

Compassion in Organizations: Sensemaking and Embodied  
Experience in Emergent Relational Capability

A phenomenological study in South African human service organizations

Thesis Presented for the Degree of

DOCTOR OF PHILOSOPHY

In the Graduate School of Business

UNIVERSITY OF CAPE TOWN

By

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**August 2015**

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## Acknowledgements

First, I would like to give thanks to the many people I have worked with, both as private coaching clients and as workshop participants, who have granted me access to their inner beings, and have allowed me to glimpse the manifold resources of wisdom and resilience that live within. These interactions sparked a passion to explore more deeply the potential that lies latent as a flame of possibility in each and every person. I give thanks also to the participants of this research, who granted me permission, and trusted me adequately, to access that flame of possibility in a more structured, exploratory manner. I give thanks for the enthusiasm with which the participants took up the offer and joined me in the exploration.

Then I would like to acknowledge with deep gratitude, the staff at GSB with whom I came into contact on this journey. Firstly to Kurt April for taking me on with my somewhat unconventional ideas, for giving me freedom to explore those ideas and for dropping the appropriate seeds in the form of a comment or a piece of writing at the sensitively discerned right moment. Then to Ralph Hamann, assisted by Nadine Meyer, for initiating and implementing the PhD and Research Colloquium, and for holding a banner for both structure and innovation. To fellow PhD and Research Colloquium participants who created a peer support network in the early exploratory period of this research. And also to visiting fraternity Tima Bansal and Ted Baker for encouraging potential insights gleaned from the South African situation and for highlighting what was “interesting” in my ideas.

Thanks go to the Oppenheimer Memorial Trust for providing me with financial support that enabled me to dedicate a large chunk of my time to this endeavor.

I also wish to acknowledge Nadine Butler who supervised my master’s degree and who really initiated my academic interest in empathy as a capacity during my undergraduate training as a pharmacist. I still remember the lecture hall and the circumstances when she stated her perception of empathy, while not fully understood by her, to be of great significance.

To the people who have encouraged the natural flow of my thinking and who have challenged me to a greater depth and breadth of thinking, both in person and through their writing, I acknowledge Yehuda Tagar, Rudolf Steiner, Evan Thompson, Francisco Varela and Maurice Merleau-Ponty. Especially to Yehuda Tagar for his dedicated research and application of insights related to experience and embodiment.

My parents, Blyth and Greta, I wish to honour with deep love and appreciation. They provided a safe and warm landing pad for me and my five siblings, with ample doses of awareness for the plight of others, and for strong ethics and values. And to my siblings, Mark, Belinda, Wendy, Julia and Peter, with whom we could develop our arguing skills and challenge each other to greater and greater accountability.

And lastly, but definitely not least, to my life partner and to my two children: Hubertus, for your support and care, and for always engaging, with fervor, with my

thoughts and deliberations, and responding with a penetrative intelligence even though my topic is far removed from your field of expertise; Nicole and Matthew just for being the wonderful people who you are. I feel proud to be your mother, and to have been a part of your journey to becoming these thoughtful, careful and “out-there” kind of people who are starting to make your significant contributions to a better world. And for diligently challenging me to examine myself when I did not serve you in a way that was relevant to your budding needs.

Finally, finally I give thanks to the greater context of life that has allowed me the immense privilege of engaging in this activity. I consider it to be an honour to be granted the capacities to be able to undergo this process, and whatever the outcome, feel changed as a person by the experience. I would wish to create the opportunities for this birth to come to full maturity and to be guided to where it can be of relevant service.

## Compassion in Organizations: Sensemaking and Embodied Experience in Emergent Relational Capability

A phenomenological study in South African human service organizations

*Katherine Judith Train, Graduate School of Business – University of Cape Town  
Presented for the Degree of Doctor of Philosophy, August 2015*

### Abstract

Compassion in organizations is researched as a three-stage process of collective noticing another's pain, empathic concern or feeling another's pain and taking action to ease their suffering, and is ascribed to the orchestration of spontaneous individual acts of compassion in accordance with specific organizational architecture. Situations with limited resources leading to resource exhaustion require further studies to address the risks and liabilities of compassion organizing (Dutton, Worline, Frost, & Lilius, 2006). South African human service organizations face resource limitations within a challenged socio-economic environment. Given these limitations, agents may experience personal distress limiting the capacity for compassion. This study examines agent capacities required for compassion capability in South African human service organizations.

The research applies the ontological lens of enaction, an interpretive design, and the *descriptive phenomenological method in psychology* (Giorgi, 2009), adapted for human science in organizations. Data was collected, with semi-structured interviews, as concrete descriptions of experiences, from thirty-three participants, from five organizations. Eleven participants underwent multiple interviews. Intensity sampling was applied to gain understanding of information-rich cases that were intense but not extreme, maximum variation sampling to access primary themes across a range of service providers. Texts, as transcriptions of audio recordings, were analyzed applying the phenomenological reduction to search for invariant organizational behavioural meanings. Texts were read for a sense of the whole; broken down to meaning units; and transformed to phenomenological expressions of meaning. Descriptions of experiences were categorized according to empathic concern or personal distress, like experiences were grouped by organization as units of description. Units of description were compared between the organizations.

The key findings were that compassion in organizations characterized by resource limitation requires special attention, particularly when agent and client share common experiences of adversity, initiating experiences of personal distress. The overcoming of personal distress requires agent capacities of individual and participatory sensemaking: identifying reaction, identifying non-verbal cues in self and other; engaging capacities of emoting, intending and urging. Sustainable practice of compassion is characterized by the intention to facilitate new sensemaking of the experience of the suffering, witnessing the suffering as well as the alleviation of suffering.

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## Glossary

**Affect experience:** an experience that is associated with the external expression of an emotion that is attached to an idea or mental representation.

**Compassion capability:** this is the collective capability of members of an organization or work unit to reliably respond compassionately to either another member of the organization or work unit, or to clients or patients to whom a service is provided.

**D&C procedure:** a procedure to remove tissue from the inside of the uterus. The usage reported on in the results section refers to the clearing of the uterus for the purpose of abortion.

**EC:** *Empathic concern* – an emotional response in a person occurring as a result of observing or imagining the situation of another person and accompanied by an experience of concern for the other person.

**HIV:** *Human immune-deficiency virus.*

**Mysoprostal:** a medication used, in the context of these research results, to induce abortion.

**NGO:** *Non-governmental organization.*

**PD:** *Personal distress* - an intense experience of distress that occurs as a result of intense and challenging empathic arousal.

**PMEA:** *Psychophonetic methodology of experience awareness* - developed by Yehuda Tagar, is a method for the observation of human beings in order to trace the relationship that they have to their experience. Positions that a person may have to their experience include reacting, sensing, feeling, beholding and speaking. Speaking may also manifest as emoting, intending and urging.

**Shared affect experience:** An experience where agents identify their own affect experience and identify the correspondence of that affect experience to the experience they perceive in the client.

**TB:** *Tuberculosis*

## Chapter 1 Introduction

### Setting the Scene

The gap between the ‘haves’ and the ‘have-nots’ in South Africa is wide. Science and technology have made major advances, but social wellbeing continues to be challenged in terms of earning power to support basic needs, disease and violent crime, and the social support to correct this disparity.

The population of South Africa face significant economic challenge. The total population increased from 40 583 573 in 1996 to 51 770 560 in 2011 (*Census 2011 Statistical release*, 2012). The population in the economically active age group, between 15 and 64 years of age, increased during the same period relative to declining figures in the under fifteen-age bracket. However, as a sector of the population this economically active age group do not necessarily enjoy economic stability. There was a moderate move between 2001 and 2011 towards correction of the disparity in household earnings amongst employed people in the various population groups. Household head incomes amongst the black African population group increased by 169.1%, Asian/Indian by 145.2%, Coloured by 118.1% and whites by 88.4%. However, the unemployment rate amongst the various population and gender groups in still vastly skewed. White males as a population group continue to enjoy highest levels of employment with an unemployment rate<sup>1</sup> of 5.0%, this being within an unemployment rate for men of all population groups of 34.2%. Black African females have the highest rate of unemployment at 41.2%. These figures mark a significant impact on the socio-economic profile of the population since the black African population makes up 78.2% and the white population 9.3% (*Census 2011 Statistical release*, 2012) of that working group. Furthermore people in the youngest age groups of between 15 and 24 years face particular challenges, exhibiting very low

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<sup>1</sup> Unemployment rate: unemployed persons as a percentage of the labour force (*Census 2011 Statistical release*, 2012).

labour force participation rates<sup>2</sup>. The labour absorption rate<sup>3</sup> reflected a profile of a total of 39.7, at 34.6 for black Africans, 46.9 for Coloureds, 54.6 for Asian/Indians and 69.0 for whites (*Census 2011 Statistical release*, 2012).

South Africa also faces social challenge with a continually increasing rate of orphaned children and child-headed households. Paternal deaths increased from 9,5% in 1996, 11,9% in 2001 to 15,4 in 2011. Maternal deaths increased from 2,4% in 1996, to 3,6% in 2001 and 7.1% in 2011. Families experiencing the death of both the mother and father increased from 0,9% in 1996, to 1,4% in 2001 and 3,7% in 2011 (*Census 2011 Statistical release*, 2012).

The Western Cape Province currently experiences a multiple *burden of disease*, including infectious diseases, injuries from interpersonal violence and motor accidents, substance addiction, chronic disease and mental-health disorders (Myers & Naledi, 2007). A significant percentage of the South African population require medical assistance in the form of the need for chronic medication, recorded as 12,3% of the population at the time of the 2011 census (*Census 2011 Statistical release*, 2012). Crime rates in South Africa are significantly high with, for example, intentional homicide<sup>4</sup> recorded at a rate<sup>5</sup> of 31.8 deaths per 100 000 of the population, in comparison to a rate of 17 for the whole of Africa. This should also be compared with a rate of 3.5 for Europe and 6.9 for the world (“Crime Stats SA,” 2013). In a survey of 44 836 respondents, 38% of respondents, or someone close to them, had been a victim in the previous 6 months. Of these, 2% were for attempted murder, 5% for murder, 6% for assault, 47% for burglary and 10% for highjacking and 2% for rape (“Crime Stats SA,” 2015).

Thus one sees that there is a context amongst the South African population for support or assistance in the form of social and health services in some form or another, that

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<sup>2</sup> Labour force participation rates: Labour force as a percentage of the working age population (*Census 2011 Statistical release*, 2012).

<sup>3</sup> Labour absorption rate: employed persons as a percentage of working age population (*Census 2011 Statistical release*, 2012).

<sup>4</sup> UNODC conducted a study in 2012 that includes most countries of the world. Intentional homicide in this case is defined as unlawful death purposefully inflicted on a person by another person.

<sup>5</sup> Rate is defined as number of deaths per 100 000 population

members of the population experience high levels of adversity (*Census 2011 Statistical release*, 2012, “Crime Stats SA,” 2013, “Crime Stats SA,” 2015), and that the gap between the advantaged communities who are able to pay for support services and the disadvantaged communities who are not, widens. These factors determine that individuals requiring, and organizations providing, services face resource limitations.

Empathy and compassion are deemed to be important components of service delivery in health and social service organizations (Dutton, Frost, Worline, Lilius, & Kanov, 2002; Dutton et al., 2006; Kanov et al., 2004; Miller, 2007; Rynes, Bartunek, Dutton, & Margolis, 2012), with empathy cited as an important capacity in working with other people (Radey & Figley, 2007). It is well recognized to be a factor in encouraging productive relations between a practitioner and client (Norfolk, Birdi, & Walsh, 2007; Sinclair & Monk, 2005).

## **Area of Study**

This study aims to examine agent conditions required for compassion and empathy to be expressed in human service<sup>6</sup> organizations in the South African context, given the current socio-economic and psychosocial environment.

The study sets out to achieve this aim with the question:

What is the lived experience of agents working in human service organizations in South Africa, with regard to empathy and compassion, within the relational aspect of the interaction between themselves and clients, and between themselves and other agents in the organization?

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<sup>6</sup> Human service organizations have been defined as organizations that work with people in a manner aimed at transforming them (Hasenfeld, 2009). For the purpose of this study human service organizations are deemed to be organizations in which practitioners are employed or voluntarily engaged to offer care or support services to others who experience difficulties and may be in the form of healthcare, social services and legal services. The services include, but are not limited to counselling, mentorship, legal advice, nursing, home-based care, pharmaceutical services and medical services.

The aim of the research is executed with the primary objectives of: conducting a literature review to establish a theoretical understanding of empathy, a prerequisite for compassion, in the philosophical, social psychological and cognitive scientific literature; conducting descriptive phenomenological interviews with agents working in human service organizations to record, and discover the meaning of, their lived experiences of empathic concern or personal distress; to understand the unique capacities with regard to their capacity to achieve a quality of attention conducive to empathic concern. The aim and objectives are elaborated upon under the section Research Question and Scope of Research below.

Compassion has recently become relevant to organizational studies. Compassion studies are deemed essential at this time since, as we see from the introduction, many people in South Africa, and indeed the world (Rynes et al., 2012) are suffering, and expression of compassion benefits both the person engaging in the compassion and the person to whom the compassion is directed (Atkins & Parker, 2012; Rynes et al., 2012). Compassion expressed in an organization, furthermore, is deemed to have a positive impact on the organization too (Madden, Duchon, Madden, & Ashmos Plowman, 2012). The expression of compassion in organizations is associated with improved emotional wellbeing and a sense of connection amongst colleagues which correspondingly improves work outcomes, including 'performance' (April, Kukard, & Peters, 2013; April, 2013; Dutton et al., 2002; Kanov et al., 2004; Lilius et al., 2008; Train & April, 2013).

Theory and practice that focuses on relational factors between colleagues and clients is essential to address the high levels of suffering in organizations (Miller, 2007) and also to respond to the recent global economic move to service industries, specifically human service industries (Dutton et al., 2006; Miller, 2007; Train & April, 2013). For the purposes of this study, compassion as it is researched in organization studies as a three-phase process of noticing another's pain, empathic concern or feeling another's pain and acting in a manner directed towards the alleviation of the suffering (Atkins & Parker, 2012; Kanov et al., 2004; Madden et al., 2012; Train & April, 2013) will be applied. There is an association between compassion and empathy in the organizational literature with the second stage of the three-phase process of compassion being dependent upon an experience of empathic concern in the agent, in

order that the feeling experience progresses to a compassionate act (Train & April, 2013).

The construct of empathy is researched in detail in the philosophical (de Vignemont & Jacob, 2012; de Vignemont & Singer, 2006; de Vignemont, 2004; Depraz, 2001; Gallagher & Meltzoff, 1996; Gallagher, 2012a; Zahavi, 2010, 2011) social psychological (Decety & Meyer, 2008; Eisenberg & Sulik, 2012; Eisenberg et al., 1994) and cognitive scientific (Decety & Moriguchi, 2007; Gu & Han, 2007; Lamm, Batson, & Decety, 2007) literature. The focus of this study will be on compassion as an agent capacity within the organizational context characterized by resource limitations. This will include a focus on empathy, as empathic concern, as a prerequisite for the practice of compassionate acts.

This research is presented in thirteen chapters. Chapter 1 sets the scene for the research, defines the area of study, and introduces the research problem. It goes on to flesh out the research question and the scope of the research and presents the ontological assumptions upon which the research is grounded, and is accompanied by the ethical considerations held by the researcher throughout the research process.

Chapter 2, as a literature review, presents a critical discussion of the literature on compassion in organizations and a synopsis of some of the fundamental literature on empathy from the philosophical, social scientific and cognitive scientific literature. Chapter 3 gives a summary of this author's contribution to theory. Chapter 4 discusses the research strategy and Chapter 5 presents the research design.

The final chapters present the results of the research of the organizations from which participants were interviewed together with the meaning units of the categories of experiences reported upon by the participants of each of the organizations. These are presented in two groups. Results for Organizations 1 to 4 are presented as Chapters 6 to 9. These are followed by Chapter 10, with a summary of the major findings of these four organizations. Chapter 11 presents the results and meaning units of the fifth organization. Chapter 12 discusses the key findings and Chapter 13 ends with concluding reflections and a discussion of the limitations of the research and insights for future research.

