), iterating back and forth between data and theory. Analysis occurred throughout data collection, as I wrote reflective memos that detailed emerging insights and concepts following small and large group meetings, and after interviews in each region (Charmaz, 2006). These memos enabled me to identify and further pursue

TABLE 1
Data Sources and Uses

Source	Method	Key area of findings
Agency regulations and procedures regarding child removal practices	Document analysis	Removals processes and practices, roles, sequence of agency member involvements
Local newspapers and websites documenting agency practices and community reactions	Document analysis	Sources of recurring distress for agency members, in relation to community perceptions of the agency and its procedures
Office all-staff meetings: social workers, supervisors, managers, directors (22 meetings, avg. 38 members)	Large group semi-structured discussions, captured via field notes (avg. 64 minutes)	Sources of recurring distress for agency members; organizational structures, norms, and narratives in response to chronic distress; nature of chronic distress and emotional exhaustion in agency
Office managers and director meetings (22 meetings, avg. 4 members)	Small group semi-structured discussions (avg. 47 minutes)	Sources of recurring distress for agency members; organizational structures, norms, and narratives in response to chronic distress; nature of chronic distress and emotional exhaustion in agency; removals practices and procedures
Social workers (34: 25 female, 9 male, avg. age 38.2 years; avg. tenure 11.4 years)	Semi-structured individual interviews (avg. 57 minutes)	Chronic distress and emotional exhaustion; intrapersonal and interpersonal responses; instances of removals and attendant emotions, behaviors, and experiences with clients, coworkers, and superiors
Supervisors (26: 18 female, 8 male, avg. age 43.6 years; avg. agency tenure 16.7 years)	Semi-structured individual interviews (avg. 61 minutes)	Chronic distress and emotional exhaustion; intrapersonal and interpersonal responses; instances of removals and attendant emotions, behaviors, and responses to workers performing removals
Program managers (12: 7 female, 5 male, avg. age 47.2 years; avg. tenure 18.4 years)	Semi-structured individual interviews (avg. 54 minutes)	Sources of recurring distress for agency members; organizational structures, norms, and narratives in response to chronic distress; nature of chronic distress and emotional exhaustion in agency
Office directors (8: 4 female, 4 male, avg. age 48.9 years; avg. tenure 21.2 years)	Semi-structured individual interviews (avg. 49 minutes)	Sources of recurring distress for agency members; organizational structures, norms, and narratives in response to chronic distress; nature of chronic distress and emotional exhaustion in agency
Senior administrators, attorneys (5: 3 female, 2 male, avg. age 54.3 years; avg. tenure 19.7 years)	Semi-structured individual interviews (avg. 51 minutes)	Sources of recurring distress for agency members; organizational structures, norms, and narratives in response to chronic distress; nature of chronic distress and emotional exhaustion in agency

key themes, filling in gaps as I proceeded—an iterative process that continued throughout data collection. The comparison between data and theory continued until no new themes emerged, achieving theoretical saturation (Glaser & Strauss, 1967). This process occurred for each of two primary analytic segments.

Psychological distress. The all-staff and program manager meetings in the 22 area offices, along with field notes, indicated four types of distressing episodes in the agency, which were confirmed and elaborated in individual interviews. I analyzed members' instances of distress to develop ideas about how their experiences and responses related to agency patterns of support. For example, one type of distress was "secondary traumatic stress," developed through close, sustained contact with traumatized others (Catherall, 1995; Figley, 1995). In the context of instances of secondary traumatic stress, I analyzed formal agency responses, individual responses of proximal agency members, and implications for the distress that members experienced. Similar analyses of other sources and responses yielded a framework describing the dynamics of distress across the agency. I further

analyzed the descriptions in terms of recurring effects on agency members. I focused on members' patterns of thought, feelings, and behavior, and their implications for agency members and their work, all of which became conceptualized in terms of organizing practices.

Removal experiences and responses. Interviews with the 34 social workers yielded descriptions of 87 discrete child removal events, in which workers removed children from their homes. Emergency removals occurred when agency investigators substantiated reports alleging child abuse, neglect, or abandonment. Social workers removed at-risk children, then filed court petitions and prepared affidavits. Planned removals occurred when, on the basis of evidentiary hearings instigated by the agency, legal custody orders were obtained authorizing removal of endangered children. In both types of removals, social workers placed children with appropriate relatives or in foster care settings and were responsible for following up to ensure children's long-term safety. Interviews with the social workers indicated that child removals were distressing, even when they went relatively smoothly. These interviews focused on the nature and implications of that distress, and on how other agency members responded to it. The analyses yielded two primary categories of such responses: "dispassion" (lack of emotional involvement with distressed workers) and "compassion" (noticing, empathizing with, and acting to alleviate workers' distress).

I analyzed workers' descriptions of how they felt, what they thought, and what they did in reaction to dispassionate or compassionate responses from others. I inductively developed particular sequences to describe the effects of those responses on workers. In the dispassion sequence, workers used descriptors that indicated the results of others' lack of emotional involvement: they spoke of feeling emotionally isolated from others (e.g., "left alone," "isolated," "ignored") and subsequent emotional exhaustion and self-protective avoidance of clients and coworkers (e.g., "out of gas," "not care so much," "not reaching out"). In the compassion sequence, workers used other descriptors to indicate the results of others' emotional involvement; they spoke of feeling connected to those showing compassion (e.g., "joined with," "teammates"), their empathy with clients and coworkers (e.g., "feel for them," "in their shoes"), and their engagement in their work ("put myself forward," "care about what happens").

I also analyzed interviews to determine the conditions under which such compassionate responses occurred in a minority of instances. I focused on interviews with social workers and supervisors who elaborated upon their interactions with workers during and after removals. I inductively developed a set of factors that proved compelling enough for agency members to engage in counter-normative acts of compassion toward distressed coworkers. These conditions were supported by interview data that focused on interactions among members that occurred in situations other than child removals, such as supportive units and close supervisory relationships.

FINDINGS

The findings indicate that, in a context in which individuals are routinely exposed to painful episodes, members developed and reinforced patterns of thinking, feeling, and acting to avoid experiencing distress. These organizing processes shaped and were shaped by a culture of disengagement that legitimized members' dispassionate responding to one another's psychological distress. In so doing, members unwittingly amplified distress within the agency. These recursive dynamics—and the momentary counterculture encounters in which compassion was given and received among members—are depicted in Figure 1, which guides the presentation of findings provided below.

Nature and Meaning of Distress Organizing

Distress episodes. Three types of recurring experiences were the impetus for distress within the agency. First, members were regularly confronted with painful situations and events with the capacity to inflict "loss." At its most naked, the loss was of children. Children ran away and disappeared; teens were lost to drugs or prostitution; infants were shaken to the point of brain damage; small children fell out of windows left dangerously open; teens "aged out" of the system and disappeared. Members' daily experience was that of loss. As one manager described:

> We deal with loss every day. Kids are losing their families. Parents are losing their kids. We get them as cases, sure, but then we're losing them too. We can't watch over them, they're in foster care or back home or with some relative, and it often doesn't go well. They get into bad situations, maybe get hurt more, or worse. (Worker 4)

Loss was particularly distressing when it involved death. Children's deaths were infrequent but regular. As one supervisor said, "They [deaths] come in waves, it feels like, but they always come. It always seems like we're trying to recover from the last one"

FIGURE 1
Distress Organizing and Momentary Compassion

Recurring distress episodes
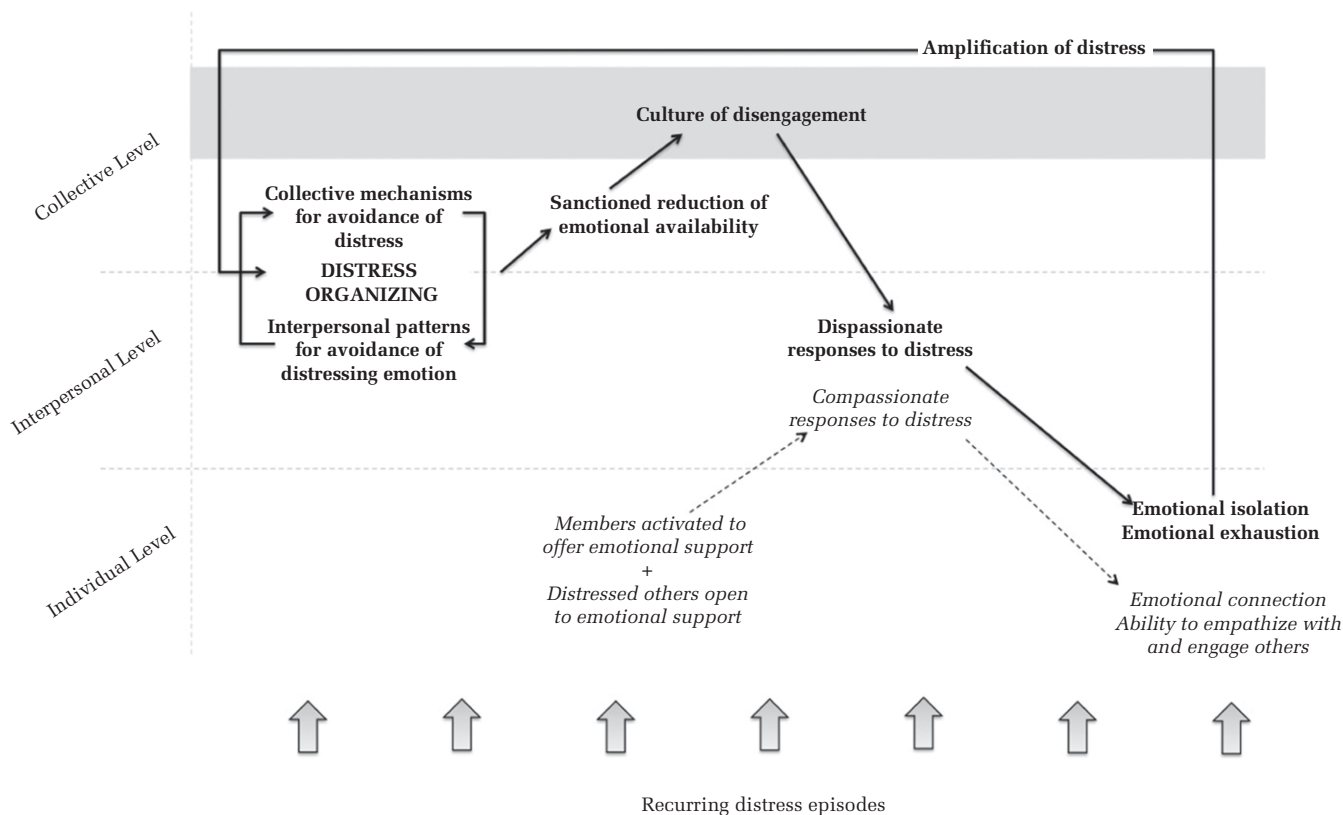
(Supervisor 4). Agency members were regularly reminded of deaths, through investigations of offices that had "lost" children, funerals, and memorials. "There's just nothing worse," said a manager, "than losing a kid here. It gets to us all. It's traumatizing. You never get used to it" (Manager 3).