The thesis is thus outlined as follows:

Chapter 1 Introduction

Chapter 2 Literature Review

Chapter 3 Contribution to Theory

Chapter 4 Research Strategy

Chapter 5 Research Design

Chapter 6 Results of Organization 1

Chapter 7 Results of Organization 2

Chapter 8 Results of Organization 3

Chapter 9 Results of Organization 4

Chapter 10 Summary of Findings for Organizations 1 to 4

Chapter 11 Results of Organization 5

Chapter 12 Discussion of Key findings

Chapter 13 Concluding Reflections, Limitations and Recommendations

## Research Problem

Socially responsive, client- or patient-centred practice is considered essential in social and healthcare outcomes (Fleet, Kirby, Cutler, Donikowski, Nasmith & Shaughnessy, 2008). Furthermore, service in the human services is facilitated by the capacity for empathy in an agent (Bride & Figley, 2007; Radey & Figley, 2007) alongside the practice of knowledge management for effective problem solving and decision making (Harteis et al., 2011; Langan-Fox & Vraic, 2011). However, in the current social and knowledge management context, both of these capacities are challenged. Agents are required to work with clients that are often experiencing, or have experienced, high levels of adversity (Neme, 2005; van Dyk, 2007), knowledge is being produced at such speed, and shifts are occurring in both paradigms held by, and expectations of, society (Tulinius & Hølge-Hazelton, 2010). Furthermore, with the high levels of adversity, agents may well have experienced or continue to experience adversity in their own lives.

Researchers have determined that agents working under these conditions are more likely to experience compassion fatigue<sup>7</sup> and burnout<sup>8</sup>, due to an on-going need to be empathic (Boscarino, Figley, & Adams, 2004; Cieslak, Shoji, Douglas, Melville, & Benight, 2014; C Figley, 2002a, 2002b; McCann & Pearlman, 1990; Rupert, Miller, & Dorociak, 2015; Thomas, 2013). In burnout one observes emotional and physical exhaustion, cynicism or depersonalization and a reduced sense of accomplishment (Leiter & Maslach, 1988; Maslach, 2003), further inhibiting the capacity for empathy (Maslach, Schaufeli, & Leiter, 2001; Radey & Figley, 2007).

Various studies conducted in the Cape Metropole district of South Africa found that doctors, specifically young doctors, were at high risk of burnout (Bateman, 2012; Roussouw, Seedat, Emsley, Suliman, & Hagemester, 2013; Stodel & Stewart-Smith, 2011), many indicating the wish to leave their positions (Stodel & Stewart-Smith,

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<sup>7</sup> Compassion fatigue is a work-related condition characterized by exhaustion, frustration and anger and being depressed by the work environment. It is made up of the two components of burnout and secondary traumatic stress (Stamm, 2010).

<sup>8</sup> Burnout concerns experiences of agents, when working empathically with others, of exhaustion, frustration, anger and depression (Stamm, 2010).

2011). Nurses in private health care in South Africa were found to be at high risk for compassion fatigue and moderate risk for burnout (Elkonin & Van der Vyver, 2011). Carers providing end-of-life home-based care to clients with HIV/AIDS and tuberculosis in a urban area close to Cape Town were at high risk of burnout and significantly high risk of secondary traumatic stress (Train & Butler, 2013).

Various studies determine that there is a link between agent burnout and perceived organizational support. A study conducted with agents working in health and education with people diagnosed with HIV/AIDS concluded that agents feel overburdened. A perceived lack of support from employers is a factor leading to symptoms of occupational stress, and results in depersonalization, a component of burnout (van Dyk, 2007). Conversely, social relationships amongst agents in an organization are negatively associated with reduced exhaustion (Kowalski et al., 2010), and helpful social interaction amongst agents leads to higher intrinsic work motivation (Van Yperen & Hagedoorn, 2003). Support from colleagues and managers had a significant effect on the experience of burnout intensity (Hamama, 2012). Furthermore, amongst managers working in a mine in South Africa, cynicism was predicted by a lack of organizational support while vigour was predicted by organizational support (Rothmann & Joubert, 2007).

People working in social services in support of children face organizational challenges of low organizational and professional commitment and lack of social support resulting in high levels of turn-over (Van Hook & Rothenberg, 2009) or intention to leave (Mor Barak, Nissly, & Levin, 2001). Agents working with children exposed to trauma are challenged by their own flight or fight response brought up when exposed to the expressions of these children (Rock, 1996). Van Hook and Rothenberg (2009) confirm the need for job retention in child care services in order to build up levels of trust in dealing with vulnerable clients, but identify the challenges agents face given the amount and intensity of suffering to which they are exposed. Interestingly, a subgroup of agents working with children suffering experienced high levels of emotional exhaustion accompanied by job satisfaction (Hamama, 2012; Mandell, Stalker, de Zeeuw Wright, Frensch, & Harvey, 2013; Stalker, Mandell, Frensch, Harvey, & Wright, 2007),.

In a South African study where trauma workers were found to be susceptible to secondary traumatic stress, the capacity for empathy was found to be a constant moderator amongst workers who had been exposed to previous trauma and the prevalence of secondary traumatic stress (Macritchie & Leibowitz, 2010). It is, however, essential to distinguish between empathy<sup>9</sup>, empathic concern<sup>10</sup>, empathic distress<sup>11</sup>, and empathic over-arousal<sup>12</sup> as well as emotional contagion<sup>13</sup> and pro-social behaviour<sup>14</sup>, all terms associated with empathy.

Factors cited as contributing to secondary traumatic stress are personal trauma history (Baird & Kracen, 2006; Macritchie & Leibowitz, 2010), and lack of organizational support (van Dyk, 2007). In a study in Rwanda, one participant described an experience of spiralling backward as he listened to a client recount a story of an experience similar to his own (Iyamuremye & Brysiewicz, 2012). Furthermore, the repeated requirement to express emotions that are not genuinely felt contributed to higher levels of emotional exhaustion, energy depletion and fatigue, symptoms associated with burnout, among client-service workers in small and medium enterprises (Jonker & Joubert, 2009).

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<sup>9</sup> Empathy, for the purposes of this study, and following recent insights gleaned from neuroscience, will be deemed to be present if: "(i) one is in an affective state; (ii) this state is isomorphic to another person's affective state; (iii) this state is elicited by the observation or imagination of another person's affective state; (iv) one knows that the other person is the source of one's own affective state" (de Vignemont & Singer, 2006, p. 435)

<sup>10</sup> Empathic concern may be equated with sympathy (Decety & Meyer, 2008) which is defined as "an emotional response stemming from the apprehension or comprehension of another's emotional state or condition, which is not the same as what the other person is feeling (or is expected to feel) but consists of feelings of sorrow or concern for the other" (Eisenberg, 2000, p. 671).

<sup>11</sup> Empathic distress refers to the experience of "empathy with someone experiencing a negative emotion such as distress rather than, for example, a positive emotion" (Eisenberg & Morris, 2001, p. 97).

<sup>12</sup> Empathic over-arousal, similar to personal distress, occurs when "intense feelings of personal distress are elicited because of the aversive nature of very intense empathic arousal" (Eisenberg & Morris, 2001, p. 97)

<sup>13</sup> Rudimentary or primitive emotional contagion is defined as "the tendency to automatically mimic and synchronize facial expressions, vocalizations, postures, and movements with those of another person and, consequently, to converge emotionally" (Hatfield et al., 1994, p. 5).

<sup>14</sup> Pro-social behavior has been defined as "voluntary, intentional behavior that results in benefits for another, the motive is unspecified and may be positive, negative or both" (Eisenberg & Miller, 1987, p. 92).

The problem is not limited to South Africa, with newly qualified social workers in England expressing changes in mood from optimism to frustration and unhappiness, with the combination of the day-to-day reality of the work, organizational conditions, and the failure of employers to recognize the person in the developing professional cited as the causes (Jack & Donnellan, 2010). In international child and youth care work the practical implications of working with young people who are suffering is indeed challenging (Gharabaghi, 2008), with staff experiencing sensory overload in response to the traumatic expressions of the children (Phelan, 2000). Mental health workers working with traumatized clients in Rwanda experienced secondary traumatic stress which impacted upon their own wellbeing (Iyamuremye & Brysiewicz, 2012).

The traditional professional in the Western, scientific paradigm is under pressure. No new doctor's training will be adequate for a lifetime of practice (Tulinius & Hølge-Hazelton, 2010). Biomedical decisions are often based on moral or ethical grounds, knowledge is not always decisive and tests are not unambiguous (van der Zande, Brekelmans, Vermunt, & Waarlo, 2009). Thus we are faced with conditions in the human services, of increased need by service recipients, and challenged human resources of service providers leading to resource limitations and resource exhaustion. The continuously developing scientific, technical knowledge has made major advances, however, service providers are experiencing a challenge to their wellbeing in maintaining an adequate service to those in need.

Furthermore, the study of compassion in organizations, based upon the three-phase process of noticing another's pain, feeling with another, or empathic concern, and acting with the intention to alleviate some, or all of the other's suffering (Kanov et al., 2004), is founded upon an assumption that a compassionate act would be aimed at, or have the intention of, alleviating suffering (Atkins & Parker, 2012; Dutton et al., 2002, 2006; Kanov et al., 2004; Lilius et al., 2008; Miller, 2007; Rynes et al., 2012; Train & April, 2013). Given the conditions discussed in the introduction above, the alleviation of suffering may not be possible, and the sustained compulsion, by an agent, to alleviate suffering may lead to a compromise in the wellbeing of the agent. The question that remains is: what are the individual conditions required by agents working in human service organizations to be able to practice compassion and

empathy with their clients and colleagues to facilitate the emergence of organizations that support social and individual regeneration of both the clients that the organizations serve and employees that make up the organizations?

Thompson, Varela and Rosch (1991) propose a dynamical model of cognition that articulates the role of emergence, sensemaking and embodied lived experience of a cognizing agent in the relational domain between themselves and the world, and themselves and others, that provides ample foundation for an understanding of empathy and relational dynamics (De Jaegher & Di Paolo, 2007, 2008; Depraz, 2001; Fuchs & de Jaegher, 2009; Gallagher, 2012a; McGann & de Jaegher, 2009; Thompson, 1999; Varela et al., 1991). The research question and scope of the research to follow will focus on sensemaking in the embodied experience of compassion as an emergent capacity amongst agents in organizations.

## **Research Question and Scope of Research**

### **Proposed Title**

Compassion in Organizations: Sensemaking and Embodied Experience in Emergent Relational Capability.

The area of focus of the research will be the lived experience of individuals working as agents in human service organizations in the Western Cape, South Africa. It will concentrate on the experience of the relational aspect of interactions between agents and clients, as well as between agents as colleagues working together in an organization. Furthermore, it will focus on the capacity of the agent for achieving a quality of attention that is conducive to empathic concern and consequent compassionate acts directed towards clients or colleagues; factors experienced by the agent that either inhibit or facilitate this interaction; and the perceived nature of compassionate acts conducted within the organizational setting.

**Research Question**

What is the lived experience of agents working in human service organizations in South Africa, with regard the practice of compassion within the relational aspect of the interaction between themselves and clients, and between themselves and other agents in the organization?

**Aim**

The aim of the research is to understand the lived experience of agents working in human service organizations in South Africa with regard to the practice of compassion in the relational aspect of the interaction between themselves and clients, and between themselves and other agents in the organization. This is with the purpose of discovering the meaning of the lived experience. Furthermore, the research aims to understand the unique capacities of agents for achieving a quality of attention that is conducive to empathic concern and consequent compassionate acts; factors experienced by the agent that may inhibit or facilitate this interaction; and the perceived nature of compassionate acts conducted in the organizational setting.

**Objectives**

To explore, in-depth, intra- and inter-personal capacities required for compassion to be expressed in agents working in organizations in South Africa providing human services:

- To conduct descriptive phenomenological interviews with agents working in human service organizations, to record the lived experiences, and to discover the meaning thereof, with regard to the experience of empathic concern or personal distress in the relational aspect between themselves and their clients, and between themselves and colleagues in the organization;
- To understand the unique capacities of agents with regard to their capacity to achieve a quality of attention that is conducive to empathic concern and

consequent compassionate acts, enabling compassion capability in organizations facing resource limitations;

- To propose a framework of individual capacities for compassion capability according to an enactive (Thompson, 2007; Varela et al., 1991) approach to cognition, with sensemaking and embodied experience, in the context of organizational compassion with agents working in human services;
- To assess whether awareness of experience facilitated by body awareness, and facilitated by the interviewer with *psychophonetics methodology of experience awareness* (PMEA) as an interview technique, enables individual sensemaking in the empathic exchange.

## **Research Assumptions**

### **Assumptions**

The research will apply the ontological lens of embodied dynamicism, and more specifically the enactive approach (Thompson, 2007; Varela et al., 1991), which applies radical embodied cognitive science and dynamical systems theory as a modelling tool (Chemero, 2013). Accordingly, cognitive processes occur in a nonlinear manner (Varela et al., 1991). Enaction is founded upon the fundamentals of emergence, autonomy, sensemaking, embodiment and experience. Enaction has been applied to inter-subjectivity with a resultant hypothesis of participatory sensemaking (De Jaegher & Di Paolo, 2007, 2008), and a dynamical agentive systems perspective (Fuchs & de Jaegher, 2009).

There are two points of clarification here. The discussion to follow on sensemaking, while incorporated into the ontological lens of enaction, will draw upon the work of Karl Weick (Weick, Sutcliffe, & Obstfeld, 2005; Weick, 1988), and Sally Maitlis (Maitlis & Christianson, 2014; Maitlis & Lawrence, 2007; Maitlis, Vogus, & Lawrence, 2013) relating sensemaking to organizational studies. Enaction, however,

should not be confused with enactment<sup>15</sup>, upon which organizational theorists of sensemaking draw extensively. It is not deemed necessary for this study to conduct a comprehensive comparison of the various perspectives towards sensemaking. The following paragraph will highlight the points deemed relevant to this study. There are many points of convergence of which the application of an interpretive approach relevant to complex systems and emergence are significant. Furthermore, the creation of meaning as an on-going recursive process involving interpretation and action is also common to both.

Enaction, and its articulation of sensemaking, applies a philosophical approach to mind and meaning while Weick's and Maitlis' sensemaking is an application as an organizing principle in organizations (Maitlis & Christianson, 2014; Weick et al., 2005; Weick, 1988, 1995). The enactive approach draws significantly on embodiment and is not specifically time-bound as a retrospective activity, whereas Weick's sensemaking does not specifically relate to embodiment and is time-bound as a retrospective activity. This study will engage the perspective of sensemaking as an organizing principle in organizations as a retrospective action similar to Weick's sensemaking and will incorporate the philosophical approach of enaction as an embodied approach to the fundamental activity of cognition. Furthermore, it will draw upon the propositions of Maitlis (2013) with regard to emotion and sensemaking.

## ENACTION

Since its introduction in the early 1990s (Varela et al., 1991; Varela, 1979), Enaction is seen to be a valuable, emerging paradigm in cognitive science (De Jaegher & Di Paolo, 2007). Enaction applies the various elements of autonomy, sensemaking, emergence, embodiment, and experience (Thompson, 2007; Varela et al., 1991). For the purposes of this thesis, with its emphasis on empathy as a relational capacity, the

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<sup>15</sup> Enactment is a process of forming a "material and symbolic record of action" (Smircich & Stubbart, 1985, p. 726). It occurs according to a two-part process of (1) identifying and bracketing, according to preconceptions, an aspect of the field of experience for further attention and (2) acting, guided by the preconceptions, often with an action that confirms the preconceptions (Weick, 1988).

notion of participatory sensemaking (De Jaegher & Di Paolo, 2007, 2008; Fuchs & de Jaegher, 2009), as a development of sensemaking, will be drawn upon.

The choice of enaction as the ontological lens through which to view this research did not precede the literature review, but came about as a result of an iterative process of condensing the vast material available on the topic of empathy and the search for a method that would satisfy the primary purposes of the research. This followed from frustrations experienced when attempting to isolate defining cause and effect relationships pertaining to the construct of empathy that were constant. The only way to make sense of the contradictory and multi-faceted nature of the research on empathy was to recognize its dynamical nature, thus negating the notion of linear, cause and effect explanations for each of the various aspects of empathy. This led to the search for a lens from a dynamical perspective.

#### LINKING ENACTION WITH COMPASSION AND EMPATHY

When delving into the more recent literature on empathy from a philosophical, phenomenological, and cognitive scientific perspective, one recognizes the primacy of the interaction between the body, the nervous system, and its reflection in the brain. Recent research in the cognitive neuro-science of empathy discerns the unconscious neurological and bodily experiences associated with empathy (de Vignemont & Singer, 2006; Decety & Meyer, 2008; Lamm et al., 2007). This leaves no doubt as to the significance of embodiment in the cognitive and affective processes of empathy. Thus a further search ensued for a paradigm that could incorporate both the dynamical and the embodiment focus. Emergence, as a non-linear, self-organizing and adaptive process is inherently relational (Thompson, 2007), and as such is a relevant factor to be applied to the construct of empathy (Thompson, 1999, 2007).

Finally, it was the express purpose of the researcher to identify the meaning of the experience for the agent from the perspective of the agent, and thus from a first-person perspective, rather than from the third-person perspective of the observer. This defines the lens requirement of a focus on experience and the lived experience of the research participant.

The primary rationale for the choice of enaction as the ontological lens is its embedding in dynamical theory. This is followed by the centrality of the examination of the interaction of agent and world (De Jaegher & Di Paolo, 2007), and of embodiment, emergence, sensemaking and lived experience in the cognizing agent at the heart of this approach. As the literature review on empathy will illustrate, the process of empathy involves a significant contribution from cognitive processes within the empathizing agent. Furthermore, the enactive approach is strongly linked to affective processes within the individual (Colombetti & Thompson, 2007), another important component of the capacity for empathy .

#### THE DYNAMICAL HYPOTHESIS

The knowledge of how we cognize or know things has evolved as a science since the early 1940s from the era of cybernetics, through a dominant period of cognitivism born in the mid 1950s and connectionism in the 1970s, to the introduction of enaction as an embodied dynamical approach in early 1990s (Varela et al., 1991) . While it is not the purpose of this thesis to provide a history of cognitive science<sup>16</sup>, a brief outline is deemed essential to an understanding of the choice of the embodied dynamical approach for this study. The dynamical hypothesis maintains that cognitive agents are dynamical systems, and that perception, cognition and action should be applied to dynamical principles (van Gelder & Port, 1995).

According to computationalists cognition and behaviour are deemed to be a linear sequence of events. This is evident in the cognitivist view of the mind as a computer, processing, in sequence, symbols as instantaneous representations (van Gelder & Port, 1995). This is in contrast to the circular, feedback process of dynamicism (Thompson, 2007), where the elements in the cognitive process unfold and change with time (Clark, 1999). The dynamical approach is deemed to be a relevant model for understanding cognition from the perspective of an embodied agent in dynamic

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<sup>16</sup> The reader is referred to the book *The Embodied Mind* (Varela et al., 1991) for a comprehensive account of the history of cognitive science leading to a dynamical approach and enaction.

interaction with its surroundings (Beer, 2000; Borrett, Kelly, & Kwan, 2000). Furthermore, a combination of the dynamical, computational and representational approaches to cognition may be seen to mutually enhance an understanding of cognition (Clark, 1999).

The enactive approach combines dynamical modelling with phenomenology (Chemero, 2013) and embodiment (Thompson, 2007), the combination providing a comprehensive foundation for the understanding of cognition (Beer, 2000). When interpreted according to a dynamical approach, cognition is seen to be a function of the full person as he or she is embedded in the environment and not solely an operation of the brain (Varela et al., 1991).

According to Thompson (2007), the enaction is founded upon the assumptions of autonomy, sensemaking, emergence, embodiment and experience as follows:

#### AUTONOMY

Living beings are autonomous agents that actively create and maintain their cognitive world (Thompson, 2007). An autonomous system is one in which: (1) the processes constituting the system depend upon each rely upon other processes in the system for their mutual actualization; (2) the processes create the system; and (3) the processes, furthermore, determine how the system interacts in its environment (Thompson & Stapleton, 2008). Cognitive beings embody a certain kind of autonomy in that they determine, construct and define themselves to regulate themselves in their environment (Thompson & Stapleton, 2008). Human agents enact their world (Thompson, 2007). This notion of autonomy contradicts the traditional view as seeing cognitive agents as passive responders to external stimuli (De Jaegher & Di Paolo, 2007)

#### SENSEMAKING

Sensemaking, from an enactive viewpoint, is fundamental to the cognitive functioning of agents. Human beings are inherently active in the process of making meaning of

the world (Fuchs & de Jaegher, 2009; Thompson & Stapleton, 2008; Weick et al., 2005; Weick, 1995), negating the concept of the passive receiving and translating of information into internal representations to be worked upon at a later time (De Jaegher & Di Paolo, 2007). The world cannot be seen as a pre-given model or representation housed in the brain. It is a process involving the sensemaking activity of the cognizing agent and the responses that are elicited by the world of things and other beings in response to the agents actions on the world (Maturana & Varela, 1992; Thompson & Stapleton, 2008; Thompson, 2007; Varela et al., 1991).

Movements of the body are integral to the sensemaking process in that the physical engagement with the environment adds to the information processing and meaning making of that environment (De Jaegher & Di Paolo, 2007). Furthermore, the engagements with the world of action and perception, described in a computational/representational approach as specific engagements are both seen as forms of sensemaking in the enactive approach (De Jaegher & Di Paolo, 2008). The nervous system does not process information, as is the interpretation of the computational approach, but creates meaning. Sensemaking is adaptive in that it is relational and interactional (Thompson & Stapleton, 2008). Bodily encounters with the world are inherently significant, both cognitively and physically (De Jaegher & Di Paolo, 2007).

Sensemaking is interpreted in the context of organizational theory in great depth with varying as well as conflicting parameters and no consensus of definition (Maitlis & Christianson, 2014). At its core, Karl Weick and colleagues consider it to be an organizing activity of making “plausible sense retrospectively” (Weick et al., 2005, p. 409) of complex organizational circumstances, and involves thinking and acting in the sensemaking activity. Significant to this approach, and differing somewhat from the enactive approach to sensemaking is the retrospective element as well as the comprehension of a situation in words, in written or spoken form, as an impetus to action. Elements deemed common to sensemaking in organizational theory are that: (1) it is considered to be a dynamic process of organizing an undifferentiated, unpredictable stream of experience; (2) cues are extracted from the amorphous stream of experience by noticing and bracketing, and guided by preconceptions; (3) it is

considered to be a social process; and (4) it involves action that places order into on-going circumstances (Maitlis & Christianson, 2014).

For the purposes of this study, sensemaking will be applied as a fundamental human activity as the basis for cognition based upon an enactive viewpoint of cognition. Furthermore, to this this fundamental activity will be added the organizational interpretation of sensemaking as a chosen retrospective and active process in the organizational context.

#### EMERGENCE

Emergence, or emergent processes, are fundamental to the understanding of an enactive approach to cognition (Thompson, 2007). Emergence, from a systems perspective, occurs as a result of a “collective self-organization” (Thompson, 2007, p. 60). Therefore, emergence as applied to the processes of the mind, refers to the self-organizing processes that occur through the dynamic interaction of the body, brain and environment (Varela et al., 1991). Emergence, in this context, also embraces circular causality whereby the local level of structure and function determine the global level, and the global level of structure and function constrain the local level (Thompson, 2007). In this way, cognition, emotions and actions emerge in response to recurrent patterns of interaction of the nervous system, as a part of the body, and in interaction with the world (Thompson, 2007).

#### EXPERIENCE

Experience is key to the enactive interpretation of the mind (Thompson, 2007). This approach to experience aims to unite the mind with the living body through consciousness and experience, bringing into reality the dependence of many perceptual and motor abilities on the body as a “subjectively lived body” (Thompson, 2007, p. 230). Experience depends upon a first-person account, and understanding the mind requires a phenomenological investigation of experience from this first-person perspective (Thompson, Lutz, & Cosmelli, 2005; Thompson, 2007).

## EMBODIMENT

Central to the embodiment approach is that cognition is the application of skilful know-how that is physically situated and results in embodied action (Varela et al., 1991). Cognition, as both structure and process, occurs as a result of perception and action, through the mediation of sensorimotor patterns of the body (Thompson, 2007). Experience, as a dynamic interplay of sensing and acting, and experienced through the senses of the body, frame further experience and action. Relevant to this study is the interpretation, according to embodied dynamicism, of the cognitive unconscious. Whereas, in computationalism, the cognitive unconscious is seen as disembodied symbol manipulation or pattern recognition, separate from emotion and action, in embodied dynamicism the cognitive unconscious is made up of processes of embodied cognition and emotion that are not accessible to the experience of the person (Thompson, 2007). In other words, this unconscious is not purely abstract but has a reality embedded in the body.

At this juncture, note should be taken that, while the ontological and epistemological considerations, apply, consistently, the enactive and dynamical approach, and while there is a well documented rationale for applying a phenomenological methodology with an enactive, dynamical perspective (Bower & Gallagher, 2013; Fuchs & de Jaegher, 2009; Gallagher & Schmicking, 2009; Gallagher, 2012b; Thompson et al., 2005; Thompson, 2007), the literature review and resultant modelling of framework for the practice of empathy and compassion in organizations is based on insights from social psychological, and neuro-scientific research. While these two disciplines apply, mostly, a paradigm of positivism, and stem from a cognitive scientific perspective, from a representational or computational view of cognition, they are deemed necessary insights for this study. They are, as identified by various researchers, deemed to be relevant considerations, with the dynamical approach seen to be augmenting, rather than replacing the representational approach (Clark, 1999), and with cognitive representations, gleaned by these methods, recognized to be instantaneous snapshots in the temporal dynamical process of cognition. Correspondingly first-person lived experiences from a phenomenological perspective are seen to be the entry-point for material insights for third-person analysis (Giorgi & Giorgi, 2007; Giorgi, 1985, 2009).

## **Chapter 2 Literature Review**

### **Introduction**

This literature review aims to identify research conducted to date related to the constructs of compassion and empathy as applied to agents working in human service organizations, and any research relating the two constructs. It begins with a review of the literature on organizational compassion, follows with an examination of the constructs of compassion and empathy in organizational studies and the link between the two constructs in these studies, then looks at the construct of empathy from a philosophical, social psychological, cognitive scientific and phenomenological perspective, and ends with the proposal of a framework for the practice of empathy and compassion in organizations.

### **Existing Research on Organizational Compassion**

#### **A Case for Compassion in Organizations**

Compassion has become a relevant topic in organizations, with acts of compassion in organizations exhibiting benefit when expressed between agents in an organization (Dutton et al., 2002, 2006; Kanov et al., 2004; Madden et al., 2012; Organ, 1997; Rynes et al., 2012) as well as between agents in an organization and the people to whom they provide a service (Lilius et al., 2008). The effects are deemed to benefit the giver and receiver of compassion (Atkins & Parker, 2012; Rynes et al., 2012) and the organization (Madden et al., 2012).

The introduction to compassion in organizational studies began with Solomon (1998) cynically bemoaning the fact that, while it is admirable to “do-good” in organizations, it is seen to be weak and foolish to act on feelings of care and compassion. He points out the dominant perception at the time that:

“...any defense of the ‘caring corporation’ should expect and deserves to be greeted with patronizing smiles and scowls of scepticism. After all, we have all

been raised to believe that ‘business is business,’ and even if it isn’t ‘dog-eat-dog’ it is pretty rough stuff and no place for the kinder, gentler sentiments” (Solomon, 1998, p. 530).

But goes on to proclaim that

“What I find so odd is the extent to which the undeniably humane aspects of corporate life are ignored or denied while the more brutal features are highlighted and even celebrated” (Solomon, 1998, p. 530).

The study of organizational compassion followed Solomon’s proclamation in earnest with Dutton and colleagues’ (2002) urgent response, in the light of the tragic circumstances of the September 2001 collapse of the Twin Towers in New York, that encouraging compassion in organizations reduces the suffering of those exposed to trauma, and enables those suffering to recover more quickly.

The existing literature makes a strong case for the practice of compassion in organizations. While individual compassion is well recognized, the value of collective noticing, feeling and responding to other peoples pain, either as an organizational whole, or as pockets within an organization is deemed to be even more valuable (Kanov et al., 2004). The literature on organizational compassion has, from the time of Dutton and colleagues’ (2002) article onwards, focused on the requirements for fostering collective compassion within organizations, with Dutton and colleagues (2006) proposing a theory of collective organizing directed towards compassion organizing.

### **Foundational Assumptions of Research on Compassion in Organizations**

Recent research on compassion in organizations has focused on the three-phase process of noticing, feeling with and acting upon another person’s suffering introduced by Kanov and colleagues (2004). This process incorporates the cognitive, affective and behavioural aspects of human functioning (Rynes et al., 2012) and is born of an individual’s capacity to notice another’s pain, accompanied by a call to action directed towards the person who is in pain or suffering, and as a result of a capacity to experience empathic concern or to feel into the other’s pain (Dutton et al.,

2006; Kanov et al., 2004; Lilius et al., 2008). A further aspect of this three-phase process is the element of the call to action intending towards aiding the reduction of the suffering, with emphasis placed on the act of easing (Kanov et al., 2004; Lilius, Kanov, Dutton, Worline, & Maitlis, 2011) the pain or suffering of the other. Dutton and colleagues' (2006) compassion organizing theory is founded on an assumption that there may be an organizational action that is directed towards alleviating the pain of the person who is suffering.

Compassion is deemed, in this context, to be an emotional response in an agent that is directed towards, at least, making the person's suffering more tolerable (Kanov et al., 2004). While it is acknowledged that it may not be possible for some suffering to be alleviated, it is thought that the act of, for example, holding a hand and listening while a person recounts their experience of pain, would aim to make the suffering more bearable (Kanov et al., 2004). Atkins and Parker (2012) extend the organizational compassion model to include appraisals. In this case, the agent determines how the compassionate act may serve the goals of the agent, how the act would be relevant to the agent, the coping efficacy of the agent and the deservingness of the sufferer.

### **Compassion Capability**

Organizational compassion is theorized to be the enabling of spontaneous individual acts of compassion in the context of a structure of organizational networks and routines (Dutton et al., 2006). Lilius and colleagues define compassion capability as:

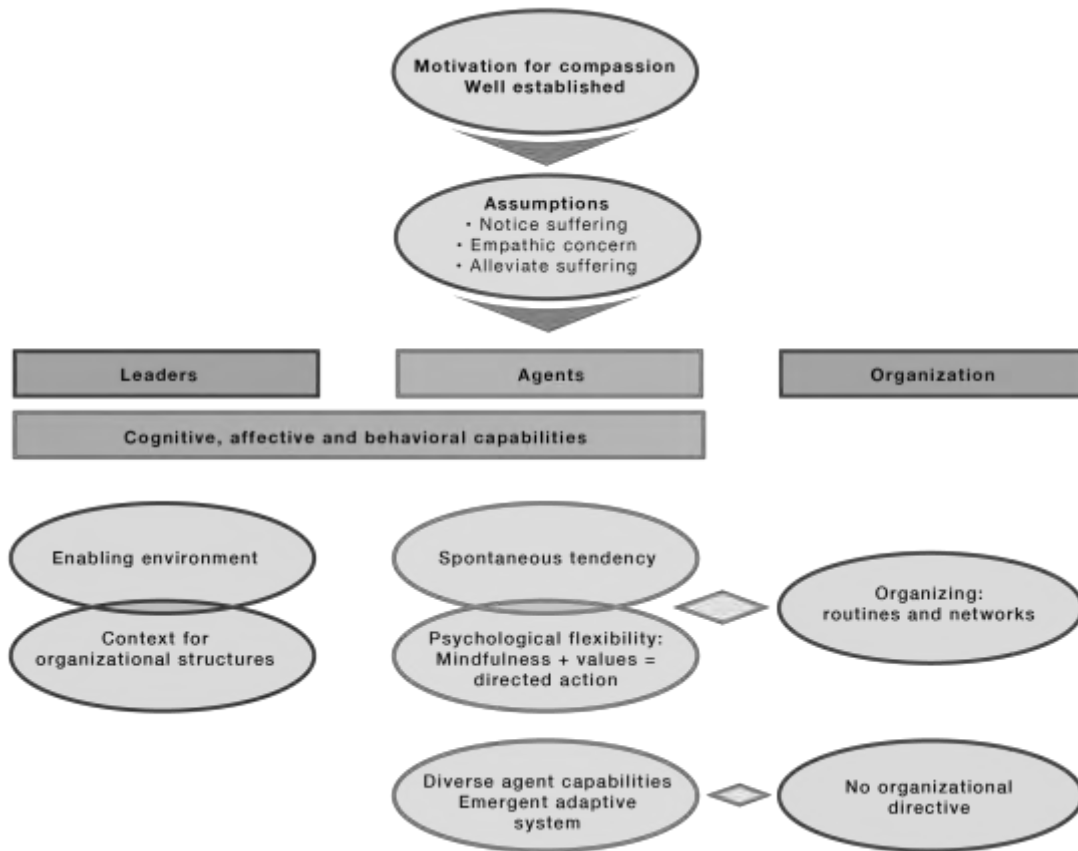
“The reliable capacity of members of a collective to notice, feel and respond to suffering” (2011, p. 874).

Various studies indicate specific agent capacities as being necessary for compassionate acts and to collective compassion organizing. Dutton and colleagues (2002), again in the context of the Twin Towers collapse, address the important capacities of leaders to enable emotional debriefing in the work context, thus avoiding the suppression of important emotions and for the organization to provide for the immediate physical needs of those suffering so that the sufferers can apply their

energy to making new meaning of their situation, and to provide a context, in the form of routines and networks for spontaneous action of other staff members.