Second, members were directly exposed to situations that caused "traumatic stress." This occurred most clearly when workers had to remove children from their families. One worker relayed the following:

> A nine-month-old had drowned in a bucket. So mom was at the hospital with the police. We had to go in and tell her that, because of what happened, we were taking custody of her two-year-old. When we walked into the room, she was holding the dead baby and saying goodbye. It was horrifying. (Worker 22)

Agency members found such situations abhorrent, having crossed the boundaries of reasonable human behavior. Primary traumatic stress occurred as well when workers performing removals were afraid for their own safety. A worker described:

> This father grabbed this baby and ran up the stairs. We didn't know what was happening. We didn't know if he was going to run out the door or what. Meanwhile, the mother was upstairs cutting up fruit with a steak knife. And the dad said to the mother, "It's over, they found him." And the mother turned around, and she had a steak knife in her hand, and she has a blank look on her face. It's scary, you don't know what's going to happen at that point. (Worker 9)

While social workers were most regularly exposed to such situations, other agency members experienced primary traumatic stress as well, horrified by or afraid of clients in courtrooms, supervised visits, and safety planning meetings.

Traumatic stress occurred as well when agency members spent time with abused and neglected children, and desperate parents and long-suffering guardians. Members were thus exposed to secondary traumatic stress, also known as vicarious or secondary trauma (Figley, 1995). Each interaction was potential further exposure to suffering. As one worker noted, "We deal with families, and horrible

things have happened, and they are sobbing or in shock or just plain traumatized. How can that not affect us? We're not robots" (Worker 16). Agency members were constantly at risk of absorbing such emotions. As one supervisor said:

> We can get really sad or upset from what they tell us or what we see. And from dealing with them every day, which gets really difficult. It affects all of us, not just the workers. We all have trouble sleeping at times. It gets inside me, gets inside all of us. (Supervisor 22)

As the supervisor suggests, the distress to which agency members were regularly exposed came to reside within them as well.

Third, agency members, regularly attacked in the media and community forums, experienced "public assaults on identity." When children were reported as abused or killed, the public blamed the agency for its incompetence or neglect; when children were removed from parents or guardians, the agency was publicly castigated for destroying families (see Cooper, 2005). As one manager said:

> We're damned if we do and damned if we don't. The paper goes after us when a kid gets hurt or killed. And we're supposed to keep kids with their parents or guardians. We don't have a frigging crystal ball. (Manager 6)

The castigation came as well from clients who frequented an anti-agency website with sample blog titles such as "The Snitch Network of Child Abuse Reporting," "Why the Town Can Kidnap Your Child," "The Agency's Dirty Tricks," and "A System Patterned on Fidel Castro and Hitler." Members regularly suffered such assaults on their identities as child protectors.

Distress organizing. In response to these regularly occurring distressing episodes, agency members engaged in "distress organizing." The term borrows the logic of theory on organizing, which emphasizes the interplay of individual action and emergent structures to create and infuse meaning into collective patterns of behavior (Weick et al., 2005). "People organize to make sense of equivocal inputs and enact this sense back into the world to make that world more orderly" (Weick et al., 2005: 410). The *inputs* around which agency members organized were recurring distress episodes, the *sense* they made involved unconsciously protecting themselves from the conscious experience of psychological distress, and their work lives became *ordered* by protective maneuvers that determined who and what they focused on and for

what purposes. "Distress organizing" is defined as the enactment of collective mechanisms and interpersonal patterns of behavior by which system members avoid the conscious, potentially debilitating experience of distress in a context that lacks the capacity to otherwise halt or ameliorate that distress. Distress organizing thus involves two mutually reinforcing processes: (1) collective avoidance mechanisms and (2) interpersonal avoidance patterns, which together sanctioned and enabled members in avoiding distressing emotion, leaving them alone with emotional residue from distressing experiences. I describe each in turn and then examine how they recursively shaped one another.

At the collective level, agency members created "collective avoidance mechanisms" that minimized the available time, space, and impetus for members to consciously examine and experience distressing emotions. Table 2 offers representative scenarios of three key mechanisms, described more fully below.

A prevailing ethos of no time, no space, and no need to attend to the emotional fallout of members' work was set in place, first, by an "intent task focus." Amid pressing demands and public scrutiny, agency members intently focused on managing caseloads, following protocols, safety planning with families, settling at-risk children, and completing mandatory paperwork. Members considered their workloads overwhelming, if not impossible. As one worker said:

> I feel as though, despite the fact that it's not even possible, but I'm in a position that, I've got 21 cases, I need to be 21 places at once. And it's just not possible. And I bet you like a three-month stretch with all these, I've had a pile of C&Ps [care and protection orders] and things like that, which is not possible, and people are getting neglected. And I can't, you know, I try and it's way too much. (Worker 14)

Amid overwhelming demand, agency members felt that they must remain singularly focused on productivity, moving through the tracked steps between opening and closing case files. A worker noted:

> You need to get your work done today. Because if you don't get that work done today it's going to be late and that's going to reflect negatively on your overall numbers, you know. Because they'll come over and say, "Are you OK?," but, an hour later, they'd say, "Are you going to get that case in? It's overdue." (Worker 31)

The combination of overwhelming demand, time scarcity, and emphasis on productivity meant that the pace of the work was often quite intense.

TABLE 2
Representative Scenarios of Collective Mechanisms for Avoidance of Distressing Emotion

	Distressing Loss
Scenario A (Supervisor 12)	"A few months ago, a child in one of our cases fell out a window. It happens during the summer, with just the screens on some of these apartments. I keep telling my workers to watch out for that, to tell their clients to secure the windows. The child died, a kid we all knew. I was so sad. I could barely comfort the worker."
Intent task focus	"Supervisors here do not get supervised, so to speak. I talk with my manager about cases and numbers and such. But not about how I am doing, and certainly not about feeling sad or upset. It's not only him [manager]. It's just not built into the system here. Management does not involve clinical supervision. We focus here on getting the cases moving or closed."
Clinical review structures	"The cluster meeting is where we ought to talk about this stuff. But that's not how the managers use it. We go over policies already covered in all-staff. We have all the supervisors and workers from three units and we all know what happened. But—nothing. We always stay away from the sad stuff."
Constricting narrative	"I know that I should be tougher. Other supervisors just seem to shrug it off. One told me that this stuff happens and I shouldn't let it get to me. And that we have to stay strong. But that's hard to do."
Emotional residue	"I imagine that kid falling, falling. I shut my eyes and it's still there. . . . It made me obsessive about windows recently. I am on the workers constantly, for every home visit. It's crazy."
Scenario B (Worker 27)	"We asked to take a look in the basement, and the dad got a little nervous. And he turned on the light, and he said, 'Oh, this is just storage,' and he wouldn't stand away from the doorway. I heard a little cry, a newborn cry. So I said, 'You know what, can we go in here again and just take a look?' And he became very nervous, and I turned on the light. And, underneath a dirty towel, in a pile of dirty laundry, was a newborn baby."
Intent task focus	"No one ever sat down with me and debriefed me. Nobody. They think of wellness around here as, like, as long as you're still standing and you can do your job but are not crying every day, you're all right. The focus is on the work, not us. We're here to get the job done."
Clinical review structures	"My supervisor helped me get somebody else to work on the affidavit to take custody of the baby. We already had the sister in foster care. I barely managed to not cry. I think she [supervisor] saw that I was having a rough time. But we only talked about the case. Supervision is about cases, not about us."
Constricting narrative	"Another worker in my unit just gave me a little lecture about having to get a grip in these cases. She told me that I'll get over it, these things happen, and we have to just get tougher. Seriously?"
Emotional residue	"I still can't go into my basement without seeing that baby. My husband goes with me now. Even then, I'm shaking. I need all the lights on and I'm still running out of there."

	Traumatic Stress
Scenario C (Area manager 7)	"I see these two kids in the office and they're just sobbing. One is on the floor, the other against the wall. They had just been taken from their mother, one of those out-of-control scenes, really horrible. And I feel like I've been punched in the gut. I go over to one of them and try to help out but it's not of much use."
Intent task focus	"We have no history in the office of the managers getting together to support one another. It's just not what we do. Never have. I guess it seems that would just get in the way of the work that we have to do."
Clinical review structures	"I had to go from there into an admin meeting with the office director, the other area manager, and supervisors. Lots of budget stuff. We talk about caseloads and staffing. Nothing personal, more than saying 'hi.' I just sat there. I couldn't stop thinking about those kids."
Constricting narrative	"I don't have time to feel awful. There was another crisis I had to deal with, a judge who was ordering us to return a kid, and all the phone calls and hassles about that. We're swamped here. We have more fires to put out than we have water, you know? So, no, I didn't think about how awful I was feeling."
Emotional residue	"My wife asked me later about what that was like for me. I didn't feel much about it anymore. She found that odd. Just numbness. . . . I remember feeling like there was nothing I could do for those kids. They've been dealt a lousy hand. We're just Band-Aids. We're just helpless."
Scenario D (Worker 19)	"I'm supervising a visit in the office. It's the first time the mom has seen the child that we removed. And the mom has these dead eyes. No life in there. The child is trying to get her attention, showing her drawings. And the mom is just lifeless. It was so sad to watch that kid, my heart broke for him. I was completely torn by it."
Intent task focus	"I wish that we had a place to go and talk about this stuff. A few times, EAP [the employee assistance program team] has come in, but that's after a shooting or something. We don't have any kind of debriefing for these other things that aren't shootings but are heartbreaking and really hard to deal with."