The acknowledgement of emotions is identified as a significant resource for compassion in organizations (Dutton et al., 2006; Miller, 2007). Psychological flexibility, coupled with mindfulness and values-directed action, is considered to enable compassion (Atkins & Parker, 2012). Madden et al. (2012) hypothesize that an optimal constellation of a range of agent capacities, including emotional capacities, enables a system that adapts to compassionate action. They suggest that no organizational directive is required to initiate compassionate acts, within an organization, towards a colleague in need, but rather that, given the correct conditions, the suffering of a colleague will reconfigure relations towards a tipping point, which will lead to the initiation of self-organizing behaviour towards compassionate acts. Madden et al. (2012), furthermore, propose that if supportive organizational requirements are ensured, agents, as a collective, will realign as a structure that is compassionately supportive of a suffering colleague. Their theory stands on an assumption of an innate human tendency to be compassionate (Madden et al., 2012).

Figure 1 summarises the various components of compassion organizing highlighted above.



**Figure 1. *Compassion in Organizations: An Existing Theoretical Framework***

*Source. Author*

#### THE RELIANCE ON COMPASSION AS AN INNATE HUMAN TENDENCY

One observes a recurrent proposition towards the spontaneous and innate tendency of agents towards compassionate acts. However, when considering the innate tendency of agents towards spontaneous acts of compassion, it is essential to have an understanding of the varied responses that may be stimulated in the potentially compassionate agent when exposed to the suffering of others (Train & April, 2013).

The study of empathy in the social psychological (Eisenberg & Miller, 1987; Eisenberg & Strayer, 1987; Eisenberg & Sulik, 2012) and cognitive and neuroscientific (de Vignemont & Singer, 2006; Decety & Grèzes, 2006; Decety & Meyer, 2008; Lamm et al., 2007) literature illustrates these many varied responses. These will be discussed further on in this literature review. The nature of the *shared affect experiences* of relational interactions may provoke responses that inhibit compassionate action towards a person who is suffering (Decety & Meyer, 2008; Eisenberg & Miller, 1987; Train & April, 2013). The affect responses are further

impacted when agent and colleague or client share similar experiences of adversity, either past or present (Baird & Kracen, 2006; Figley, 2002b; Jenkins & Baird, 2002). Secondary traumatic stress, a component of compassion fatigue (Craig & Sprang, 2010; Stamm, 2010), has been ascribed to personal trauma history and amount of exposure to trauma in others (Baird & Kracen, 2006; Jenkins & Baird, 2002), and inhibits the capacity for further expressions of compassion.

#### A SOCIO-ECONOMIC CLIMATE OF RESOURCE LIMITATION

More recent research on compassion in organizations acknowledges that unlimited compassion may not be relevant, and indeed, may compromise the wellbeing of the potentially compassionate agent, illustrating the need for the sensitive use of boundaries (Lilius, Worline, et al., 2011) between agents as colleagues and between agents and those they serve. Organizational compassion studies prior to this acknowledgement have tended towards one-off incidents of suffering (Dutton et al., 2006; Kanov et al., 2004; Lilius et al., 2008), or mass disasters such as the World Trade Centre collapse (Dutton et al., 2002). Lilius and colleagues (2011), identifying this limitation in the research, address everyday practices in a unit exhibiting compassion capability. This unit, does not, however, expressly experience resource limitations. In societies where there is widespread socio-economic challenge accompanied by governmental, organizational and personal resource limitations, employees in organizations, as indeed the organizations themselves, very likely experience repeated or continual suffering. Conditions such as these experienced in South Africa warrant special enquiry.

The experience of empathic and personal distress associated with empathy, may lead to compassion fatigue in agents (Bride & Figley, 2007; Radey & Figley, 2007). This is more likely if they are experiencing their own suffering or observe multiple and complex experiences of pain in others (Baird & Kracen, 2006; Jenkins & Baird, 2002). These factors would limit the agent's capacity for empathy and compassion towards others (Adams, Boscarino, & Figley, 2006; Boscarino et al., 2004; Figley, 1995)

It is recognised that in human service organizations where service and care are at the heart of the mission of the organization, the capacity for collective compassion may be central to the sustainability of the organization (Kanov et al., 2004). However, in a survey conducted in a healthcare facility in the United States where spontaneous acts of compassion were observed amongst colleagues, a lower prevalence of compassion was recorded amongst colleagues working in a caring capacity than those working in an administrative capacity (Lilius et al., 2008).

#### AN OPPORTUNITY TO UNDERSTAND COMPASSION WITH RESOURCE LIMITATIONS

South Africa represents a society of challenged socio-economic conditions with a high prevalence of infectious and chronic disease, violence and drug dependence (Myers & Naledi, 2007), vastly disparate resources amongst sectors of the population, multiple child headed households (*Census 2011 Statistical release*, 2012) and high levels of crime-related adversity (Crime Stats SA, 2013). Carers working in health, social services and education in the HIV field (van Dyk, 2007), home-based care (Train & Butler, 2013), childcare (Rock, 1996) youth care work, (Gharabaghi, 2008), and medicine (Bateman, 2012; Elkonin & Van der Vyver, 2011; Roussouw et al., 2013; Stodel & Stewart-Smith, 2011), to name but a few, face multiple vocational difficulties, accompanied by high levels of burnout, a component of compassion fatigue (Stamm, 2010). The capacity to notice and to feel the suffering of another, in this context, is challenged.

Situations such as these, where there are limited resources leading to resource exhaustion and burnout, require further studies to address the risks and liabilities of compassion organizing (Dutton et al., 2006). In this context, it is questionable whether organizations can rely upon spontaneous acts of compassion from agents (Train & April, 2013), either towards the people to whom the organization offers a service, but particularly towards colleagues within the organization. Furthermore, given the significantly high level of socially related adversity, many of which, such as in the case of multiple deaths in a family, chronic illness such as cancer and HIV/AIDS, it is questionable as to whether an agent is able to alleviate the suffering of another by providing emotional support, giving of material goods or granting of

time and flexibility (Lilius, Kanov, et al., 2011). These factors highlight the need for further research to understand the unique capacities of agents to practice compassion given conditions of resource limitation and also the nature of compassion acts that are sustainable to the agents and their organizations.

### **Defining Empathy and Compassion in Organizational Studies**

Compassion and empathy are researched in great depth and in many disciplines of the social, psychological and medical sciences. There is, however, no unitary definition of either, and little agreement to the boundaries and limitations between the two. Empathic concern is identified as a precursor to a compassionate act (Dutton et al., 2002, 2006; Lilius et al., 2008) in the organizational literature, being a part of the identified three-phase process of compassion in organizations.

One sees that there is a vital link between compassion and empathic concern. Compassion, empathy and sympathy are all terms related to other-oriented experiences (Dutton et al., 2002; Kanov et al., 2004) and a clarification is deemed necessary at this point for this study. As Wispé (1986) points out, they are different psychological processes, each with a different internal process, affect experience, and varying behaviour outcomes. It is therefore essential to identify those differences.

Common to many theories about empathy are: an affect experience; a perspective-taking; and a process of separating experiences of self from experiences of other (Lamm et al., 2007). Further components linked to empathy are: that the experience of affect has a similar bodily aspect to another person's affective state; and that the experience comes about through observing or imagining the situation of the other (de Vignemont & Singer, 2006).

In the empathic exchange, the experience of an affective state may be experienced as empathic concern, empathic distress or empathic over-arousal also referred to as personal distress (Davis, 1983; Eisenberg & Miller, 1987; Kinman & Grant, 2010). Empathic concern has been defined as:

“...an emotional response stemming from the apprehension or comprehension of another’s emotional state or condition, which is not the same as what the other person is feeling (or is expected to feel) but consists of feelings of sorrow or concern for the other” (Eisenberg, 2000, p. 671).

Empathic over-arousal, or personal distress, occurs when an intense experience of distress occurs due to the aversive nature of the empathic arousal (Eisenberg & Morris, 2001)

Sympathy is another term used in association with, and sometimes interchangeably with, compassion and empathy. It has been described as a cognitive, emotional or physical reaching out from one person to another (Clark, 1997), or a feeling of sorrow or concern at the understanding of the situation of another person (Eisenberg, 2000). Decety and Meyer (2008) equate sympathy and empathic concern. Sympathy is seen as a way of relating (Wispe, 1986). It is distinguished from empathy in that there is an action associated with sympathy, but not with empathy (de Vignemont & Jacob, 2012). The two affective states play different roles, with sympathy creating a social link and empathy being a way of knowing the other (Wispe, 1986). In sympathy, an agent reacts affectively towards the condition of the other (de Vignemont, 2004).

Empathy, according to Wispe (1986) is the attempt by a self-aware individual to understand the subjective experience of another individual. It may be seen as a process or continuum of experience involving: (1) emotional contagion, where there is a connection between one’s own experience of an emotion and the perception of the emotions of another; (2) emotional empathy, where one feels the emotions of another, and knows that the other feels the same emotions; and (3) cognitive empathy, where one has a knowledge of the emotion of another but one is detached from the experience of the emotion oneself (de Vignemont, 2004). It is acknowledged that empathy and compassion are not the same, that empathy is considered to be an emotional response and compassion, borne of an emotional response, results in an action directed towards another (Lilius, Kanov, et al., 2011).

For the purposes of this study, the well documented definition of compassion as a three-fold interrelated process of noticing another’s pain; feeling with the other’s pain and responding to another’s pain (Kanov et al., 2004) is maintained, including that

each of the three steps of the process are deemed essential to be present for compassion to be expressed. Feeling with the other's pain will correlate to empathic concern, as an emotional response in a person occurring as a result of observing or imagining the situation of another person accompanied by "feelings of concern for the other" (Eisenberg, 2000, p. 671). Personal distress will be applied as an intense experience of distress (Eisenberg & Morris, 2001) that occurs as a result of intense and challenging empathic arousal. An understanding of empathy is deemed necessary at this point to gain a thorough understanding of the determining factors between a response of empathic concern or personal distress.

## **Empathy: A Synopsis**

### **Empathy as a Foundation for Compassion**

Gaining deeper insight into the elements of empathy provides an understanding as to the unique conditions in which an agent may exhibit compassionate (Train & April, 2013) rather than self-oriented actions (Eisenberg & Morris, 2001). In the therapeutic context, empathy and emotional energy are well recognized to contribute towards rapport in the therapeutic setting (Norfolk et al., 2007) and to provide the impetus for working with people (Figley, 2002a).

People who lack capacities of empathy may express anti-social responses (Geer, Estupinan, & Manguno-Mire, 2000; Marshall, Hudson, Jones, & Fernandez, 1995), whereas people who experience empathic concern are more likely to act in a manner directed towards a person suffering or in distress (Batson, Coke, & Pych, 1983), resulting in acts of compassion. Empathic over-arousal may result in avoidance of those suffering (Eisenberg & Morris, 2001) and, in extreme cases, even to avoidance of all people (April, April, & Wabbels, 2006).

#### A STRATEGY FOR A MIXED ONTOLOGICAL OVERVIEW

At this juncture, it should be noted that theories on empathy abound and that there is no consensus to be found in definition or precise perceptible, cognitive, affective and behavioural boundaries to distinguish between the various interpretations of empathy and its closely allied states of compassion and sympathy. It is not the purpose, and nor is it deemed necessary, or even possible, to provide a comprehensive review of each of these theories, nor a comparison between them, but only a broad overview of some of the defining elements of the different approaches and their distinguishing characteristics.

Theorizing about the construct of empathy finds significant representation in philosophy, phenomenology, social psychology and in cognitive science. It is deemed by this author that to have a general understanding of each of these approaches, and to attempt to find a synthesis of these approaches, is relevant to an understanding of the responses of empathic concern or personal distress in organizations. The next paragraphs will discuss empathy from the perspective of these disciplines and will go on to identify the defining factors relevant to this study in the form of a synthesis.

As an introduction to this discussion on the various approaches to empathy, it should be noted that it is acknowledged by this author that the disciplines of philosophical, social psychological and cognitive scientific endeavour are based upon divergent sets of ontological, epistemological and methodological assumptions (Stueber, 2012). While they all address the issue of empathy, they look at the phenomenon from differing perspectives (Wilbur, 2006). Phenomenology addresses the interior<sup>17</sup> of the individual from a first-person perspective, psychology, within a positivist tradition addresses the interior of the individual from a third-person perspective, and neuro-

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<sup>17</sup> In this context, the interior of the individual is deemed to be the world of experience of the individual and includes, but is not limited to awareness, consciousness, thoughts, feelings, memories and imagination. The exterior of the individual is deemed to be those aspects of the human being that are observable and measurable from third-person perspective and include, but are not limited to, behaviours and biological and physiological indicators such as blood pressure, nervous system activity, heart rate.

science from a third-person perspective of the individual's interior and exterior (Wilbur, 2006).

Various authors in the philosophical phenomenological tradition (Gallagher, 2012b; Thompson et al., 2005; Thompson & Varela, 2001; Thompson, 2007; Varela et al., 1991; Varela, 1996) and in the scientific phenomenological tradition (Giorgi, 1985, 2009, 2012; Smith, 2004, 2007) advocate the integration of first-person insights of experiences and third-person measurements of behaviour and its biological reflections for a more thorough and comprehensive understanding of human functioning. It is for this reason that the literature review attempts to develop a perspective that synthesizes these views. It should also be noted that the researcher does not claim to be an expert in these fields, but coming from a medical, pharmaceutical background has the necessary knowledge for a foundational understanding relevant to organizational studies.

#### PHILOSOPHICAL FOUNDATIONS TO SOCIAL COGNITION AND EMPATHY

Recent research on empathy focuses on how an agent can know the affect experiences and the mind of another (Decety & Grèzes, 2006; Decety & Meyer, 2008; Gallagher, 2012a). In the discussion about how one agent can know another person's mind, one must first draw reference to the computational, representational and dynamical perspectives on cognition introduced in the chapter on Research Assumptions above. While the research applies an enactive lens, making use of a dynamical perspective on cognition, this approach is deemed not to replace a representational approach, but rather to augment it (Clark, 1997). For this reason, a review of the representational approaches to empathy and inter-subjectivity are considered an essential foundation for a dynamical understanding.

From a representational perspective, three distinct explanations of how we know and understand other people's minds, and correspondingly experience, are interpreted according to: (1) a theory of mind, theory theory interpretation; (2) a theory of mind, simulation theory interpretation; and (3) a direct perception interpretation. From a

dynamical, enactive perspective, cognition and the capacity to know other minds occurs in the interactional process. These are discussed in the section to follow.

**Theory of mind, theory theory.** According to the theory theory, theory of mind, an agent is able to know the content of another's mind by having a theory of it, similar to a scientific theory. In the context of empathy, this is knowledge inferred through the mediation of memory (Eisenberg & Strayer, 1987), which, according to de Vignemont (2004) would be semantic memory<sup>18</sup> rather than episodic memory<sup>19</sup> since it would not be associated with affective experience.

**Theory of mind, simulation theory.** According to simulation theory, an agent is able to know another person's mind by placing themselves in the mind of the other person (de Vignemont, 2004). In this way simulation is seen as a form of projection in which an agent derives what the other person is thinking or feeling from projecting their own experience onto the other person (de Vignemont, 2004). This approach finds relevance in imagination, perception and actions and their identification as being assigned to self or to another person that is directly perceived or imagined (Decety & Grèzes, 2006)

A number of different mechanisms have been postulated to account for this capacity, namely: mirror neurons (Gallese & Goldman, 1998): shared neural substrates (Decety & Grèzes, 2006); and enactment imagination (de Vignemont & Jacob, 2012).

- *Mirror neurons and the 'shared manifold' hypothesis.* The discovery of motor neurons (Gallese & Goldman, 1998) has led to motor theory and the shared representation of emotions (SRE) with an understanding that feeling an emotion oneself and observing someone expressing the same emotion activates similar neural networks (de Vignemont, 2007). This response is automatic, and has a corresponding representation about the state and its associated somatic responses (Decety & Meyer, 2008). According to this interpretation, one understands the emotions of another through motor

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<sup>18</sup> Semantic memory is a structured memory of facts, meanings, concepts and knowledge about the external world.

<sup>19</sup> Episodic memory represents memory of specific experiences and events.

imitation (Gallese & Goldman, 1998). De Vignemont (2007) points out, however, a number of instances, for example in the case of a subject-directed emotion such as jealousy, where automatic imitation does not lead to shared affect.