TABLE 2
(Continued)

Clinical review structures	"I walked by my supervisor's office and her door was open. But I didn't go in. We don't have what you might call clinical supervision much; we focus on how the cases are going and not on how we're doing. She'll ask, I'll say it's all good, even when it's not, and we'll just go on. So I didn't walk in the door."
Constricting narrative	"I felt like finding my friend in another unit to talk about how upset and sad I was. But it felt wrong to stop and talk about myself, there's just so much to do. We're overwhelmed, and the only way through it is to just do it, work the cases, and get through it all."
Emotional residue	"I couldn't stop thinking about that mom and kid. The kid just trying to get her to look at him. For the next few days, I was just sobbing at any stupid commercial on TV, you know? I couldn't stop. And nothing that I did for a while seemed to matter to me. I just went through the motions of my life."

Public Assaults on Identity	
Scenario E (Supervisor 14)	*"In the online edition of the local newspaper, I read a column was about how our office closed a case and the child later runs away and gets killed. I know that case. The safety planning was done, and we did our job. The columnist slammed us for abandoning the child. Like we killed him. It was horrible to read. It was brutal."*
Intent task focus	"There's no place here to talk about this here. There used to be a supervisor support group but it died away. It was just venting and complaining, about the agency or newspapers. We didn't talk about what we actually felt at all or get some real support. We just keep trying to get the work done."
Clinical review structures	"I wanted us to talk about the article in the office since others probably saw it too. But, when I tried to get it on the all-staff agenda, the director said that we needed to do a training session, and that the conversation wouldn't really help, and would make everyone feel even worse. So we just feel worse anyway."
Constricting narrative	"I stopped by another supervisor's office and told her what I read. She told me that our job is to save kids whenever and however we can and not to worry about it. We just need to hop on the workers to close their cases and keep on going. The papers will never really get what we do and it doesn't matter."
Emotional residue	"I went back to the website later, and then followed it to another site where community members hate on us too. I got really upset and sad after that. I was just really depressed. . . . I got another migraine later that afternoon. I had to lie down and turn the lights off. I never know what triggers it."
Scenario F (Worker 29)	*"I was at a meeting, at my church, where I volunteer. A woman overheard me talking to a friend. She comes over and interrupts, asks me if I work for [agency]. I tell her 'yes.' She proceeds to rip on me, calling me a baby snatcher. It was so upsetting I couldn't even speak. I just turned away and walked out."*
Intent task focus	"Of all the trainings that I've been through in this agency, none have focused on what to do when someone calls you a baby snatcher. Nothing about how to deal with those kinds of attacks. . . . I suppose if we had a support group for workers, I would talk about this, but we don't. We support the kids and families."
Clinical review structures	"I like my unit, but it's not a place where I would talk about that. I might talk with another worker who is a friend, sure, but the unit meeting is mostly just to talk through caseloads and logistics."
Constricting narrative	"I was having a rough time after that. I was upset and furious. But then I realized that I had more important things to worry about. I'm worried about the children. The other stuff is just noise. The impact on me shouldn't be an issue. So that helped, just to get some perspective."
Emotional residue	"I was shaking I was so angry. It was traumatizing, really, and I was really hurt. I found myself hating all these stupid people who have no actual idea what we do. . . . About a week later, I realized that I didn't feel that anger or hurt. It felt far away. I had shoved it down, I guess."

There's always another case. Always, and you always feel like you're going to fall so far behind and you're just focusing, you're prioritizing this case because it's more high risk. And you're falling behind in all these others, so there's always this keep up, keep up. And they [workers] fall apart. We all fall apart. But I need them to hold it together. Because we've got to get the job done. (Supervisor 23)

The singular focus on completing tasks corresponded to a lack of focus on agency members themselves. As one manager noted:

We're good at figuring out how to get cases moving, most of the time, but lousy at figuring out how to help one another. There is nothing set in place in the agency for taking care of people here. (Manager 2)

Likewise, as a worker reflected:

> We get so overwhelmed with all the things that have to be done, that that's the focus. And really nobody can deal with anything until all your things are done. They're willing to help you make that phone call or write that paragraph. But, until now, in 10 years, nobody has ever sat down and debriefed with me, and talked to me about it. (Worker 27)

The worker's comment points to what agency members attended to (i.e., the phone call, the paperwork) and what they did not (i.e., the psychological experiences of one another). While individual members made choices about where to focus energy, those choices were shaped by collective anxiety about the quantity, intensity, and risk levels of their caseloads.

Second, "clinical review structures" supported the singular focus on tasks, as members met to develop objective case assessments and agency policy. "Clinical" is doubly meant, referring both to the content of reviews (the disposition of cases) and their tone (dispassionate, objective, unemotional). Supervision, for example, focused on cases and was mostly used to move work along. One supervisor noted:

> I'm not coming back to them and saying, "That was really hard for you, can we talk about what's going on with you?" It's right down to business. "Did the school get called, you know, we're getting all kinds of calls and complaints." I hate to admit it but it's true. (Supervisor 15)

A worker concurred: "It [supervision] is generally just, 'What's going on with this kid? What's going on with the parents?' It's not focusing on what's going on with me" (Worker 11). For example, a worker suffering secondary trauma (Table 2, Scenario D) was left without a supervisor who might have acknowledged that suffering. Clinical reviews, focused on objective, unemotionally critical analyses of cases and policies, excised members' emotional experiences.

The other clinical review structures were unit, cluster, and all-staff meetings. These meetings, focused on tasks, left little time or space for members to share and explore distressing experiences. Unit meetings, composed of small groups of social workers and their respective supervisors, focused on case logistics, vacation and sick leave coverage, and the like (Table 2, Scenario F). Cluster meetings, consisting of groups of units, similarly focused on the work, not those who performed that work. For example, a supervisor profoundly affected by the death of a child (Table 2, Scenario A) attended a cluster meeting focused narrowly on policies and procedures, driving out the possibility of attending to her traumatic experience. Nor was there a debriefing of the social worker that discovered a newborn hidden in a basement boiler room (Table 2, Scenario B); instead, supervision focused on case logistics and a staff meeting focused on policies and procedures. A program manager who felt "punched in the gut" (Table 2, Scenario C) was left adrift in an administrative meeting focused narrowly on caseload logistics and budgets.

Finally, "constricting narratives" further supported the task emphasis. Members propagated three key narratives that sharply constricted their abilities to talk about distressing experiences. The first narrative—"We save kids"—was, at its core, of the agency as savior, meant to rescue vulnerable others. The narrative justified agency members as too busy saving children to attend to their own psychological pain. As one worker said:

> We save kids from extended abuse and neglect. We're not perfect, but, for some of these kids, we're their best shot. These kids are the highest priority. We're adults, we've made it to safety, you know? We'll be okay. But a lot of these kids might not be. It doesn't matter what the paper says or some blogger. The work matters. (Worker 7)

The narrative reinforced at-risk children as the highest priority, their welfare far more crucial than that of the workers themselves.

A second narrative—"We are overrun"—was of agency members constantly barraged with cases, media coverage, court orders, and legal requests, and too overwhelmed to focus on anything other than the work. A supervisor exemplified that narrative:

> We are barely holding on, with all that is coming at us. Too many cases, not enough people, overwhelming demand. We are always in crisis mode. There is no way that we have time to deal with how this work or the clients impact us personally. We're just fighting to get through the day. (Supervisor 11)

This narrative enabled members' belief that there was no time to focus on their own difficulties, which were decidedly less important, justifying the lack of regular emotional support.

The third narrative—"We are tough"—pressed agency members to remain unaffected by their work. As numerous members reported, the prototypical interchange in the agency involved a worker responding, "Fine" whenever asked how he or she was personally. The interchange reflected workers' belief that they were supposed to appear unaffected by the work. As one worker reflected:

We say "fine" because that's what we hear from everyone else, not just other workers, but from our supervisors and managers too. I don't think it's okay to say any other response, really. We are supposed to be tough and act tough, like nothing gets to us. (Worker 23)

This narrative defined toughness as invulnerability ("like nothing gets to us"). The narrative rendered invisible the emotional fallout of members' work. One worker noted, "You never told anyone you were afraid, so I had never told anybody that I was afraid to go into particular homes even though sometimes I was scared to death" (Worker 5).

Distress organizing also involved members enacting "interpersonal avoidance patterns" by which to move away from the conscious experience of distressing emotion. Their relationships became, in effect, settings in which to limit exposure to emotional distress. Unable to control the recurring loss, primary and secondary traumatic stress, and public assaults on their identities, members limited, often unconsciously, how available they made themselves to others in their immediate orbits. Coworkers represented (or, more precisely, re-presented) to one another the distress inherent in the agency's work; they were affected by one another, not just by clients and the public. In order to protect themselves from further exposure to distress while doing their jobs, agency members developed three primary ways, overlapping and mutually reinforcing, to enact their relationships, as illustrated in Table 3 and described below.

Agency members avoided distressing emotion by, first, engaging in acts of "detachment" with others. Detachment involved the psychological removal of oneself, which, in effect, created separations between what members were and were not willing to share with others. Members detached in particular ways. They were superficial with one another. The repeated perfunctory exchange of "How's it going?" and "Fine" was a cultural script that kept at bay how "not fine" members were amid recurring distress episodes. Members also evidenced a lack of authentic intimacy with others. They created protective boundaries by which they modulated how present they were with others. As one worker noted:

> I know most of the other workers in the cluster, to say "Hi" to. But do I really know them, other than probably two of them I am really close to? No, not really. And they don't really know me either. Truthfully, I don't really want to get close and be that honest and open. It's too draining. (Worker 12)

The idea that others are "draining" points to member needs to control how much of themselves they make available to others, given the costs involved. Members also detached from others by hiding emotional vulnerability. To display one's vulnerability is to invite intimacy and connection—an invitation that members found threatening to self-protective distancing. As one worker noted, "I don't want to show that stuff here. No one wants to see it" (Worker 11). The comment is telling: the distress that marked the agency, in plain sight, is what none wished to "see" and acknowledge. Detachment became a means by which to not see or feel such distress.