- *Shared neural substrates.* Shared neural substrates involve the sharing of affect experiences to be measured in various aspects of the neural mechanism (Decety & Grèzes, 2006; Decety & Meyer, 2008; Lamm et al., 2007).
- *Enactment imagination (E-imagination).* In the process of E-imagination, one creates, or attempts to create, a specific mental state, or an approximation of that state, in one's own mind (de Vignemont & Jacob, 2012) in the absence of the direct stimulus for that mental state. Applied to empathy and the understanding of another person's pain, one is able to create, or attempt to create an experience of suffering that is an approximation of the experience of suffering of the person that one is attempting to empathize with, and is equated to vicarious pain (de Vignemont & Jacob, 2012). The pain response has two distinct components, a sensorimotor component and an affective component (Avenanti & Aglioti, 2006). The E-imagination of sensorimotor pain leads to contagious pain and is considered to be automatic (de Vignemont & Jacob, 2012). The E-imagination of the affective aspect is, however, subject to modulation by contextual factors and its fulfilment leads to empathic pain (de Vignemont & Jacob, 2012; Lamm et al., 2007), similar to empathic concern. The role of empathic pain is considered to play a motivational role in pro-social behaviour (de Vignemont & Jacob, 2012; Eisenberg & Miller, 1987; Lamm et al., 2007).

Factors that have been identified to augment the simulation approach are:

- *Appraisals.* De Vignemont (2007) identifies a complex set of factors following on from a situation in which shared representations of emotions are activated: if the subject of the emotions is oneself then the activation results in an experience of the emotion; if the subject of the emotion is someone else it does not result in an experience unless other factors reinforce the activation of shared representations. Accordingly, contextual appraisal processes early on

in emotional cue evaluation serve as modulating effects on the automaticity of the emotional response (de Vignemont & Singer, 2006).

- *Self-awareness, agency and the social mind.* Agency, the ability to recognise oneself as the agent of a behaviour, coupled with self awareness are deemed to be necessary to disentangle the shared representations between self and other associated with emotion sharing, thus enabling the agent to avoid the stumbling block of empathic over-arousal (Decety & Grèzes, 2006).

**Direct perception.** Gallagher's direct perception approach to cognition and to social cognition recognises the embodied nature of the social interaction (De Jaegher & Di Paolo, 2007), whereby the agent's embodied nature allows for the direct perception of the expressiveness of another (Gallagher, 2005).

**Interactional process.** In this account, social cognition is recognised as an interactional process from a dynamical and enactive perspective (De Jaegher & Di Paolo, 2007, 2008). Accordingly, cognition occurs as a result of the "dynamics of the agent/environment coupling" (De Jaegher & Di Paolo, 2008, p. 4) through a process of coordination and orientation, and sees the interaction as a reciprocally structured and structuring process.

Biological systems, including social units, display a phenomenon called coordination<sup>20</sup>, which may be, at times, absolute, partial, or absent. When absent, it is referred to as uncoordination, and is characterized by a breakdown of relating. Placed in the context of sensemaking, individuals are engaged in perpetual sensemaking as they perceive and act on their environments. Two autonomous agents may also be in coordinated sensemaking activity as is the case in conversation. This process is named participatory sensemaking by De Jaegher and Di Paolo (2007, 2008).

Table 2 provides a summary of proposed mechanisms of how an agent can have access to the mind or experience of another.

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<sup>20</sup> Coordination is understood to be the "non-accidental correlation between two systems beyond what is expected of them" (De Jaegher & Di Paolo, 2008, p. 5)

<b>Theory theory</b>	<b>Simulation theory</b>	<b>Dynamical process</b>
Semantic memory	Mirror neurons	Direct perception
	Shared neural substrate	Interactional process
	Enactment imagination	

**Table 1. Summary of Philosophical Foundations to Social Cognition and Empathy**

**Source:** Author

#### THE ELEMENTS OF EMPATHY

As the discussion above on Philosophical Foundations to Social Cognition and Empathy aims to illustrate, these studies approach empathy from vastly divergent ontological assumptions. No matter the foundation for the cognition, or understanding of the other person, there are various elements in the construct, or process, of empathy that recur. They are, following Lamm and colleagues (2007) elements in the observer that involve: an affect experience; a cognitive process of perspective-taking; and a differentiation in experience of self and other. De Vignemont and Singer (2006) elaborate on the affect experience element to say that it is isomorphic, or of similar form, to the affect experience of the person being observed, and that it is stimulated in the observer by either observing or imagining the state of the person being observed. This aspect of the affect experience has been termed a shared affect experience (Decety & Meyer, 2008). Furthermore, the affect experience provokes an emotional response in the observer that may be one of concern as in empathic concern, or distress as in empathic or emotional distress (Davis, 1983; Eisenberg et al., 1994; Kinman & Grant, 2010).

Table 3 below summarises four proposed breakdowns of the elements of the construct of empathy. It highlights the elements of affect experience, emotion response, emotion processing and perspective-taking in the empathic process.

	Davis, 1983	Decety and Meyer, 2008, Decety and Moriguchi, 2008	Marshall, 1995	Proctor and Beail, 2007
<b>Action</b>				Action
<b>Decision making</b>			Response decision	Cognitive decision making
<b>Self/other awareness</b>		Self/other awareness		Cognitive comprehension
<b>Cognitive processing</b>		Cognitive flexibility		
<b>Perspective-taking</b>	Perspective-taking Fantasy	Perspective-taking	Perspective-taking	
<b>Emotion processing</b>		Emotion regulation	Emotion recognition	
<b>Emotion response</b>	Empathic concern	Affect sharing, affect response	Emotion replication	Emotional
<b>Affect experience</b>	Empathic distress			
				Perceptual

**Table 2. Summary of Proposed Components of Empathy**

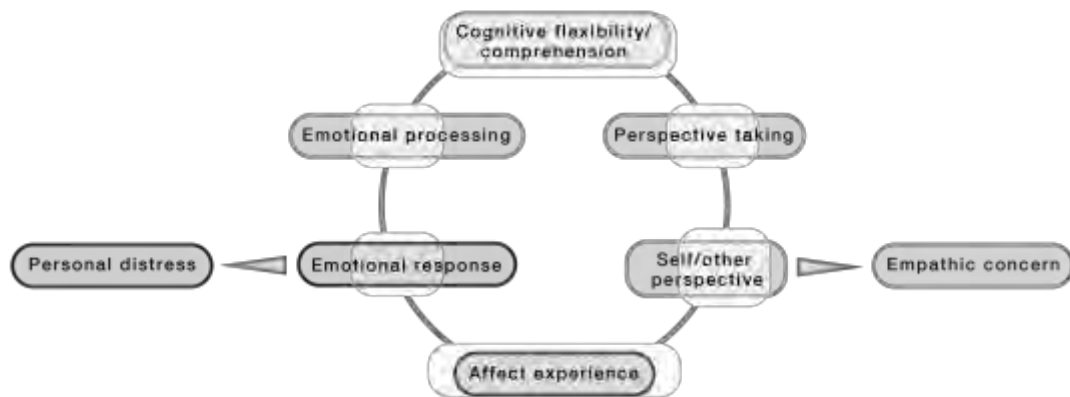
*Note.* Adapted from “Compassion in organizations: Cause for concern or distress” by K.J, Train and K. April, 2013, *A.T. Business Management Review*, 9(3), 25–41

**Affect experience.** As a psychological construct, and as a result of recent developments in cognitive science, empathy has been defined as “ an inter-subjective induction process of sharing of positive and negative emotions, without losing sight of whose feelings belong to whom” (Decety & Meyer, 2008, p. 1053). The initial phase of the empathy process is an affect experience in the observer. This phase has been ascribed to the various mechanisms in the observer of memory (Eisenberg & Strayer, 1987), simulation by placing oneself into the mind of the other person (de Vignemont, 2004) by means of either mirror neurons (Gallese & Goldman, 1998), shared neural substrates (Decety & Grèzes, 2006) or imagination (de Vignemont & Jacob, 2012), or direct perception (Gallagher, 2008). The shared affect has been described as automatic and unconscious (Decety & Meyer, 2008).

A congruent emotional experience or emotion replication occurs (Eisenberg & Strayer, 1987) according to various mechanisms of emotional contagion (Hatfield, Cacioppo, & Rapson, 1992, 1994), physiologic linkage (Levenson & Ruef, 1992; Soto & Levenson, 2009) or an imitation process (Avenanti & Aglioti, 2006), either by perceiving or by inferring another person's affective state (Decety & Meyer, 2008).

**Emotional response.** The results of the empathic process in an observer may result in an emotional response of either empathic concern or personal distress (Davis, 1983; Eisenberg et al., 1994; Kinman & Grant, 2010). Empathic concern, associated with experiences and warmth (Kinman & Grant, 2010), is accompanied by sympathy or concern towards the observed person (Wilhelm & Bekkers, 2010). It is more likely, but not necessarily, to result in actions directed towards the person who is suffering (Decety & Moriguchi, 2007). Personal distress, on the other hand, is an uncomfortable experience and may be accompanied by fear and anxiety (Batson, Coke, & Pych, 1983; Davis, 1983). It is an aversive experience (Davis, 1983). Personal distress is most likely to result in a need to direct one's attention to caring for oneself and a tendency to avoid people who are perceived to need care (Eisenberg & Morris, 2001).

**Perspective taking.** Perspective taking, deemed by many authors to be an essential element of empathy (Davis, 1983; Decety & Meyer, 2008; King, 2011; Marshall et al., 1995; Proctor & Beail, 2007) is the act in the observer, of imaginatively putting oneself either in the place of the person being observed, and determining how they would experience situation, or imagining oneself in that position or situation and determining how one would respond if it occurred to oneself (Proctor & Beail, 2007). This involves a parallel construction of the other person's experience (Blatt, 2013), and an understanding the meaning the other person to their experience (Vanaerschot, 2007).



**Figure 2. Theoretical Model for the Experience of Empathic Concern or Personal Distress**

*Note.* Adapted from “Compassion in organizations: Cause for concern or distress” by K.,J, Train and K. April, 2013, *A.T. Business Management Review*, 9(3), 25–41

**Self/other perspective.** The capacity for empathy requires that the observer is able, given the shared affect experience, to identify that the initiator of the experience is in fact the person observed and not one’s own situation. This requires an ability to be self aware (Decety & Meyer, 2008). To ensure that emotional contagion becomes an experience of empathy, the automatic proclivity to share emotions or affect experiences is intentionally recognised and moderated by means of cognitive processes to be able to separate the perspectives of self and other (Decety & Meyer, 2008)

One identifies a complex recursive process occurring in an individual in an empathic exchange (Refer to Figure 2 above). An initial shared affect experience occurs in a potentially empathic agent and emerges as a pro-social action borne of empathic concern, or a self-oriented action as a result of personal distress. The affect experience may remain as an unconscious, automatic experience or it may begin a dynamic, non-linear, recursive cognitive, affective and behavioural process in the agent. This process is dependent upon capacities of self-awareness. The affect experience may be followed with an emotion response. The emotion response in the agent may then be recognised and regulated. Furthermore, the agent

may have flexible cognitive capacities to comprehend or understand the situation of the other person in the interaction. The agent may also apply capacities of perspective-taking to imagine themselves in the situation of the other person. Various of these capacities would determine whether the agent is able to separate the origin of the affect experience as their own or an observed or imagined mimicry of the other's affect experience. Dependent upon the outcome of these recursive processes, the agent would have an experience of personal distress resulting in self-oriented actions or empathic concern resulting in actions directed towards the other person.

#### INTER-SUBJECTIVE IDENTITY AND EMOTION

One observes, in an understanding of the complex process of empathy, an interrelated recursive process of various cognitive and affective states. It is deemed relevant at this point to highlight recent insights about the interrelated nature of cognitive, affective and behavioural processes gleaned from affective neuroscience. According to this approach, emotional processes include motor-expressive, sensory, perceptual, autonomic-hormonal, cognitive attentional and affective-feeling which are blended in an individual as and through first-person subjective experiences (Panksepp, 2003). Perceptual experiences are postulated to start out as affective, then become elaborated by learning and memory processes into higher cognitive forms of consciousness (Solms & Panksepp, 2012). These affective phenomenal experiences are deemed to provide the impetus for the construction of perceptual and other higher cognition (Solms & Panksepp, 2012), of which the capacity for perspective taking is relevant. Furthermore, affective phenomenal experiences are represented in an objective sense by bio-regulatory markers such as heart rate, breathing rate and skin conductance changes (Damasio, 2000).

Of further relevance to the discussion on emotion, inter-subjective identity and empathy, and particularly related to the capacity for self/other perspective, is the *Somatic Marker Hypothesis* postulated by Bechara and Damasio (Bechara & Damasio, 2005; Bechara, Damasio, & Damasio, 2000; Damasio, 1996). Accordingly, the processes of decision making are influenced by marker signals that arise in and through bio-regulatory processes (Bechara & Damasio, 2005). These bio-regulatory processes express themselves in emotions and feelings. In this way decisions are guided by biases (Bechara et al., 2000) which are

culturally and historically determined. Patterns of behavior are repeated, and decisions are based upon previous experiences in cultural or historical life, as a result of primary inducers<sup>21</sup> and secondary inducers<sup>22</sup>. In the case of an empathic interaction with a suffering person, the observation or imagination of the affect experience and the situation of the suffering person may act as secondary inducer to a primarily induced event of suffering in the agent's own life, together with the associated bio-regulatory effects. In this way, the affect experience stimulated in the empathic observer may be biased according to the cultural or historical experiences of the observer as a result of primary inducers in the empathic observers own life, resulting in personal distress rather than empathic concern.

This section of the literature review provides a synthesis of the philosophical, social psychological and cognitive scientific literature on empathy, highlighting the circular, recursive nature of empathy. It furthermore provides a brief introduction to an affective neuro-scientific perspective on empathy related to inter-subjective identity and emotion. This framework provides a foundation for the analysis of the phenomenological interview transcriptions from the perspective of the human resource researcher in organizations.

## **Conclusion**

The value of giving and receiving compassion in organizations is well recognized (Atkins & Parker, 2012; Rynes et al., 2012), determining the need for further studies in this important field.. The capacity for agents working in organizations facing resource limitations requires special inquiry to determine the specific capacities of agents that enable empathic concern leading to compassionate acts rather than personal distress.

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<sup>21</sup> Primary inducers are “innate or learned stimuli that cause pleasurable or aversive states. Once present in the immediate environment, they automatically and obligatorily elicit a somatic response” (Bechara & Damasio, 2005, p. 340).

<sup>22</sup> Secondary inducers are “entities, generated by the recall of a personal or hypothetical emotional event, i.e., ‘thoughts’ and ‘memories’ of the primary inducer, which when brought to working memory elicit a somatic state” (Bechara & Damasio, 2005, p. 340).

## Chapter 3 Research Strategy

### Research Approach or Strategy

The research makes use of an interpretive research approach with a qualitative design, applying a phenomenological methodology. The specific phenomenological methodology follows the methods of the *descriptive phenomenological method in psychology* developed by Amadeo Giorgi (Giorgi & Giorgi, 2007; Giorgi, 1985, 2000a, 2009). It is adapted for human science in organizations for this study (Giorgi, 2009) and will be called, for the purposes of this study, the *human scientific method*. This chapter positions this choice within the context of: matching theory to method; the relevance of qualitative/interpretive research in organizational studies; a caution against an abstraction of method choice mismatched to the broader theoretical context of the research; and a critique of this choice of methodology in the context of this study and its ontological and epistemological assumptions.

### Matching Theory to Method

As an introduction to this discourse on matching theory and research objectives to method, the scope of the research is reiterated as follows: The study explores the lived experience of individuals as agents working in human service organizations, with a specific focus on the relational aspect, as empathy, of lived experience. Furthermore it addresses the structures of attention and how these structures may inhibit or facilitate experiences of empathy in the agent. The research participant, as agent working in an organization with people who are experiencing adversity, has an internal experience of empathy in relation to the person they are working with. It is this internal experience of empathy that is the focus of inquiry.

The ontological and epistemological lens through which this study of empathy is conducted is that of enaction (Thompson, 2007; Varela et al., 1991), where cognition is deemed to be an emergent, adaptive process of sensemaking, undertaken by humans as autonomous agents, in the context of embodied lived experience (Thompson, 2007).

Fundamental to the objectives of the research and the ontological lens through which the research is viewed is the notion of experience both from the perspective of lived experience or lifeworld of the individual having the experience and from the embodied aspect of that experience. As will be determined in the discussion on primordial perspectives to follow, the experience of an individual is an interior affair and is accessible from the first-person account of the individual having the experience.