Second, agency members avoided distressing emotion through "deflection." Deflection involved evading potentially distressing interactions. Workers avoided discussing emotionally difficult cases with supervisors; program managers evaded one another and thus hearing of the latest media assault on the agency; a supervisor changed the subject about workers leaving to attend a funeral of a child in an open case. Deflection also involved members acting out their distress. As a supervisor admitted, "I'm not great after something bad has happened to my workers. I can take it out on others around here—on my manager or other supervisors. I hate feeling so damn helpless" (Supervisor 11). To "take it out on others" was, in effect, to attempt to offload distress onto others. Splitting and projection similarly deflected distress, as members unconsciously denied aspects of the self, such as weakness, which were then attributed to others (Obholzer, 1994). The unarticulated desire was to deflect distressing emotions elsewhere.

Finally, agency members sought to avoid experiencing distressing emotion through "suppression," the pushing away of others and the distress they experienced. Members ignored others facing difficulty. As one worker related:

> Sure, I know when another worker is having a tough time after a situation. You can tell, you can see it in the face. But sometimes I just don't want to go near it. So I don't go over and see what's going on. I have enough to deal with. (Worker 6)

Ignoring others, as if they were untouchable, was a self-protective strategy, which isolated and created casualties of those others. Members also silenced others: they cut them off, changed the subject, shut certain topics of conversation down. As a worker described:

TABLE 3
Interpersonal Avoidance of Distressing Emotion

	Representative Quotations
Detachment	
Superficiality	"The classic interaction here is someone says 'Hi, how are you?' and you respond, 'Fine.' Seriously? How can you do this work and be fine? But that's all that we give each other most of the time. Just superficial and distant. We just don't want anything more to deal with, I guess." (Program manager 4)
	"It's good to complain, to get it off your chest, but it's not that superficial, but people treat it that way. So you're superficially sort of venting in talking it out, but then you're going home and it's still there. No one really wants to go to a deeper place." (Worker 15)
Lack of authentic intimacy	"I keep my distance from others, just as a way of being here that feels okay to me. I am professional with my workers. And I am nice and everything with the other supes, but don't feel close to them. My friends are outside, my coworkers are inside. That works for me." (Supervisor 12)
Hiding of emotional vulnerability	"This work gets to me, sure. I'm human. But I make myself tough. I don't want to show that stuff here. No one wants to see it. They have their own. It's not like we have a lot left over to give to one another. So I am not real open here." (Worker 11)
	"You never tell anyone you're afraid, so I had never told anybody that I was afraid to go into some homes even though sometimes I was scared to death. It would just look so weak around here. So I pretend." (Worker 2)
Deflection	
Evasion of potentially distressing material	"I see it with my workers. I ask about a tough call that we need to make, like whether we pull a kid or keep trying to work with the mom. The worker will just dance around it, or try to avoid it, saying that she'll look at the file again. Really, she doesn't want to have to talk about it with me." (Supervisor 4)
	"They [workers] started refusing to do certain things. They would just flat out not return calls, not contact people, and not do stuff. I think they didn't want any more pain. They had had enough." (Supervisor 22)
Acting out distress on others	"A guy in my unit, he gets the runaround from one of the moms. He's getting worked and he knows it. But he doesn't say anything to any of us. He just gets pissed off at stupid minor things here instead. Lots of other workers do this. They just hold it in and then fly off at something small." (Worker 7)
Splitting and projection	"People here can get tough on those just starting out. The veterans act as if the new ones are clueless. They tell them the awful parts about their job and how lousy they will feel. It's not really hazing. It's more like the veterans trying to feel better by having others feel worse. (Office director 6)
	"There are some weak workers in the agency. They let the work get to them. Skin not thick enough. Those of us that make it here for a long time, we figure it out. The others are just not cut out for it." (Worker 32)
Suppression	
Ignoring others	"This worker was clearly struggling. But nobody did say, 'Hey, what's going on with you?' Nobody did say that. But I think maybe because the worker would probably say like, 'What you mean what's wrong with me,' or whatever, 'I'm just here to work.' So I think that's probably why they didn't challenge her." (Worker 34)
Silencing others	"I have some workers where supervision is tough. One especially. She hangs onto things for a long time. She wants to talk about a dream she had, about a kid getting starved. I now know when to cut the conversation, to focus her on her work. I'm not sure she can make it here, to be honest." (Supervisor 3)
Labeling others	"I have a case, the parents are cokeheads. They're just horrible, treating their kids like shit. I do what I can, what I'm supposed to, but I don't have a lot of use for them. They're too screwed up." (Worker 21)
	"We had a worker in our unit in over her head. Way over. She was walking wounded after a month. She just took it all in too much. I knew that she wouldn't last. And she didn't." (Worker 10)

It's like we make sure that others don't go into the negative stuff. We don't go there. If you hear a worker complaining about something that's so difficult or going beyond that superficial conversation, you'll hear remarks like, you know, "That's the job, it is what it is." So we just shut one another up. (Worker 9)

The choice to "not go there" was akin to workers acting as if they could cordon off distress in areas that

they then refused to visit. This refusal was aided when workers labeled others as damaged: a client was a "cokehead," all "screwed up" (Worker 21); a coworker was "walking wounded" (Worker 10). Such labels helped members suppress their sense of connection to others.

Distress organizing and dispassionate responding. The collective mechanisms (intent task focus, clinical review structures, constricting narratives) and interpersonal patterns (detachment, deflection, suppression) by which distress organizing enabled avoidance were mutually reinforcing. As agency members reduced their emotional availability in interaction with others, they participated in and reinforced the collective avoidance mechanisms that diminished the time, space, and impetus for acknowledging distressing episodes. In turn, these mechanisms encouraged and legitimated their detaching from, deflecting, and suppressing psychological distress and those who represented further exposure to such distress. Together, collective avoidance mechanisms and interpersonal avoidance patterns reduced how emotionally available agency members were, to their own distress and that of coworkers and clients.

The following scenario illustrates how collective avoidance mechanisms and interpersonal avoidance patterns together reduced members' emotional availability. A supervisor (Supervisor 7) joined a worker in a conference room to meet with a woman whose child was in temporary foster care. The child had been removed from a domestic violence situation. As the meeting progressed, the client became verbally abusive. As the supervisor described:

> She [client] started swearing out of nowhere. We're doing safety planning, figuring out how she can get her child back. [The worker] told her that she would have to file a restraining order. Then it got bad. She swore and jumped up. She went for [worker]. I got up. She swung at me. I opened the door and the cop stationed there came in fast [*Distressing episode*].

The supervisor's manager and peer reacted to the episode in a particular way:

> I told her [manager] that it was pretty rough but she just wanted to know what was going to happen next [*Intent task focus*]. I told her again that it was hard, that we don't have any training for this kind of thing. She told me to call EAP [the employee assistance program]. It's not her, really, it's that we have no other responses. I talked with another supe later [*Clinical review structure*]. She seemed to listen but then basically told me to get a grip and we have to not let them

[clients] get to us, that we have to be stronger than them [*Constricting narrative*].

The supervisor spoke of moving through her work in the days after the incident:

> I didn't feel particularly connected to the other supervisors. I sort of kept my distance, I guess. I would just say "fine" when anyone asked and then go do my work. I didn't feel like really talking to anyone [*Detachment*]. I got pretty sarcastic too. Another supervisor asked me something, I don't remember what, and I made fun. I apologized later but I was definitely dismissive [*Deflection*]. . . . Worse, I wasn't good with [worker]. She was having a rough time with what happened in the room and I avoided her for a few days. I didn't want to deal with it [*Suppression*].

The supervisor's experiences and actions point to how the interplay of collective avoidance mechanisms and interpersonal avoidance patterns sanctioned a lack of attention to psychological distress. Other agency members—in this case, a manager—used those mechanisms to avoid that distress. The supervisor herself disengaged from others, interacting in ways that prevented surfacing her distress. Each dimension of distress organizing was a social process that sharply reduced the possibility of anyone attending to instances of distress. These social processes created and maintained norms that governed how members approached their work and one another. These norms sanctioned a socially constructed, ordered culture within the agency that validated and supported members' disengagements with others.

The sanctioning process involved members giving and receiving certain cues. As a supervisor noted:

> It feeds on itself. When we turn away from one another, which happens a lot, people are hurting. It makes it a lot less likely that they will help out others, since they need to take care of themselves. I guess that we are creating it ourselves here too. It's not just that others aren't here for us. It's that, sure, but it's also that we aren't there for others too. The agency becomes a place where people aren't there for each other. (Supervisor 18)

The supervisor's comment illustrates how the culture of disengagement progressed from a principle of self-protection ("people are hurting . . . and need to take care of themselves"), to enacted interpersonal avoidance ("we turn away from one another"), to a shared norm of members dispassionately turning away from one another ("the agency becomes a place where people aren't there for each other"). Distress

organizing fueled this progression, as a socially constructed relational context in which members were likely to disengage amid recurring episodes of distress and respond to others with dispassion.

There were costs to this socially constructed world. Members, focused on avoiding painful emotions, avoided one another emotionally; their dispassionate responding created emotional isolation. Members such as the supervisors quoted above regularly expressed not feeling "particularly connected" to others at work; they "kept their distance" or were inclined to "turn away from one another." Emotional isolation, in turn, led to emotional exhaustion; as the supervisor attacked by a client also noted, "It affected me later, too, when I didn't want to go back to the case. It made me tired to think about it" (Supervisor 7). Such "tiredness" was a function not simply of mounting workloads, client demands, and emergent situations, but of members left alone with distress. In effect, emotional isolation and exhaustion were by-products of distress organizing that, in substantiating a culture of disengagement, shaped who agency members were with one another.