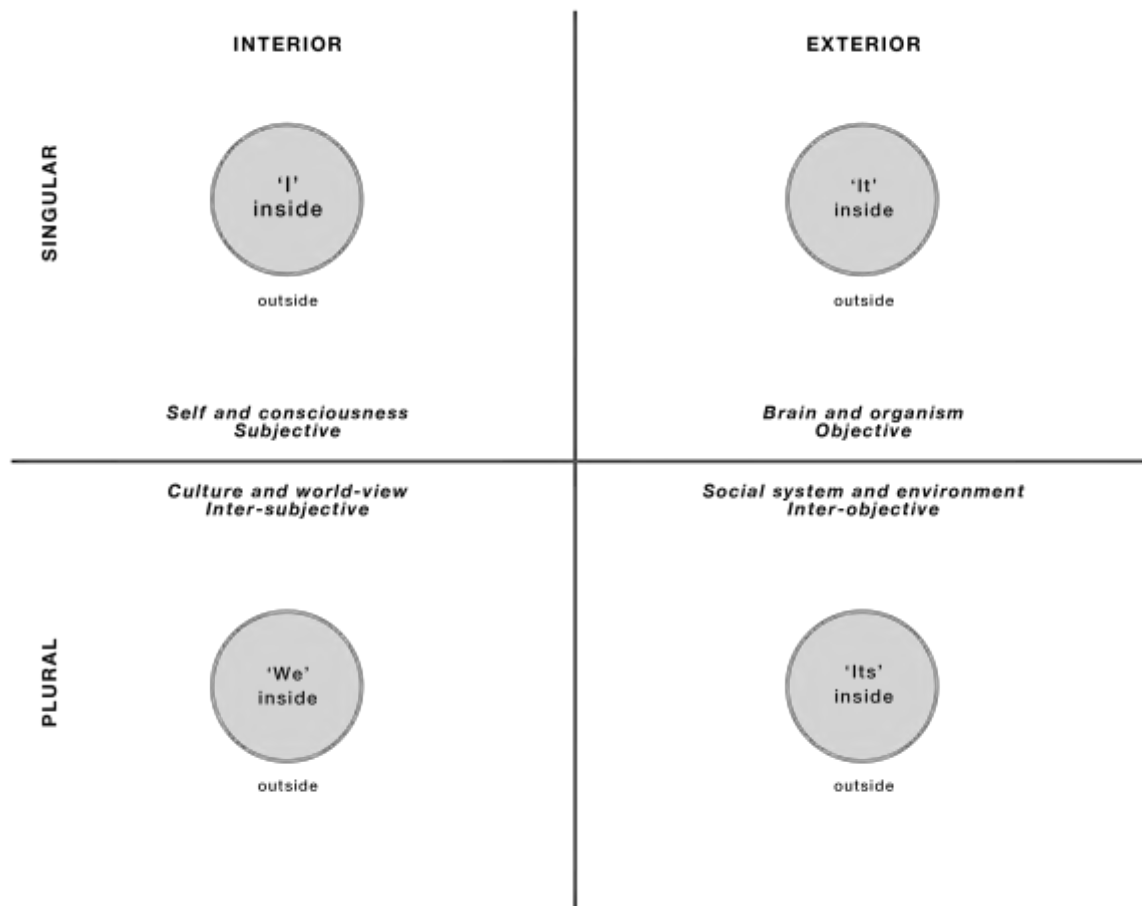
#### PRIMORDIAL PERSPECTIVES OF REALITY

To introduce the motivation for the choice of an interpretive, phenomenological design, and to pre-empt the discussion to follow on perspectives of reality in the interpretive approach, reference will now be made to Integral Methodological Pluralism (IMP), finding its place in AQAL Integral Theory<sup>23</sup>, (Wilbur, 2006). The IMP extends a model in which the world to be studied may be seen according to eight primordial perspectives (see Figure 3), each of these perspectives being matched to one of eight methodologies (see Figure 4). The fundamental claim of AQAL Integral Theory is that, in order to be comprehensive and relevant, a phenomenon should be examined from all perspectives. Furthermore, in order for knowledge to be accurate and reproducible, each specific study of the phenomenon needs to be examined from the relevant primordial perspective, and with the methodology that matches the perspective being studied (Wilbur, 2006).

IMP proposes that all human beings, and phenomena relating to human beings, possess an interior and an exterior, as well as an individual or singular, and a collective or plurality (Wilbur, 2006), suggesting four quadrants (see Figure 3 below). The interior world of the human is that world accessible through experience by the individual. The exterior world is that which is observable through the senses by others. The quadrants are represented by I, we/you, it and its. The upper left quadrant of singular interiors is represented by the pronoun ‘I’; the upper right, of singular exteriors by ‘it’; the lower, left of plural, interiors by the pronouns ‘we’ and ‘you’; and the lower right quadrant of plural, exteriors by the pronoun ‘its’.

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<sup>23</sup> AQOL Integral Theory - A-Q-A-L shorthand for “all quadrants, all levels, all lines, all states, all types” – is a theory proposed by Ken Wilbur that aims to present a comprehensive world view incorporating four quadrants of perspective of singular interior, singular exterior, plural interior and plural exterior (Landrum & Gardner, 2005).

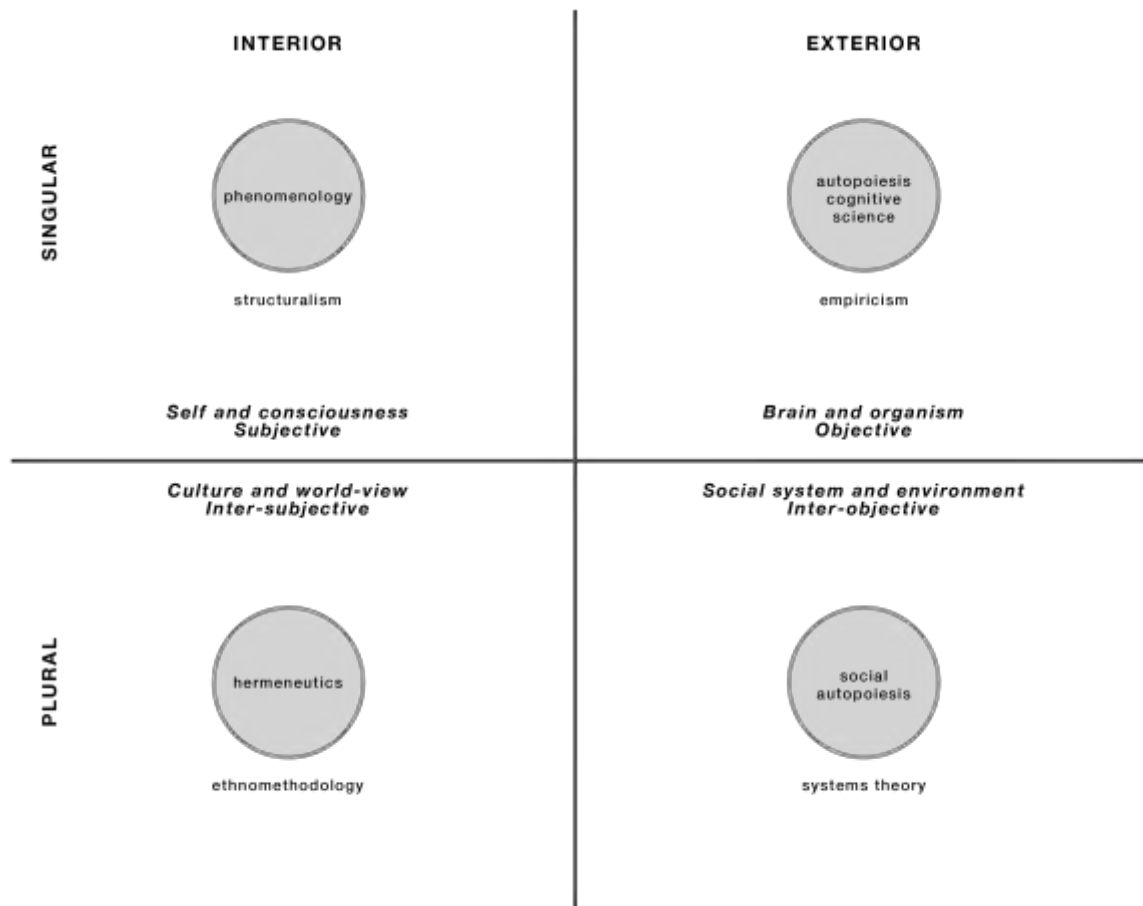


**Figure 3. *Eight Primordial Perspectives***

*Note.* From *Integral Spirituality*, p. 36, by K. Wilbur, 2006, Boston: Integral Books

Each of these four IMP perspectives can, furthermore, be looked at from the inside of itself or from the outside of itself, giving each of the four perspectives a second perspective, resulting in the eight primordial perspectives reflected in Figure 3 (Wilbur, 2006). For example, the 'I' in the upper left quadrant, corresponding to the singular interior, may be looked at from the inside of the 'I' of the individual, as an account of the experience of introspection, meditation, contemplation or phenomenology. The 'I' can also be approached from the outside, from the position of an objective observer, either by an objective stance to one's own experience or as an objective observation of another person's experience. The 'it' in the upper right quadrant corresponding to singular exterior may be studied from its inside as, for example, in autopoiesis (Varela, 1997) or cognitive science, and from its outside as in empiricism, for example neuroscience or neurophysiology (Wilbur, 2006).

A study from the inside of the singular, interior or the ‘I’ from the perspective of the ‘I’ themselves covers the self and consciousness and determines the subjective. This study would be conducted according to *phenomenology*. A study from the outside of the singular, interior is conducted according to *structuralism*.



**Figure 4. Eight Major Methodologies**

*Note.* From *Integral Spirituality*, p. 37, by K. Wilbur, 2006, Boston: Integral Books

This study aims to investigate the internal conditions, as invariant structures<sup>24</sup>, from the point of view of the individual experiencing compassion or empathy in the relational interaction.

<sup>24</sup> Structures are “clarifications”, in the language of the human scientific discipline being applied in the research, of the lived meanings discerned from the concrete descriptions provided by the research participants (Giorgi, 2009, p. 102).

They are subjective accounts thereof. It, therefore, follows that phenomenology would be the relevant choice of methodology. Since the study takes, as its starting point, descriptions of the concrete experiences of the participants, and the meanings associated with them, the research makes use of a qualitative, interpretive (Morgan & Smircich, 1980; Prasad & Prasad, 2002) design.

From this point on, this discussion will focus on the IMP upper left quadrant (refer 4 and 5) as the research for this study is founded upon the internal experience of the individual or micro-environment in the organization. For this reason, the data collection methods will apply phenomenological methods in which the accounts of experience will be from the perspective of the interior of the individual. The data analysis methods will make use of a structuralism approach in that the data will be analysed from the outside perspective, by the researcher, of the interior of the research participants. These two perspectives are acknowledged and incorporated into the *descriptive phenomenological method in psychology* developed by Amadeo Giorgi (Giorgi & Giorgi, 2007; Giorgi, 2000a, 2009) as will be discussed in greater detail in the section on methods choice to follow.

#### QUALITATIVE RESEARCH IN ORGANIZATION STUDIES

The mid- to late- 1970s witnessed the identification of the inadequacy of the predominance of quantitative research methods in organizational studies, with compelling arguments for organizational scientists for the use of qualitative strategies and techniques (Jean Lee, 1974; Morgan & Smircich, 1980; Van Maanen, 1979). In a special issue of *Administrative Science Quarterly* in December 1979, Van Maanen (1979) bemoans the lack of diversity in the organizational field due to the predominant use of quantitative methods, and encourages the development of qualitative methods to improve insights and increase discovery. Various authors expressed the need as urgent with an ever-increasing interest, in organizational studies, in cross-cultural management (Jean Lee, 1974; Lee, 1991; Van Maanen, 1979), and the complex and dynamic nature of the organizational environment (Gibson & Hanes, 2003).

At that time, published articles based upon a quantitative methodology prevailed (Sanders, 1982) in organizational studies, and in fact continued to dominate significantly even in the ten years leading up to 2011 (Bansal & Corley, 2011). Based upon a view of the organizational

world as concrete, structured and predictive, they have perpetuated a tendency to superimpose the valuable, yet limited, insights gleaned from the natural world through natural science onto the human world. Organizations, however, are run by human beings and are highly susceptible to human and social processes (Prasad & Prasad, 2002). Furthermore, the human being is a complex entity with physical, bodily aspects pertinent to natural science, behavioural aspects more suited to a cognitive science, and inter-personal aspects pertinent to the social sciences. This fact should be accorded its rightful respect when choosing research methods, with a rigorous assessment of the precise aspect of the micro-, meso- or macro environment being studied, and a matching to the laws that prevail within that field.

In recent years there has been an increase in published qualitative studies with the *Academy of Management Review (AMR)* recording eleven percent of published articles between 2001 and 2010 and twelve percent of submitted articles between 1 July and 31 December 2010 to be qualitative (Bansal & Corley, 2011). Various authors (Bansal & Corley, 2011; Gibson & Hanes, 2003; Gill, 2014; Jean Lee, 1974; Morgan & Smircich, 1980; Van Maanen, 1979) identify a need for more qualitative research in organizational studies to address the ever-widening boundaries and complexity of issues in management and human resources.

While there has been a slow, but steady, increase in so-called qualitative studies since its identified relevance, this has unfortunately run concurrently with confusion and lack of clarity about method choice and application though (Prasad & Prasad, 2002), and an identified gap in studies adhering to methodological rigour (Bansal & Corley, 2011; Cassell & Symon, 2004; Prasad & Prasad, 2002). The organizational research field, characterized by ever widening boundaries, multiple paradigms and representing a meeting point for multiple disciplines (Buchanan & Bryman, 2007), has demanded that researchers become more inventive with research methods. The result has been a methods mix that is fragmented (Buchanan & Bryman, 2007) and confused (Prasad & Prasad, 2002) and lacking clear ontological, epistemological and methodological appraisal (Bansal & Corley, 2011).

There is, furthermore, a lack of clarity between so-called qualitative studies and interpretive studies, with the terms often used interchangeably. While all interpretive inquiry is qualitative, not all qualitative research is conducted according to interpretive methodology (Prasad & Prasad, 2002). Prasad and Prasad (2002) point out that one may use qualitative descriptive methods to describe a scenario in an organization according to a positivist

viewpoint in which reality is assumed to be concrete, outside of the researcher and measurable by objective methods. This results in what they call a qualitative positivism. In an interpretive inquiry, the organizational world is not seen as a structured, established world ‘out there’, and the goal of researcher is not to map this fixed world, but rather to explore the processes of understanding the world in the cognition of the agents (Prasad & Prasad, 2002).

A qualitative study conducted in human relations research by Noonan Hadley (2014) mapping symmetrical and asymmetrical outcomes related to positive and negative emotional experiences would be an example of qualitative positivism. Applying qualitative descriptive methods with semi-structured interviews as data capture method, the inquiry interprets the moderating effects of specific variables related to the specific outcomes in a structured and predictable manner.

The interpretive research that has been conducted in organizational studies has traditionally been seen to focus on the micro-environment (Prasad & Prasad, 2002), focusing on local meaning and everyday symbolism and removed from processes, structures and networks. As interpretive research is becoming established, however, the connections between micro-practices and macro structures begin to emerge. This is deemed relevant to this study that looks at individual capacities required for compassion capability.

Given this context of confusion and lack of clarity in qualitative studies, one turns again to the beginnings of qualitative research in organizational studies and an in-depth analysis by Morgan and Smircich (1980) in the journal *Academy of Management Review* about the finer subtleties of meaning and method. At that time they warned against a reactive swing from an “abstracted empiricism based on quantitative methods” (1980, p. 491) in the 1960s and 1970s to an “abstracted empiricism based on qualitative methods” (1980, p. 491) in the 1980s. This happening when the methods are chosen as an end in themselves rather than as a clear and accountable match between theory and method.

#### INTERPRETIVE DESIGN AS A PERSPECTIVE ON REALITY

On closer examination, one recognizes that there is, in fact, no hard and fast distinction between quantitative and qualitative research methods, but rather a broad, complex and

interconnected range of assumptions about how humans are in the world, how they view the world and how they make sense of the world (Morgan & Smircich, 1980), and these corresponding to an even broader range of research methods. The choice of quantitative versus qualitative research methodology is, therefore, not just about a choice between methods to be applied, but rather, as mentioned above, a match between a view of the situation being studied (Jean Lee, 1974) and the ontological and epistemological assumptions of the chosen methodology.

Enhancing, but also potentially confusing, the discussion about qualitative methods in organizational research, Morgan and Smircich (1980) provide a penetrative discourse on the range of ontological assumptions laying the foundations for a vast array of interpretive methods. The distinction between quantitative and qualitative methods is not a simple one (Morgan & Smircich, 1980; Van Maanen, 1979). Thus, researchers, undertaking studies of this nature should proceed with the essential caution to make explicit, examine and match the interrelated assumptions on choice of ontology, epistemology and how the researcher views human nature (Morgan & Smircich, 1980).

The table below, adapted from Jean Lee (1974), provides a simplified comparison between quantitative and qualitative analysis. Morgan and Smircich (1980), cautioning against the simplification of qualitative methodologies, provide a comprehensive account of a range of interpretive methodologies presented on a continuum. According to their review the methodologies morph from an objective, positivist approach at one extreme to a subjective, phenomenological approach at the opposite extreme. Correspondingly, the ontological assumption and view of human nature metamorphoses from an objective, concrete structured reality outside of the perceiving individual, through various perspectives of reality as social construction or symbolic discourse, to reality as pure projection of the imagination of the perceiving individual at the subjective extreme of the continuum. Table 4, therefore, provides a broad and general description of qualitative, interpretive research and Table 5 follows with a more comprehensive breakdown of interpretive approaches (Morgan & Smircich, 1980).