This process was most clear as agency members responded to the distress of workers performing child removals. Analyses of 87 discrete removal instances indicated that 79% (69 instances) of how workers were responded to featured the mechanisms (intent task focus, clinical review structures, constricting narratives) and interactive patterns (detachment, deflection, suppression) of distress organizing. Table 4 illustrates this dispassionate responding and the resulting emotional isolation and emotional exhaustion of distressed workers.

The table shows how in responding to removals-related distress, agency members repurposed social structures designed to support workers—in particular, supervision and units—to avoid them. A supervisor "blew me off" (Table 4, Removal context A); unit members "have their own stuff going on and don't really [want] to hear" (Table 4, Removal context C). Supervisors remained intently focused on getting the job done, not on emotional fallout from painful tasks. A worker feeling threatened in a dangerous removal was told to "not worry ... and get back with the kid" (Table 4, Removal context B). Her supervisor later invoked the narrative of toughness, telling the worker "it wasn't that big a deal, like [worker] shouldn't have been feeling all upset and scared" (Table 4, Removal context B). These mechanisms shaped (and were legitimated by) how members distanced themselves from distressed colleagues. They deflected distress via evasion ("One of

the workers ... made a joke"; Table 4, Removal context D) and by acting out ("I remember her getting mad at me"; Table 4, Removal context A). They detached from others via superficiality ("Some look up and say 'Hi, how's it going,' but ..."; Table 4, Removal context C) and lack of authentic intimacy ("She told me it would be okay but didn't even know what happened to me"; Table 4, Removal context D). They suppressed distress by ignoring ("She basically ignored me when I got back to the office"; Table 4, Removal context A) and silencing ("She was back on her cell"; Table 4, Removal context B) affected workers.

The emotional isolation of those left alone with removals-related distress was evident. A supervisor left a horrified worker (Table 4, Removal context A) feeling "alone like I don't exist" as she was frantically preparing for a court hearing. A frightened worker (Table 4, Removal context B) shut out by her supervisor "figured it out myself." Distressed workers felt isolated even when surrounded by others, whose glancing interactions could leave them "feel[ing] even worse" (Table 4, Removal context D). Such indifference left distressed workers feeling, as the worker in the scenario recorded in Table 4, Removal context C, "like I was on an island ... with other islands floating around in the unit." The image starkly portrays a sense of abandonment and disconnection, which the worker then transferred into her relations with the client; she noted that she "didn't invest anything in her [client] anymore" and "probably could have helped more but I was fed up" (Table 4, Removal context C). Workers left isolated with removals-related distress often responded with their own avoidant behaviors. A worker noted that she "felt nothing for her [client] ... just didn't feel anything" (Table 4, Removal context A), which led her to "avoid doing more than I had to" for the client. The worker that felt threatened, ignored by her supervisor, "didn't even feel much for the kid with bruises" and "let [the case] drop for a while" (Table 4, Removal context B). And the worker who said, improbably, "It was all good," reported not "deal[ing] with the mom ... I wasn't thinking about her much" (Table 4, Removal context D). Such blunting of empathy seemed to enable workers to suppress distress that was unlikely to be soothed, by self-compassion (see Neff, 2003) or compassion from others.

The sequence of dispassionate responding, emotional isolation and exhaustion, and blunted empathy served to limit members' exposure to further distressing experiences and interactions. It also *amplified* distress within the agency. Distress that might

TABLE 4
Evidence of Distress Organizing Responses to Distress Episodes (Child Removals)

Removal context A (Social worker 17)	*Social worker responded to a report from the neighbor of a family whose children were unattended for most of a day. The worker, a member of the agency for six months, responded alone, without the expectation of a removal; otherwise, she would have been joined by a more experienced worker or investigator.*
Emotional distress	"I knew that the parents were drug addicts, had these two little babies. I rang the bell, no answer. I got into the building and knocked on the door. I heard crying. The door was ajar and I decided to go in. The kids were in old diapers and alone. It was dog feces all over the floor. It was horrifying."
Distress organizing responses	"I didn't know what to do. So I left the house and went outside and called my supervisor. And she, I remember her getting mad at me, because I left the house, because I walked out. And I said, 'Well, tell me what to do.' She sent another worker to meet me. And then she basically ignored me when I got back to the office. I was pretty upset. But she blew me off. We never talked about it."
Emotional isolation	"I went home from it [removal] with that icky feeling. Then I have 72 hours to get my stuff, gather facts for the court hearing. I'm in a unit that really gets one another against each other, which is really hard for me. No one checks in or helps. It's me racing the clock. It's hard. Really isolating. No one's stopping to say, 'Do you need to take a deep breath?' And the supervisor is just letting me alone like I don't exist."
Emotional exhaustion and avoidance	"I just did the work. Dealt with the agency lawyer. Got the paperwork done and signed. I finally got the mom on the phone, told her I was forced to remove her kids to safety. I felt nothing for her. I couldn't even be angry, just didn't feel anything. It was just another thing to cross off the list. . . . I placed the kids but still had to deal with her. I called as little as I could, definitely avoided doing any more than I had to. I wasn't very open, I guess."
Removal context B (Social worker 22)	*Social worker received call from principal of middle school attended by child with open case. The principal is a mandatory reporter of suspected child abuse. The worker and her supervisor suspected that the child may need to be removed. Another member of her unit accompanies the worker to the school.*
Emotional distress	"The teacher reported a child had come into school with all these bruises. I told them that I was coming over to the school. I called the mother and told her. The father shows up at the school first. The principal calls the police. There are five squad cars in front of the school when I get there. I don't know what I'm walking into with a scary boxer, tattoo artist, big guy who had bust his kid allegedly. So I'm really scared."
Distress organizing responses	"I called the supervisor from the school. I can see the guy making threatening gestures at me. The supervisor was short on the phone, telling me not to worry, let the police handle it, and get back with the kid. I do that. At the office, she asked if I was okay but she didn't even listen to the answer. She was back on her cell. Later, she comes up and tells me that it wasn't that big a deal, like I shouldn't have been feeling all upset and scared."
Emotional isolation	"I was left alone with that removal. At one point, I needed some help with figuring out how to deal with the mom so I walked down the hall. My supervisor has what she calls an 'open door' policy but her door was shut and I could hear her in there. She didn't want to deal with me. So I just figured it out myself. I was still shaken up for a while, thinking about that guy waving his fist at me."
Emotional exhaustion and avoidance	"It was difficult for the next few days. I shut down. I didn't deal with the supervisor any more than I had to, which wasn't much, since she didn't do any supervision on the case, really. I didn't want to think about the guy threatening me so I didn't think about anything. I did the work. I didn't even feel much about the kid with bruises. Just another case. I called the mom the next day but then let it drop for a while."
Removal context C (Social worker 31)	*Social worker made a routinely scheduled visit to the home of an active case. The worker found that the woman, bruised and battered, had recently been the victim of domestic violence. The agency policy in such cases involved protecting the child, by means of a restraining order against the abuser or the removal of the child. The woman refused to file a restraining order, setting in motion the emergency removal of the child.*
Emotional distress	"I told the mom that she needs to get a restraining order against him right now. If you get the restraining order, the police will patrol all weekend, and make sure he doesn't show up. And then it's not on you. 'No,' she says. Back and forth. We've been there for five hours. And it was decided we were going to take custody, and she's angry. She's crying and yelling at me. And I'm fed up and frustrated."
Distress organizing responses	"I come back angry. My unit members are running around, the supe's on the phone, and I'm coming in, soaked from the storm, and trying to figure out how to get some backup on the placement. Some look up and say, 'Hi, how's it going?,' but they have their own stuff going on and don't really wait to hear. They don't even notice how frustrated and upset I am. It's that way most of the time in this unit. No one really stops and looks at me."

TABLE 4
(Continued)

Emotional isolation	"The attorney is helping me out, trying to get the paperwork in order. But it still feels like I'm alone with this thing. I've had worse removals. But, for some reason, it was hard to slog through, and I got more and more frustrated as I made the calls and did the affidavit. There wasn't anyone to talk to and maybe help me get less upset. It was like I was on an island, and there were lots of other islands floating around in the unit."
Emotional exhaustion and avoidance	"I had little patience with the mom. I gave up on her for a while. She chose to stay in an abusive relationship, okay. But I didn't have to support that. I made the calls, told her what was happening. But I didn't invest anything in her anymore. . . . I did what I was supposed to do with the mom. But I didn't go out of my way, you know. I figure her child is better off without her. It's not my call but that's how I felt. And she didn't change. The supervised visits went downhill. I probably could have helped more but I was fed up, I guess."
Removal context D (Social worker 4)	*Social worker developed a safety plan with mother of a child, whereby she is able to retain custody if she met certain conditions that included, for example, drug counseling, regular visits with agency staff, and food stamp-program participation. The mother was unable to fulfill the conditions of the safety plan, triggering a planned removal process. The worker, accompanied by a unit member, performed the removal.*
Emotional distress	"The mom is a heroin user. She clearly loves her baby. She was using, getting high. She started crying, and I'm, like, I feel so bad for her but we have to make sure this baby is going to be safe. We have to remove the baby, but I try to reassure the mom because I'm feeling like this is so judgmental. Not only to her, but to this baby. Still, you're taking this baby. And you're driving away saying, 'Oh, my God, this is awful, just so sad.'"
Distress organizing responses	"I get back to the office. I'm like a bit of a mess. The others [unit] were sitting around, laughing about something. I tried to hold it together. One of the workers looked at me, made a joke about the rain. I didn't say much. Another asked how I was. I said it was hard. She told me it would be okay but didn't even know what happened to me. Another said, 'Well, that's the job, it is what it is.' No one knew how upset and sad I was."
Emotional isolation	"I'm sitting there and I am totally in it. I'm feeling really sad. I can't believe that I had to take that baby. And they're [unit] sitting and joking right around me. It made me feel even worse, like there was something wrong with me, that I was feeling this way. Maybe I was just too different from the rest of them to do this work."
Emotional exhaustion and avoidance	"It got better over the next week. I stopped thinking about it. The mom brought this on herself. She could get high, do whatever. My concern was the baby. The baby would be fine, sooner or later. It was all good. . . . I didn't deal with the mom as much as I did with the other cases. I wasn't thinking about her much. I put off calling her to the next day. It [safety planning] still got done but maybe not as quickly as it might have, maybe not with a lot of support from me."

have been ameliorated, via agency mechanisms and interactions that pressed for caring coworker relationships, instead remained located in affected workers whose subsequent interactions reinforced avoidance, emotional unavailability, and dispassionate responding. The avoidance meant that members largely accepted the intent focus on agency tasks, the clinical structures that diminished possibilities for attending to painful episodes, and the common narratives by which those episodes edged out of the frame. Distress organizing became a socially constructed process by which distress coursed beneath the surface of members' work and relationships.

Momentary Compassion

There were, however, moments of compassion among agency members. The analysis of child removal experiences indicated a minority (21% of identified incidents) in which agency members noticed, empathized with, and sought to alleviate suffering workers. This shift occurred under certain conditions that moved agency members to approach distressed workers. When distressed workers made themselves available and open to those approaches, agency members created moments in which to focus on distressing emotions and give and receive compassion. These moments were counter-normative, triggered by certain conditions (noted below) that activated members to make themselves emotional available and respond compassionately rather than dispassionately to others. These moments were brief windows of time and space, briefly enabling members to feel emotionally connected rather than isolated in the agency and, moreover, able to empathize with and engage others, coworkers and clients alike. These brief windows of time and space closed, as

members were again confronted with mounting caseloads, emergent situations, and client demands that returned them to distress organizing dynamics.

Conditions for momentary compassion. Instances of compassion occurred when agency members were moved to provide emotional support to distressed workers able and willing to receive that support. Analyses indicated that these counternormative movements were activated in three types of circumstances. First, members were moved to approach distressed workers about whom they personally *cared*. "We had always connected," noted a worker, "so I knew that she needed some help right then" (Worker 16). Such caring occurred not simply in interpersonal relationships—"I know that my supervisor cares about me a lot and always has my back" (Worker 23)—but in units as well. As one worker noted:

> It's a wonderful sense when we can connect in our unit. There's a genuine acknowledgement sometimes, "Wow, this was really, really tough from your perspective." And many times it's an unspoken connection, an unspoken acknowledgement of, "Wow, we're in this together." We reach out to one another in removals, check in, do what we can for each other. (Worker 27)

Caring about particular others seemed to momentarily outweigh members' needs to disengage as a form of self-protection. In effect, members briefly suspended interpersonal avoidance behaviors, moving toward the distress of others about whom they particularly cared.

Second, members were available to distressed workers when situations activated a *principle* related to caring for others. A supervisor, for example, noted that one of her workers was left alone in a dangerous removal situation. "It's just not right" (Supervisor 20), she said, explaining why she made time to check in on how the worker was feeling. Similarly, a worker reported:

> Like, we [unit] took care of each other really well. It was, like, I don't know how to describe it. We thought of any removal as a unit removal, you know? We pitched in. As soon as we could, we grabbed a moment and made sure everyone was okay, particularly the one that pulled the kid. It should always be that way. (Worker 2)

In noting that "it should always be that way," the worker anchored herself to the principle of reaching out to rather than disowning suffering others. Another guiding principle was that of providing relief from constant exposure to distressing stimuli. A supervisor noted, for example, that workers performing removals ought to be given a day off immediately following:

> One day would show them that they are totally supported, and that we understand the trauma that they have just faced, and that they have one day to sit at home and just sit there and just replenish, rejuvenate. (Supervisor 11)

This supervisor helped complete the worker's placement, and, after debriefing the worker about his experiences, gave the worker a day off. In such instances, members elevated principles of caring over the prevailing narratives of distress organizing.

Finally, members moved toward distressed workers when certain situations elicited a sense of *identification*. A supervisor said:

> I don't want them to feel alone. Because I remember the feeling of just not having a supervisor available and getting done with a removal at eight or nine or ten o'clock and just saying, "OK, does anybody care that I'm still alive?" I don't want that feeling for any of the people that I supervise, ever. So I see [a worker] going through that and I reach out. (Supervisor 4)

Seeing others go through certain distressing experiences moved members emotionally, activating a sense of personal identification that moved them to help others. As another supervisor related, "You felt like it was yourself out there dangling alone, or, because I know sometimes, I was a worker for many years" (Supervisor 17). Distress that felt familiar, resonating with past distress, jolted agency members into feeling for, seeing themselves in, and reaching out to support others.

Compassion occurred when distressed workers were available and open to emotional support. This was not a given in the agency. Workers busy finding placements, preparing affidavits, or dealing with clients were too busy to attend to their own distress. Nor were they available if they had already moved on to other cases. As one worker noted, "If it's not at just the right time, you're going home with that stuff. You put it away and don't want to deal with it later" (Worker 14). When moments of connection occurred, it was when workers sought to make time and space for others' approaches. It was also when they made themselves vulnerable, open to rather than closed off emotionally from others. (Such availability was likely shaped by temperament, as individuals vary in tendencies of vulnerability, trust, and openness—see Shalev, 2007.) As illustrated by the scenarios in Table 5, when distressed workers were

TABLE 5
Evidence of Compassionate Responses to Distress Episodes (Child Removals)

Removal context A (Social worker 18)	*Supervisor sent social worker to remove a child from a home deemed unsafe, based on a documented ongoing pattern of neglect. Another unit member, who was speaking with the child's father, accompanied the social worker. The child's mother, upset and angry, lost control and became violent.*
Emotional distress	"The mother stood in the hallway. I was trying to get the kid's belongings and get out of there. The mother was enraged. I had the two-and-a-half-year-old in my arms. And she just went after me. I had her child in my arms, I turned to protect him and she hit me. She goes after me. I had to turn the kid away or he was going to get hit by his own mother. I was shocked. I couldn't believe that she would do that."
Compassionate response from others	"The other workers in my unit came around during the day after they had heard what happened. They were really good about asking about me. They each sat for a little while. I told some of them how shocked I had been, how bad it was that it had gone that way. They just sat with me, didn't run away. It made it bearable."
Emotional connection	"I do my cases by myself just like anyone else. That's the job. We're a unit, sure, but we have to get our work done. This was different. After she [mother] had gone after me, I was really shaken. But I wasn't alone. The others [unit] were right there. I wasn't by myself so much right then. They helped get me back to where I could finish the placement and get ready for court."
Moments of engagement	"The next day, I was working with the attorney to prep for the 72-hour hearing. I actually found myself defending the mother a little. I was thinking about how much pain she must have been in to do that. I was still upset but I just got it a little more. I thought about what my reaction would have been if someone was taking my kid. It wouldn't have been that but it would have been something. . . . In the next supervised visit here [office], the mother didn't make eye contact. Nothing. I felt bad for her. I told her that it was going to be all right, that we'd put together a safety plan. I was fine with her."
Removal context B (Social worker 21)	*Social worker performed a removal of two children after parents failed safety planning. The children were variously neglected and abused. Aware of the violent history of the children's father, and the potential danger posed by the particular neighborhood, the supervisor arranged for the police to meet the workers at the residence. The removal was interrupted by a number of upset neighbors.*
Emotional distress	"We're walking out and get circled by the police, people yelling from the windows, saying that 'We know what you look like,' 'We know what you're wearing,' 'We know what you drive,' 'You're doing a horrible thing, how can you take kids for a living?,' So fear just kind of comes over you, that they can come find you and hurt you."
Compassionate response from others	"My supervisor got me to talk. I didn't want to but I guess I needed to. She asked me how I was feeling. I finally told her that I had been pretty scared out there, when a guy was waving a bat around. I kept thinking that I wouldn't see my own kid. I broke down with the supe, and she was great, just really calm. I could tell that she cared. She had tears but she wasn't crying. She hugged me and told me to take some time if I needed it."
Emotional connection	"I felt like she [supervisor] really cared about me and not just my caseload. I didn't like crying in front of her but it felt like it was okay in that moment. It was a release. I knew that it was okay with her there. She wouldn't just let me have to be alone with how scared I was. And I knew that she would get it much more than my husband would. I was glad she was there with me."
Moments of engagement	"After we talked, I felt better. I was able to get back with the child that I had removed. . . . I wasn't shaking at all anymore. I even got her to laugh about something, I don't remember what. I wasn't upset at her stepfather or mother. I just wanted her to be okay. I really felt for her, thinking that must have been really hard for her too. . . . I was still running around like crazy with the hearing coming up. But I took some time to stop and talk with another worker who was just getting yelled at by a grandmother on the phone. I could hear the woman cursing her out. Our supervisor was out of the unit just then so I sat with her [worker] and did what I could to give her some support. I was just doing what the supe had done for me. I think it helped."
Removal context C (Social worker 34)	*Social worker conducted scheduled home visit with ongoing active case, finding the mother drunk and her two children neglected, triggering an immediate emergency removal. The worker called the supervisor, who started the process of securing a placement for the children. The worker performed the removal alone.*
Emotional distress	"I get there and she's [mother] just sitting there. Vodka bottle lying there empty. Totally drunk. Two kids, seven and eight, and she's out of her mind. I was pissed. She could have prevented all this, she knew what she had to do. So I had to take the kids away, right then. I barely speak to her, I'm so frustrated and angry. Like, when is she going to get it? It's, like, I want to help you. I don't want to do this, you know?"