It is not the purpose of this discussion to provide a comprehensive review of the various approaches, but rather to draw attention to the possibilities, and to extract the essential components necessary to illuminate the discussion on specific choice of ontology, human nature and epistemology for this study.

	<b>Quantitative</b>	<b>Qualitative/Interpretive</b>
Ontological assumption	<b>Objective:</b> the social world is real and made up of tangible, structures.	<b>Subjective:</b> the social world is a construct created by the individual as a means for describing, making meaning of, and interacting with the world.
	<b>Epistemological stance:</b> studying the relationships of the elements that constitute the structure.	<b>Epistemological stance:</b> actions are not mechanically aligned as stimulus and response but reciprocally oriented through an interpretive process.
	<b>Organizational knowledge</b> occurs through mapping causal relationships between elements of organizational structure.	<b>Organizational knowledge</b> is obtained through the study of how agents create and use meaning as a foundation to action.
Epistemological assumptions	<b>Positivism:</b> the explanation of organizational behaviour occurs through causal relationships.	<b>Phenomenology:</b> organizational behaviour is seen in the context of the ‘open system’, through the lens of the agent and their experience.
Aims of inquiry	<b>Universality:</b> knowledge is a reflection of the world, discoverable by the researcher.	<b>Particularity:</b> knowledge is a subjective construction of the world by the agent or researcher.
Role of researcher	<b>As an outsider:</b> the researcher is detached, with the aim to discover knowledge applicable to universal situations.	<b>As an insider:</b> the researcher participates in understanding the meaning of the research participant within their frame of reference.
Researcher/participant	<b>Detachment</b>	<b>Involvement</b>
Research methods	<b>Statistics</b>	<b>Description</b>

**Table 3. Differences in Quantitative and Qualitative Approaches**

*Note.* Adapted from “Quantitative versus qualitative research methods - two approaches to organisation studies” by S. Jean Lee, 1974, *Asia Pacific Journal of Management*, 9(1), 87–94.

#### MATCHING ENACTION TO A SUBJECTIVE PERSPECTIVE OF REALITY

Figure 2 presents a framework for the practice of empathy and compassion in organizations. It depicts the various potential structures of empathy in a dynamical, circular and recursive process with an emergent outcome as empathic concern or personal distress. In this view, the

elements and the processes are in no way concrete or fixed, and outside of the cognizing agent, as is the case in the paradigms on the right-hand objective spectrum of reality and society according to Morgan and Smircich (1980) (See Table 5 below). Rather it can be seen to be subject to the consciousness processes within the agent, as reflected on the left-hand, subjective side of the continuum.

According to enaction, human beings, as cognitive beings, are autonomous in their cognitive processes in that they construct, define and determine their self identity (Thompson, 2007). They internally regulate their interactions with the world, actively generating and maintaining themselves by bringing forth their cognitive domains (Thompson & Stapleton, 2008). The self-defining, self-determining aspect of enaction could be interpreted to fit with the interpretive paradigm of *reality as a social construction* where humans create their realities in an attempt to make their world intelligible to themselves and others (Morgan & Smircich, 1980). As is the case with *reality as social construction*, however, the social world is seen as a symbolic construction, made so through the use of language, labels, actions and routines (Morgan & Smircich, 1980). Similarly, in *reality as symbolic discourse*, humans are seen as social actors interpreting their context and orienting their actions in meaningful ways using culturally specific symbols such as language and routines (Morgan & Smircich, 1980). Lived experience, from a descriptive, phenomenological perspective, demands the description and recording of internal structures of experience as they are, without symbolic interpretation (Gill, 2014; Giorgi, 2009). In this enactive approach to empathy, humans are not deemed to be adaptive, through an evolving process, to a concrete external reality as is the case in *reality as concrete process* (Morgan & Smircich, 1980), but rather actively generating their reality through their own cognitive process.

A further consideration of the enactive approach to cognition, and deemed to be pertinent to the experience of empathy, is that of lived experience. Lived experience as an experience of empathy comes across as the felt experience of another person (Vanaerschot, 2007). Experience is embodied in that perception, emotion and action occur through sensorimotor coupling of the nervous system found, and experienced, throughout the body (Varela et al., 1991). Furthermore, the mental life may be interpreted to be found throughout the body (Beer, 2000) and the body is deemed to understand experience without conceptual or linguistic content (Merleau-Ponty, 2002). Lived experience, and indeed experience as an embodied capacity, is made available to perception through consciousness. This

interpretation of reality, of society and of human nature aligns with the perspective of *reality as a projection of consciousness* at the subjective extreme of the range of interpretive traditions reviewed by Morgan and Smirchich (1980).

Fundamental to the objectives of the research, and to the lens of enaction through sensemaking, is the discovery of the meaning of the lived experience of empathy and compassion of the participants. This can leave no doubt as to the choice of phenomenology as the methodology for understanding the phenomenon of empathy from the point of view of the lived experience of the agent in order to discover the meaning thereof for the agent as participant (Engländer, 2012).

	Subjective ←-----→ Objective					
Reality as:	A projection of imagination	Social construction	Symbolic discourse	Contextual field	Concrete process	Concrete structure
Society as:	A creation of the mind's imagination as perceived with consciousness and as experience	A continuous process of symbolic construction recreated through each new encounter	Patterns produced by symbolic relationships and meanings	An ever-changing form based on the transmission of information	Concrete in nature but with an evolving process of general contingent relationships	Fixed with a network of determinate relationships
Humans:	Judge and interpret phenomena as internal process	Create their reality with language, actions and routines to make their world intelligible	Are social actors interpreting context and orienting actions using culturally specific symbols	Are information processors	Are adaptive agents through an evolving process to a concrete external reality	Are responding machines
Methods:	Phenomenology	Ethnomethodology	Social action theory	Cybernetics	Open systems theory	Behaviourism

**Table 4. Assumptions about Ontology and Human Nature**

*Note.* Adapted from “The case for qualitative research” by G. Morgan and L. Smircich, 1980, *Academy of Management Review*, 5(4), 491–500.

Morgan and Smircich (1980) contend that at the extreme subjective perspective on reality, society is seen by humans to be a projection of human imagination and consciousness, and that any objective reality outside of the perceiving, cognizing individual is masked by judging and interpreting processes within the human being. At first glance, this may seem far-fetched. However, the human being has a body, and within that body experiences consciousness. Aspects of the body are concrete, live in the concrete world and are researchable with the laws and structures of positivism (Giorgi, 2009). Consciousness and experience are internal to the human being, and individual. If these interpretive perspectives are applied to the IMP model (refer Figure 3 and 5) (Wilbur, 2006), one will recognize that the interior of the individual is accessible by first-person account, is subjective, and is susceptible to judging and interpreting processes within the individual. The realm of human experience, therefore, finds its point of reference in the upper left quadrant of the IMP model (refer Figure 3 and 4) (Wilbur, 2006). The exterior of the individual, the biological processes, the nervous system processes are governed by the laws of nature and are invariant and determinant, and thus not susceptible to the same projective tendencies. It is in these finer details that one avoids falling into an “abstracted empiricism based on qualitative methods” (Morgan & Smircich, 1980, p. 491).

#### QUALITATIVE RESEARCH IN HUMAN RESOURCE STUDIES

Human resource research, and research on vocational behaviour, in organizations, has focused primarily on a foundation of psychology (Lee, Mitchell, & Sablynski, 1999). Since psychology has been based, primarily, on empiricism and a positivist ontology with a natural science model (Lee, Mitchell, & Sablynski, 1999) this has led to a predominance of quantitative methods in human resource research. Typically, an empirical world ‘out there’ is interpreted as having a single objective reality, with structured, cause and effect results. Natural science, evolving from the study of nature and things, is relevant for the study of things and their processes, but not when the object of study is humans and their relationships (Giorgi, 2009)

A brief search of studies conducted in a recent issue of *Advances in Developing Human Resources* reveals the following examples of a positivist stance to human resource issues: a

study on the role of experiences of conflict between work and non-work focus and burnout (Reichl, Leiter, & Spinath, 2014); the moderating effects of follower behaviour on leaders (Lindebaum & Jordan, 2014); the moderating effects of negative affective tone on team effectiveness (Mitchell et al., 2014); and anger and happiness mediated by affective reactions in the perceivers (van Kleef, 2014). These studies illustrate the tendency to interpret the vocational world as structured, with cause and effect tendencies.

The scientific, reductionist philosophy emerged during the last two centuries in response to a curiosity about the natural, observable world, leading to empiricism as the dominant research method (Giorgi, 2009, 2012). More recently, curiosity turned towards the world of humans and the methods developed in the natural sciences have been applied to the phenomena of humans. Since human beings are embodied, and the body falls within the perspective of the singular, exterior quadrant of the IMP model (refer Figure 3 and 5) (Wilbur, 2006), there have been many successes in this empirical, positivist approach. However, it is essential to determine the precise boundaries between interior and exterior of the human being in determining the relevant methods for its inquiry (Wilbur, 2006). As Giorgi (2009) points out, many aspects of interior human functioning, consciousness or awareness of experience being one, are not available to what one may call a natural science approach to knowledge. A natural science type of knowledge acquisition requires that: the object of study is available to sensory-perceptual observation of the researcher; a concept is regarded as a real or concrete thing; measurement and statistical analysis is applied to the data; and reproducible verification is demonstrated (Giorgi, 2009). One sees immediately that the consciousness of an individual is not available to sensory perceptive awareness of another person. This consciousness is, however available to the experience of that same individual, and the recounting thereof available to the sensory perceptive awareness of another.

Discontent amongst psychological researchers has resulted in the development of qualitative methods, and specifically phenomenological methods, in psychology (Giorgi, 1985; Laverly, 2003) for the express purposes of studying this consciousness. Since the early 1960s Amadeo Giorgi, has developed a phenomenological method to be applied to psychological phenomena (Giorgi, 2009). The motivation for this development followed a concern for the inadequacy of a reductionist approach to the study of the human being.

While this method has been developed by a psychologist, and for research pertaining to psychology, the methods, according to its developer, are broad enough to be applied to any social science that works with human beings. According to Giorgi (2009) researchers from other disciplines need to enter into the attitude of the specific discipline within which they are researching, and to be alert to the specific phenomena they are researching, bearing in mind that it will be mixed in with other phenomena. The method draws upon three academic movements: philosophical phenomenology, science and psychology

### **Phenomenology as Methodology**

Following the discussion and rationale in the previous section, the proposed qualitative approach will focus on a phenomenological and structuralism methodology (Gallagher & Zahavi, 2008; Giorgi & Giorgi, 2007; Giorgi, 2012; Thompson, 2007). Phenomenology will be used in the context of a methodology oriented towards gaining access to singular experience and will be called, following Depraz, Varela and Vermersch (2003) a deconstructive act. Depraz et al. (2003) equate the deconstructive act in phenomenology, also called introspective observation (Gallagher & Zahavi, 2008), with the reflective act in psychology, and mindfulness in Buddhism. Various authors (Ehrich, 2005; Gibson & Hanes, 2003; Sanders, 1982) have iterated the value of phenomenology as a research methodology in organizational studies.

Phenomenology is considered to be the relevant methodology for this investigation since it sets out to disclose the cognitive contribution of the agent through a methodological introspection and reflection on experience. A thoroughly examined and well developed account of a phenomenon in intentional, special, temporal and phenomenal terms provides a directed foundation for further empirical studies in a field (Gallagher & Zahavi, 2008; Moustakas, 1994). Furthermore, an analysis of experience from a first-person perspective, verified by second-person perspective is complementary to scientific endeavour, encouraging theories to be informed by experience (Gallagher & Zahavi, 2008; Gallagher, 2012b; Giorgi, 2009; Thompson, 2007). The first-person experience of the subject is considered to be necessary for the possibility of cognition, and consequently for sensemaking of the object in question (Gallagher & Zahavi, 2008).

## RESEARCH APPLICATIONS OF PHENOMENOLOGY

It is recognized that in the field of phenomenology there are many interpretations of what constitutes phenomenological research, but with a central theme of a return to embodied, experiential meanings to be found in phenomena as they are lived (Finlay, 2009). Lavery (2003) experiences the movement of phenomenology as emerging in reaction to the Cartesian dualism of reality being something outside of the cognizing agent, or separate from the individual as portrayed in positivist, empirical methods, whereby it is assumed to be complete in its existence ‘out there’, and a reality independent of mind and experience (Gallagher & Zahavi, 2008).

Phenomenology is commonly understood to be the study of lived experience, or lifeworld of an agent (van Manen, 1990), identifying a world experience by a person and not separate from the person (Lavery, 2003). A sense of a phenomenon in phenomenology is that one is present to the ‘given’ exactly as it makes itself available to awareness, without adding or taking anything away from it (Giorgi, 2009). A phenomenological enquiry asks, “What is experience like?” (Lavery, 2003, p. 4). It attempts to access meaning to be found in everyday existence. It involves attaining true meaning through penetrating into reality (Lavery, 2003).

It may also be defined as a method for researching the structures of consciousness as well as the objects that present themselves to consciousness (Giorgi, 2009). It has been described as a study of conscious phenomena, the way in which experiences and things show themselves to the awareness of the person (Lavery, 2003; Sanders, 1982). It stays with experience from a first-person perspective (Gallagher & Zahavi, 2008). It aims to make explicit the implicit world of meaning (Sanders, 1982). Phenomenology is further described as an understanding of that which characterizes perceptions, judgments and feelings (Gallagher & Zahavi, 2008).

Integral to phenomenology is the fact that it is a disciplined approach, with a definite method (Varela, 1996). Borrett, Kelly and Kwan (2000) caution against interpreting phenomenology as an analysis of lived experience, but as a more fundamental expression of the world as it is perceived (Finlay, 2012). Gallagher and Zahavi (2008) distinguish between a “subjective account of experience” and an “account of subjective experience” (2008, p. 19) with phenomenology expressing the latter. This is further elucidated as an understanding of the

contribution of the cognitive process of the knowing subject towards the creation of reality (Gallagher & Zahavi, 2008).

Phenomenology is concerned primarily with a phenomenon and its conditions of possibility, where phenomena are understood to be how an object “appears to us, how it apparently is” (Gallagher & Zahavi, 2008, p. 21). Distinction is made in this context, not between two separate realms of appearance and reality, but internal to phenomena, how objects appear at superficial, less than optimal, glance and how they appear at optimal perspective (Gallagher & Zahavi, 2008). Since it is concerned with the manner in which objects reveal themselves in experience (Gallagher & Zahavi, 2008), this requires the recognition of centrality of the embodied agent in his or her environment, with motivations and purpose (Gallagher & Zahavi, 2008). Experience is formed by the embodied constitution (Borrett et al., 2000). While the analysis of phenomena concerns the organism and environment as system, caution should be exercised when conceptualizing the relationship between human existence and the world in terms of inner and outer worlds (Gallagher & Zahavi, 2008). While there is an experience of inner and outer worlds, the two are intimately connected as a system.

In highlighting the complexity of choosing a methodology in relation to the various phenomenological schools, Finlay distinguishes between phenomenology as a philosophical pursuit of things as they appear and “phenomenologically-based empirical work” (2009, p. 29), also referred to as scientific phenomenology (Giorgi, 2009) and methodological phenomenology<sup>25</sup> (Gill, 2014). In this context she highlights the importance of automatically linking the choice of method back to the foundational philosophical commitment.

Phenomenology originated as a philosophical movement in the mid 1800s, its founding fathers being the German philosophers, Franz Brentano (1838-1917) and Edmund Husserl (1859-1938) and thereafter, by Husserl's colleague, Martin Heidegger (1889-1976). Other important early phenomenological thinkers were the German philosophers Karl Jaspers (1883-1969) and Max Scheler (1874-1928) and the French phenomenological scholars, Maurice Merleau-Ponty (1908-1961) and Jean Paul Sartre (1905-1980). The past forty years

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<sup>25</sup> For the remainder of this thesis, the discussion will apply the term methodological phenomenology when referring to the phenomenological methods developed for empirical and scientific work.

has seen the development of philosophical phenomenology in the human science fields into a methodological phenomenology, particularly in the fields of organizational research (Sanders, 1982), education (van Manen, 1990) and psychology (Giorgi, 2000a, 2009; Smith, Flowers, & Larkin, 2009; Smith, 2004, 2007). These two distinctions will be discussed in the sections to follow as Philosophical Phenomenology and Methodological Phenomenology.