TABLE 5
(Continued)

Compassionate response from others	"He [manager] stopped by and sat down next to me and asked how I was. I said I was fine, but he sat there anyway. He asked again. I told him. He sat and listened for a half hour, asking me questions. He was great. He told me that the mother might have gotten drunk for the visit in order to give herself a break. Maybe she couldn't say what she needed so she had to do that instead. That really helped me see her in a different way."
Emotional connection	"It meant a lot that he [manager] came by. He's been here a long time. I know that people here complain about the agency but he was right here with me. Sounds corny but it felt like the agency cares about me, that we're not just these expendable worker bees. It's not just me out there and others back here in the safe zone."
Moments of engagement	"I was less angry after talking with him [manager]. I spent a lot of time thinking about how to get her to talk to me and tell me what's going on so she didn't need to get drunk for a visit. I wanted to do a better job of getting her some help. I had a lot of anger toward her. She gave up on herself, so I was going to give up on her. But he got me to see it another way. I was just more open to making this right. . . . It helped me see that these people might not be able to say what they need but they show it anyway. I started to spend more time talking with my supe and others in the unit about cases, mine and theirs, trying to figure out what the clients were saying when they were doing illogical things."
Removal context D (Social worker 8)	*Social worker removed child from mother based on pattern of neglect. The worker had a long-term relationship with the child, based on several years of attempts to support the mother with safety planning, services, and counseling. The mother has abandoned the child several times, leading to multiple placements in temporary foster settings. This removal is likely to end the mother's custody of the child.*
Emotional distress	"I'm driving the child to another placement. It's the third time and we'll probably need to find a long-term foster family. And I asked him, you know, 'What do you want to do after, you know, you get out of here or whatever?' He said, you know, 'I would like to go back and live with my mother.' And this mom is not responsive, never has been, and you see the child has tears that, you know, he's saying that, 'OK, mommy doesn't care,' or things like that. It broke my heart to see him hurt and I really couldn't do anything about it."
Compassionate response from others	"I was having a really hard time later. So she [unit member] sat there with me. We talked about how sad I was and how she knows what that's like. She was so concerned, just held my hand until I calmed down. . . . Later, I was working with the attorney. I was really struggling and I guess that she could see that. She stopped and really looked at me. She told me that we are doing important work, and have more wins than losses. She asked what this kid would be doing without us right then. It gave me the perspective that I needed."
Emotional connection	"Removals leave us alone a lot of the time, like when we're driving a child to a placement. That can be okay, but sometimes it's really hard. When she [unit member] sat with me I wasn't so alone with how sad I was. Same thing with the attorney, later on. It felt like it was her case too, not just mine. I wasn't so sad."
Moments of engagement	"She [unit member] made it okay for me to feel sad and instead of shutting it off. And, after a while, I felt a little better, thinking about helping the child. It's like being okay with really feeling sad helped me be more open to the good that I had done. . . . It changed how I thought about the attorney, that's for sure, and maybe how I worked with her. I didn't see her so much as tough and hard-ass, always wanting more information and taking up my time when I don't have any to give. I worked with her differently, I guess. I figured that we were after the same thing. I had known that, you know, but never really felt it. Now I felt it."

available to empathetic others, they joined in interactions that shifted away from the intent task focus and toward a focus on the person. They temporarily enacted an ethic of care through acts of compassion (see Lawrence & Maitlis, 2012).

Implications of momentary compassion. Compassion involved agency members shifting their attention to focus on distressed workers themselves. Compassion began with members noticing distress, and then listening closely to people's experiences.

The manager of a worker upset by a removal "sat and listened for a half hour, asking me questions" (Table 5, Removal context C). Empathy deepened such personal connections. A worker saddened by a removal described a unit member as "so concerned, [she] just held my hand until I calmed down" (Table 5, Removal context D); an attorney working with the same worker, seeing her sadness, "stopped and really looked at me." Another worker, frightened by a potentially violent removal, noted that her

supervisor "had tears but wasn't crying" (Table 5, Removal context B). Finally, others alleviated distress by enabling workers to share not simply their narratives but their pain as well. A worker horrified by a removal told unit members who "were really good asking about me … how shocked I had been, how bad it was" (Table 5, Removal context A). A supervisor elicited tears: "I broke down with the supe, and she was great, just really calm" (Table 5, Removal context B). Distressed workers were thus helped to come to terms with painful removals. An attorney, for example, told a worker, "We are doing important work" (Table 5, Removal context D), pressing her to think about the life of the child had the removal not occurred.

Compassionate responses enabled distressed workers to feel emotionally connected rather than isolated within the agency more generally. "I was really shaken" (Table 5, Removal context A), said a worker attacked by a mother. "But I wasn't alone. The others were right there. I wasn't by myself so much right then." Another worker noted, "I wasn't so alone with how sad I was" (Table 5, Removal context D). Workers were able to discharge painful emotion. "It was a release," noted a worker whose supervisor "wouldn't just let me have to be alone with how scared I was" (Table 5, Removal context B). The distress became diffused and thus bearable. A worker meeting with the attorney noted that "it felt like it was her case too, not just mine. I wasn't so sad" (Table 5, Removal context D). Distressed workers felt brought into the center of the agency rather than left on the periphery. As one worker said about a manager's reaching out, "Sounds corny but it felt like the agency cares about me, that we're not just these expendable worker bees. It's not just me out there and others back here in the safe zone" (Table 5, Removal context C). Workers felt tethered rather than isolated in the agency.

Workers feeling connected within the agency created moments of engagement with others. A worker attacked by a client was able to reach out to the woman: "I felt bad for her. I told her that it was going to be all right, that we'd put together a safety plan" (Table 5, Removal context A). Moments of engagement occurred between agency members as well. A worker that experienced compassion then "went over to another worker and checked in on her" (Table 5, Removal context A); another noted, "Our supervisor was out of the unit just then so I sat with her [worker] and did what I could to give her some support. I was just doing what the supe had done for me" (Table 5, Removal context B). Workers treated

with compassion thought more deeply about others. As the worker angered by a removal described, "I started to spend more time talking with my supe and others in the unit about cases, mine and theirs, trying to figure out what the clients were saying when they were doing illogical things" (Table 5, Removal context C). Similarly, a worker noted in regard to the agency attorney, "I worked with her differently, I guess. I figured that we were after the same thing. I had known that, you know, but never really felt it. Now I felt it" (Table 5, Removal context D). Previously distressed workers were able to empathize with and engage more fully with clients and coworkers alike.

These moments of engagement, occurring amid brief suspensions of the prevailing culture, were temporary. "It [support] lasts as long as it lasts, and then we have to stop and get back to what we're supposed to be doing," noted one worker (Worker 33). As the inexorable crush of cases pressed upon agency members and crises materialized, agency members turned away from one another, again relegating distress to the background. The moments of compassion remained isolated and discrete, emergent rather than planned, and bounded in time and space in ways that did little to stem the amplification of distress within the agency. Distress organizing remained the primary relational context. Compassion was a minor note played amid the major chord of dispassion.

DISCUSSION

This study focused on social construction processes by which members of a child welfare agency navigated paradoxical demands to extend and protect themselves psychologically in a context marked by recurring distress. The findings revealed distress organizing—that is, the use of mutually reinforcing collective avoidance mechanisms and interpersonal avoidance patterns to ward off the conscious experience of distressing emotion. Distress organizing provided self-protective patterns of thinking, feeling, and acting by which members unconsciously colluded to distance from distressing emotions triggered in their work. The collusion shaped much of what they did (focus intently on tasks) and did not do (attend to painful affect in self and others). Distress organizing enabled a normative culture of disengagement. As a consequence, members propagated a cycle of avoidance and dispassionate responding, the by-product of which was the amplifying of the very distress from which they sought relief. This cycle was temporarily interrupted when agency members were moved to act

with compassion toward one another, to examine rather than avoid distressing experiences. Members then worked with rather than around disturbing emotional experiences, their own and others'. Such instances were infrequent and momentary, diminished in time and space by pressing demands on members to psychologically armor themselves in their work.

These findings enable us to think differently about how members, whose work in health care, public agency, military, police, and similar organizations routinely exposes them to emotionally distressing situations, navigate paradoxical needs to protect themselves from and extend themselves on behalf of others. These navigations are largely examined as individual-level choices, according to personal dispositions, vulnerabilities, capacities, and principles (Ashforth & Humphrey, 1993; Maslach, 1982; Sutton, 1991; Zapf, 2002). This study considers individuals as agents of organizing processes, in which they collectively make sense of recurring situations they find ambiguous and paradoxical. Agency members made their world orderly through mutually constituted behaviors, interactions, cognitive frames, social structures, and narratives that largely narrowed their focus to tasks while excluding emotional experiences. Such organizing maintained and amplified the distress whose effects they sought to diminish—an irony magnified by agency members' own professional values and practices, which emphasized engaging directly with clients' emotional experiences to alleviate distress and enable productive work to occur.

The study contributes to three organizational literatures: emotional distress in organizations; the alleviation of such distress; and the bases of organizing processes. These contributions are noted below, followed by implications for further empirical research.

Distress in Organizations

Various literatures point to the genesis of recurring distress in organizations. Distress can emanate from tasks that are emotionally enervating, traumatic, or painful, as workers perform acts that trigger disturbing affect (Hinshelwood, 2001; Margolis & Molinsky, 2008; Obholzer, 1994). Distress can develop in the context of seemingly impossible demands to serve others, which can trigger helplessness, shame, and guilt (Roberts, 1994). Constant exposure to distressed people can trigger primary or secondary traumatic distress (Figley, 1995; Meyers & Cornille, 2002). And distress can emanate from performing acts on behalf of organizations that are looked down upon or even reviled publicly (Ashforth et al., 2007). These sources of stress are rooted in formal properties of organizations—that is, in the nature and needs of those who are served, particular tasks, or organizational missions. Whether specific members indeed suffer distress is a matter of their own circumstances. More precisely, following the logic of job demands–resources models (Bakker & Demerouti, 2007; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001), distress occurs when the various types of resources available to individuals are overwhelmed by the intensity, complexity, and quantity of emotional demands upon them (Bloom & Farragher, 2013). The implicit premise is that it is within this context of shifting demands and resources that individuals make choices, often unconsciously, about when and how much to make themselves fully available to others in role performances (see Kahn, 1990, 1992) and thus how much distress they are exposed to and ultimately experience.

This study suggests that distress also occurs as a result of the social contexts that organization members enact. Distress organizing charted a path by which agency members navigated the paradoxical requirement to move both toward and away from situations and others that represented potential distress. The norms of disengagement that they collectively enacted seemingly resolved (or at least simplified) that paradoxical state. Yet it also propagated distress. When members psychologically detached from themselves and others, and deflected or suppressed painful material, they left themselves and others carrying rather than expressing and releasing emotional distress. When they focused narrowly on tasks, participated in clinical meetings that ignored emotion, and enlivened narratives of dispassion, they similarly supported a social context that maintained rather than ameliorated distress.

As Margolis and Molinsky (2008: 865) wrote about individuals, "Whereas disengagement may be an effort to protect the self from dissonance, stress, and overload, it may also prove exhausting and counterproductive." This study contributes a collective-level perspective on this dynamic. As agency members constructed a culture of disengagement that reduced their emotional availability—a collective defense mechanism for avoiding disturbing affect (Obholzer, 1994)—they set in place exhausting, counterproductive patterns. They turned away from regularly acknowledging, appreciating, sharing, normalizing, and diminishing the emotional distress that accompanied their work (Bloom & Farragher, 2013; Kahn, 2001; Meyerson, 1998). In splitting off the emotional aspects

of their work and experiences, agency members created a social context that legitimated dispassionate responding and, ultimately, distress itself.

The Alleviation of Distress

The prevailing norms of the agency had members moving away from one another's distress and withholding emotional support. Compassionate responses were counter-normative, as members moved to provide emotional support. Compassion was, in this sense, "positive deviance": intentional behaviors that departed from the norms of a referent group in honorable ways (Spreitzer & Sonenshein, 2004). Positive deviance occurs, among other conditions, when organization members are other-focused (Spreitzer & Sonenshein, 2004)—that is, empathizing with the needs of others, particularly those in pain and crisis (Dutton et al., 2006). Compassion was driven by this other-focus: agency members consciously prioritized tending to others' distress over self-protective avoidance. When agency members and workers became mutually available, open to and with one another, they created what Clark (1987) termed wider "sympathy margins," and temporarily halted the collective feeling rules (Hochschild, 1979) that drove detachment, deflection, and suppression patterns of behavior.

Distress organizing was superseded when members chose to focus intently on others' painful emotional experiences. Emotions were reclaimed and legitimized as members became authentic and vulnerable, engaging with others and with painful affect more generally. Agency members created "compassion oases" within inhospitable organizational contexts (Frost, Dutton, Worline, & Wilson, 2000). These oases occurred as agency members were inspired to move toward others, for whom they felt enough responsibility or empathetic concern to risk their own emotional distress and depletion (Atkins & Parker, 2012; Kanov, Powley, & Walshe, 2017). It is likely as well that compassion oases occurred as a result of "slack" (Amabile, Fisher, & Pillemer, 2014), by which members, those providing and those receiving help, were momentarily freed up to turn toward one another (and toward distressing experiences). Momentarily, they were not stretched taut, temporally and emotionally, to the point that they allowed themselves to enter moments of compassion given and received.

These momentary interactions remained as oases only, however, as the agency lacked a critical mass of compassionate acts large enough to tip the culture from disengagement to engagement (see Madden, Duchon, Madden, & Plowman, 2012). While agency members were, in Kellogg's (2009) terms, able to create relational spaces, they were unable to build on those encounters to reform relationships in the agency more generally in ways that would alter distress organizing dynamics. The theoretical implication is that organizations can contain both prevailing and counter-prevailing emotional contexts, whose relative strength shapes the propagation or alleviation of recurring emotional distress. Conceptualizing these coexisting emotional contexts offers new insights into the nature of compassion capability (see Lilius, Worline, Dutton, Kanov, & Maitlis, 2011), which can be usefully understood as dynamic and negotiated within and across organizations.

There are practical implications here as well. Psychological distress is a regular possibility for workers that serve traumatized clients (Figley, 1995), perform emotionally demanding (Maslach, 1982) and distressing acts (Molinsky & Margolis, 2005), and work amid public taint and assault (Ashforth et al., 2007). Yet distress is not inevitable even within organizations, like the child welfare agency, that are under-resourced and overwhelmed (Anderson, 2000). This study points to where organizational leaders and members can supersede avoidance mechanisms at play in their organizations. There are proven interventions for appropriately bounding avoidance mechanisms, such as embedding other-focused acts in role definitions (Madden et al., 2012), legitimizing asking for and receiving help (e.g., Code Lavender initiatives; Johnson, 2014), and sanctioning emotional pain as central rather than peripheral (Bloom & Farragher, 2013). When such practices are regularly enacted, workers are less likely to organize to avoid, unwittingly amplify, and propagate their own distress.

Bases of Organizing Processes

Organizing involves consensually constructed, coordinated action by which members figure out what to do when rationalized normality is suddenly disturbed (Weick et al., 2005). The use of organizing as a conceptual frame has primarily been explored in suddenly altered situations: wildfires (Weick, 1993), campus emergencies (Dutton et al., 2006), medical errors (Paget, 1993) and other such events (Weick, 1979). This study suggests that the organizing concept is also useful when organization members are regularly assaulted by stimuli that, while familiar, nevertheless raise questions about how to survive

amid ongoing danger. Distress organizing was an adaptive response enabling agency members to survive recurring psychological distress reasonably intact. Yet this response—the enactment of collective avoidance mechanisms and interpersonal avoidance patterns—amplified and propagated the distress they sought to avoid. Rationally, this made little sense. As agency members knew from their own professional training and practices, it is in surfacing, sharing, feeling, and normalizing emotionally painful aspects of experience that distress is diminished and people can reclaim control over their lives (Bloom & Farragher, 2013; Figley, 1995; Hinshelwood, 2001). Distress organizing violated agency members' own precepts.

Distress organizing can thus be considered a path through the paradoxical reality of individuals needing to be emotionally present and absent simultaneously. They make sense of the path by developing comprehensible accounts to explain their actions (Maitlis, Vogus, & Lawrence, 2013; Weick, 1995). In the agency, accounts were based on defensive reasoning that created its own adaptive logic. This process is similar to—albeit unfolding in slower motion than—what happened to Weick's (1993) trapped firefighters, whose compromised rationality shaped their demise. Organizing can thus involve cognitive processes fundamentally altered by enduring emotional distress. This process also involves unconscious collusion among members. Collusion was apparent in agency members' collective acceptance (rather than alteration or overthrow) of collective avoidance mechanisms and interaction avoidance patterns. The collusion made sense given that members facing paradoxical dictates were left without the structures, practices, and processes of organizational "holding environments" in which to work through those dictates (Petriglieri & Petriglieri, 2010; Van Buskirk & McGrath, 1999). Holding environments enable people to contain, work through, and remain present amid potentially disabling distress (Hinshelwood, 2001; Kahn, 2001). Absent a holding environment, members unconsciously organized an environment that made sense to them, marked by tacit agreements to avoid surfacing painful experiences.

The study thus contributes an understanding of a dimension of organizing implicit in existing scholarship: the management of emotional distress. Organizing scholars hold as primary the cognitive processes by which people think their ways through ambiguity and act rationally, given altered realities and organizational purposes (Dutton et al., 2006; Weick, 1995). In distress organizing, members focus less on moving toward given organizational goals and more on moving away from disturbing affect. While recent work displays such movement as an individual-level process (Schabram & Maitlis, 2017), this study focuses on collective movements as well. In this regard, distress organizing is akin to social defenses in organizations. Social defenses are collective defense mechanisms by which system members unconsciously collude to protect themselves from the conscious experience of anxiety and other forms of distress (Hirschhorn, 1998; Lyth, 1988; Obholzer, 1994). Viewed as a form of social defense, distress organizing raises up an overlooked dimension of organizing: the development and enactment of worlds made orderly by the dictate to live and act, well or badly, amid emotional distress. The interrelationship of actions and structures on which organizing depends enable not only work (Dutton et al., 2006; Weick, 1995) but also the containment or amplification of emotional distress that can distort organizations and leave members collectively uncertain and fragile.

Limitations and Future Research

A limitation of the current study, as with theory-generating case studies generally (Eisenhardt, 1989; Yin, 2009), is the difficulty of disentangling a phenomenon from a particular system. I chose the agency as an organization most likely to be compromised by distress, given the nature of child protection work (Meyers & Cornille, 2002; Pryce et al., 2007). Agency members were, in fact, greatly compromised, not simply by burnout (from overwhelming demand) and compassion fatigue (from contact with traumatized clients), but from performing necessary evils (child removals) and emotion labor (demanding clients) in a "dirty work" context. Such overdetermination of psychological distress might limit the generalizability of the study's findings. The distress organizing phenomena that emerged might appear differently in less overdetermined task environments.

In this study, the central feature of distress organizing was avoidance, representing a tilted balance of priorities toward task completion and away from emotional realities. Empirical research can examine other types of distress organizing practices in which avoidance is not as central. Such practices, representing a different interplay of collective and interpersonal dynamics, might offer a different resolution to the tension between protecting the self and drawing close to distress. Subsequent research can also examine more closely how leaders at varying

organizational levels shape, via acts of collusion or interruption, the culture of disengagement that enabled dispassionate responding and ultimately amplified and propagated distress. Finally, this study surfaced insights related to alleviating distress that require further exploration. When compassion temporarily superseded dispassionate responding, it was not clear how individuals' tendencies, the qualities of existing relationships, or situational factors interacted to enable that to occur.

CONCLUSION

A central tension in certain organizations is how people performing roles in emotionally compromising circumstances make choices as to how to employ and defend the self in such circumstances. This study suggests that such choices occur in social contexts that workers construct as they organize their work lives. Workers both look for and provide certainty, affirmation, and validation amid the paradoxical nature of their roles. Such socially constructed clarity is, however, only partial. Individuals see their ways through distressing situations, normalizing self-protective disengagement. Yet they cannot see how such disengagement amplifies and propagates the distress they seek to avoid. There are glimpses, here and there, when individuals are moved to notice, feel for, and act to alleviate another's emotional distress. Yet these glimpses fade, as organization members face the need to get the work done without undue suffering. The ongoing struggle, for scholars and practitioners, is to develop insights and techniques that enable organization members to engage with distressing emotion, their own and that of others, and sustain the insight and authenticity such engagement affords.

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William A. Kahn (wkahn@bu.edu) is professor of organizational behavior at Boston University Questrom School of Business. He received his PhD in psychology from Yale University. His research examines the nature of relationships within and between groups under conditions of emotional complexity in organizations.

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