The following paragraphs will provide a brief description of the main philosophical schools of thought in phenomenology (Ehrich, 2005; Gill, 2014; Lavery, 2003; Sanders, 1982), namely the transcendental phenomenology of Edmund Husserl, the hermeneutic phenomenology of Heidegger and the embodied approach to phenomenology of Maurice Merleau-Ponty. This will be followed with a description of the fundamental methods of the Husserl school. Thereafter a brief description will be articulated of the methodological schools emerging in relation to these philosophical roots. The section will end with a discussion and rationalization for the use of the specific method of *descriptive phenomenological methods for psychology* chosen for this study.

#### PHILOSOPHICAL PHENOMENOLOGY

Phenomenology, as a philosophy, is concerned with that which is ‘given’ to the consciousness through experience, from the perspective of the person having the experience (Giorgi, 2009). The ‘given’ may be in the form of an object, a person or a complex internal experience. Furthermore, the philosophical endeavour of phenomenology attempted to bridge the chasm between mind and body that prevailed at that time (Ehrich, 2005).

Two distinctive streams of philosophical phenomenology are mentioned here, namely descriptive and interpretive phenomenology (Finlay, 2009). These two streams have been chosen from the many philosophical phenomenologists since they inform the differences between the methodologies that have emerged as methodological phenomenology to be discussed in the following section. The descriptive philosophy and method were introduced and developed by Edmund Husserl (1859-1938). Interpretive, hermeneutic phenomenology was introduced and developed by Martin Heidegger (1889-1976), based upon a foundation of Husserl’s phenomenology but as a result of various divergent views to be discussed below.

Fundamental to both streams of phenomenology is that both minds and objects occur within consciousness (Ehrich, 2005; Gill, 2014; Lavery, 2003). Phenomenology, as a methodology recognizes, not just one reality of a given world separate from the cognizing individual, but that reality is constructed, and can be changed, by the agent (Lavery, 2003; Morgan & Smircich, 1980). Reality is not something ‘out there’ but something that is within the individual (Lavery, 2003; Morgan & Smircich, 1980; Prasad & Prasad, 2002).

A brief discussion of the distinctive elements of Husserl’s descriptive phenomenology and Heidegger’s interpretive phenomenology follows, and is summarized in Table 6 below.

**Edmund Husserl.** Husserl, the founder of phenomenological philosophy, introduced and developed the philosophy of transcendental phenomenology (Giorgi, 2009). His work informs descriptive, methodological phenomenology which aim to describe the essence of experiences (Finlay, 2009; Gill, 2014). His main aim was the attainment of transcendental subjectivity, and in this way coming to the essences of things (Giorgi, 2009). By this was meant the achievement of the means to yield a universal or essential knowledge (Ehrich, 2005; Lavery, 2003). He proposed two reductions: the transcendental phenomenological reduction<sup>26</sup>, the process of breaking with the natural attitude in order to establish the essences behind the ‘givenness’ of the world through the process of *epoché* or bracketing; and the eidetic reduction in which one establishes, through intuition or free variation, the *eidōs* or essence behind the ‘givenness’ of the world (Ehrich, 2005; Gill, 2014; Giorgi, 2000b, 2009). Essences are considered to be the foundation for all other knowledge about the world (Giorgi, 2009).

He also developed the notion of the lifeworld (Giorgi, 2009). His primary focus was on understanding beings or phenomena (Lavery, 2003). He focused on epistemological inquiry, on the knower and how the knower achieves knowledge as well as the achievement of knowledge itself (Lavery, 2003).

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<sup>26</sup> This reduction is referred to by some authors as a transcendental reduction, as for example in Giorgi (2009) and by others as a phenomenological reduction (Gallagher & Zahavi, 2008; Thompson, 2007). It is not deemed necessary for the purposes of this study to conduct a precise comparison of any subtle differences. For the remainder of this thesis these two terms will be grouped together and referred to as the phenomenological reduction.

Descriptive phenomenological research is, as indicated by the name, descriptive, and focuses on the structure of experience, the organizing principles that give form and meaning to the lifeworld.

**Martin Heidegger.** Heidegger worked closely with Husserl, but in founding hermeneutic phenomenology, developed a phenomenology that differed from that of Husserl in both method and object of study (Giorgi, 2009). While Husserl was concerned with the foundations of universal or essential knowledge, Heidegger interpreted phenomenology to be the science of being. At the centre of his philosophy is the term *dasein* which explores the human experience of being (Gill, 2014). This differs from Husserl's focus on being or phenomena by focusing on the situated meaning of being in the world (Lavery, 2003). In contrast to Husserl's epistemological focus, Heidegger maintained the primacy of an ontological focus (Lavery, 2003)

<b>Husserl descriptive phenomenology</b>	<b>Heidegger interpretive phenomenology</b>
Epistemological questions	Ontological questions
How do we know what we are?	What does it mean to be a person?
Descriptive, describes structures in their 'givenness'	Interpretive: seeks role of meaning through unique history
Historical context of the researcher is not a major consideration	Historical context of researcher is major consideration
Unit of analysis is the sensemaking subject	Unit of analysis is the transaction
Identifies the essence of the conscious mind	Identifies culture, history, practice and language
Two reductions: Phenomenological reduction and eidetic reduction	Hermeneutic circle: moving from parts of experience to the whole to facilitate deeper understanding

**Table 5. Differences Between Husserl's Descriptive and Heidegger's Interpretive Phenomenology**

*Note.* Author with input from "Revisiting phenomenology: Its potential for management research" by L. Ehrich, 2005, In *Proceedings Challenges or organisations in global markets, British Academy of Management*

*Conference* (pp. 1–13). Said Business School, Oxford University; “The possibilities of phenomenology for organizational research” by M.J. Gill, 2014, *Organizational Research Methods*, 17(2), 118–137; *The descriptive phenomenological method in psychology: A modified Husserlian approach*, by A. Giorgi, 2009, Pittsburgh: Duquesne University Press; “Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations” by S. Lavery, 2003, *International Journal of Qualitative Methods*, 2(3), 1–29.

In contrast to Husserl’s striving to attain essences and transcendental consciousness, Heidegger maintained that everyone exists in a culturally and historically determined world from which they cannot step out, and through which they interpret their world (Gill, 2014; Lavery, 2003). This leads to the notion of interpretive phenomenology from which all methodologies building on the hermeneutic tradition cannot escape (Gill, 2014). Heidegger rejected the possibility of attaining a transcendental phenomenology, claiming that the self and consciousness are one (Ehrich, 2005; Lavery, 2003). In his treatise, he denies the capacity for human beings undergoing phenomenological description to attain a level of reflection that is free from historical and cultural assumptions (Ehrich, 2005; Lavery, 2003), and therefore disagrees with Husserl’s fundamental of bracketing in order to establish the essence.

Hermeneutic phenomenology is focused towards highlighting and making conscious details and seemingly trivial aspects of life, with a goal of creating meaning thereof (Lavery, 2003). This highlights the role of the being or phenomenon within a reciprocal, interactive world, and the inherent and potential meaning facilitated by the interaction (Lavery, 2003). Heidegger stresses the interpretive role of meaning, each individual interpreting their lived world through their unique background or history (Lavery, 2003). The interpretive process is achieved through a hermeneutic circle, moving backwards and forwards through the parts of experience. The end of the spiralling occurs when one has reached a place meaning, free of current contradictions (Lavery, 2003). This creation of meaning occurs through the hermeneutic circle, a circle of readings, reflective writings and interpretation, as an on-going process of becoming.

In Heidegger’s hermeneutic phenomenology, the relationship of knower and what can be known is seen as less distinct than in descriptive phenomenology, any interpretation co-constituted by the individual and his or her experience (Lavery, 2003). Hermeneutic research is interpretive and concentrated on historical meanings of experience and their developmental and cumulative effects on individual and social levels. An interpretive perspective may

evolve in a process of interpretation and interaction between the investigator and research participants. The primary aims being understanding and the reconstruction of experience and knowledge.

The hermeneutic approach requires a process of self-reflection from the researcher to identify biases and assumptions, but instead of “bracketing” or setting them aside as in descriptive phenomenology, the hermeneutical researcher recognizes them as embedded and essential to the research process (Lavery, 2003). Thus, with reflective journaling, occurs an on-going process of giving considerable thought to the researcher’s own experience and explicitly claiming the ways in which they relate to the issues being researched (Lavery, 2003).

**Maurice Merleau-Ponty.** Merleau-Ponty rejected transcendental phenomenology since he believed that people are situated in the world (Ehrich, 2005). He articulated four key themes or characteristics common to all types of phenomenology; namely, description, reduction, essences and intentionality (Ehrich, 2005). Fundamental to the approach of Merleau-Ponty is experience, and particularly perception, through the lived body (Merleau-Ponty, 2002).

At this point it should be mentioned that the descriptive philosophical approach to phenomenology is deemed to be the relevant choice for this study. The rationale for this choice is discussed in depth under the section, Methodological Phenomenology, below and will not be discussed here.

#### METHODS OF PHILOSOPHICAL PHENOMENOLOGY

Phenomenology should not be seen as an indistinct and fuzzy description of experience, but rather a disciplined and methodical analysis of lived experience (Giorgi, 2009; Petitot, Varela, Pachoud, & Roy, 2004; Varela, 1996). As a philosophical pursuit, it is identified with a specific method undertaken by the philosopher as researcher. Fundamental to the method of Husserl, and relevant to the methodological phenomenology methods, are two primary concepts, namely the phenomenon and the lifeworld, as well as four phases of the phenomenological process. The four phases are discussed below as: assumption of the

transcendental phenomenological attitude; search for the essence of the phenomenon; description of the essence as invariants; and, training for stability.

The primary concepts are:

**The phenomenon.** The aim of phenomenology is the description of phenomena. In these terms, the phenomenon includes anything that appears or presents itself to the consciousness of a person, and can include objects, thoughts, feelings or states of being (Giorgi, 2009).

**The lifeworld.** Another key concept introduced by Husserl was that of lifeworld. While, in philosophical terms, it represents various meanings, in the *descriptive phenomenological method in psychology*, it is used to designate the common, everyday world in which one is born, lives and dies (Giorgi, 2009).

Various authors in the re-emergent phenomenological tradition, positing for a connection to cognitive sciences (Depraz et al., 2003; Gallagher, 2012; Thompson et al., 2005; Varela, 1996), and to a renewed science of psychology (Giorgi, 2000b, 2009) identify four primary phases in the Husserlian phenomenological methods, namely:

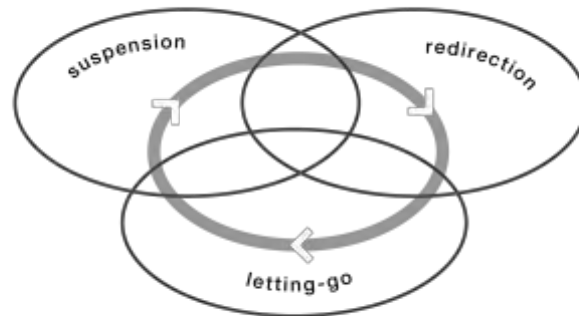
**Assumption of the transcendental phenomenological attitude.** The philosophical researcher is to assume the phenomenological attitude. This means breaking with the natural attitude<sup>27</sup>, suspending beliefs and theories about experience, also known as bracketing, and redirecting ones attention from the habitual, content-oriented direction of thinking to the arising of thoughts themselves (Giorgi, 2009; Thompson, 2007). When assuming the phenomenological attitude, one regards everything from the perspective of consciousness. This implies regarding objects from the perspective of how they are experienced, regardless of whether they are actually that way.

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<sup>27</sup> The natural attitude is the attitude of everyday life, expressed with a straightforward immersion in the world, with an unreflective positing of the world 'out there', independent of us (Thompson, 2007). This is the attitude taken in the everyday world where experiences are taken for granted to be outwardly exactly as they experienced inwardly (Giorgi, 2009).

The attainment of the transcendental phenomenological attitude requires the application of the phenomenological reduction, which induces the epoché<sup>28</sup>. The phenomenological reduction and epoché take place according to the following principle phases:

- *To suspend* the realist prejudice that what appears in the world is the state of the world, and change the way one pays attention to lived experience by breaking the natural attitude (Gallagher & Zahavi, 2008);
- *To redirect*, by turning away from the world to the self by placing one's attention from the world 'out there' to the internal experience. This requires a change in the quality of attention, moving from an active search to an accepting letting-arrive.
- *Letting go*. This requires the need to go through an empty time of silence and to deliberately turn one's attention inwards, not to look for something there, but to accept what shows up there, or to accept what you can let show itself (Gallagher & Zahavi, 2008). It involves the heightening of the experiencer's presence to consciousness (Giorgi, 2009) .



**Figure 5. Stages of the Epoché**

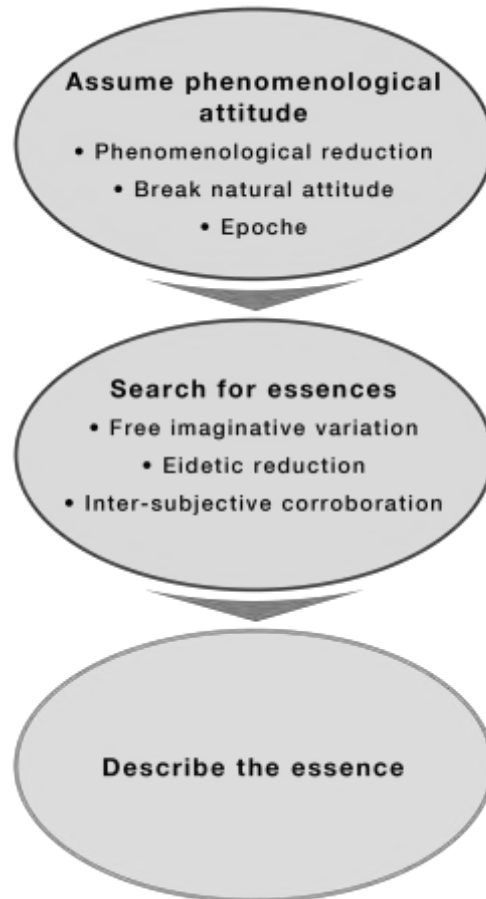
*Note.* With input from *The phenomenological mind* by S. Gallagher and D. Zahavi, 2008, New York: Routledge

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<sup>28</sup> The epoché is a methodical step in which 'suspension', 'neutralization' or 'bracketing' of the natural attitude, or unreflective position of the world 'out there', and theoretical beliefs and assertions about 'objective reality' occur. Attention is turned to the manner in which something appears to pure consciousness (Thompson, 2007). By bracketing is meant the activity of disengaging past experience of a specific phenomenon that is perceived to be similar to the present phenomenon under investigation, while determining the content and structure of present experience (Giorgi, 2009). It does not mean forgetting the past experience.

An example relevant to this research is that an agent may have an internal experience of an interaction with a client as stressful. In the natural attitude, the agent would assume that the client is doing something that has a natural and inescapable route to the cause of the stress experience. When applying the epoché the agent, as hypothetical philosophical phenomenologist, would suspend the judgment that the client is doing something stress inducing, turn their attention from the client towards the inner experience of stress and to accept the stress as an internal structure of experience. By so doing, they would aim to glean some knowledge about the nature of their stress from their own experience.

**Search for the essence of the phenomenon.** Once, having assumed the transcendental attitude, the philosopher focuses on a specific instance of the behaviour under study and applies the free imaginative variation to the behaviour in order to determine what is essential to it, that is, to determine what it is that makes the instance a typical example of the phenomenon under study (Giorgi, 2009). This involves gaining intimacy with the immediacy of experience, and cultivating imaginary variations or multiple possibilities of the phenomenon as it appears (Giorgi, 2009), in this study being the manifestations of empathy. Intimacy with experience corresponds with intuition.



**Figure 6. Stages in the Philosophical Phenomenological Method**

*Note.* With input from *The descriptive phenomenological method in psychology: A modified Husserlian approach* by A. Giorgi, 2009, Pittsburgh: Duquesne University Press

Free imaginative variation<sup>29</sup> is attained by engaging the eidetic reduction<sup>30</sup> to achieve intuitive evidence according to the following two steps:

- *Eidetic reduction.* When undergoing the eidetic variation, the researcher uses their imagination to strip away all that is not essential about an object, to find the invariant essential structures of experience (Gallagher & Zahavi, 2008).
- *Inter-subjective corroboration* concerns itself with the degree to which structures are universal (Gallagher & Zahavi, 2008).

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<sup>29</sup> Free imaginative variation involves applying one's mental activity to a specific object under investigation and mentally removing an aspect of the object. If the object becomes different after the removal of the part, then that part is moving towards being essential. If the object does not become materially changed after its removal, then the part is contingent, that is non-essential (Giorgi, 2009).

<sup>30</sup> The eidetic reduction is a process whereby an object, either a real or imaginary one, is reduced to its essence (Gallagher & Zahavi, 2009; Giorgi, 2009; Thompson, 2007)

**Description of the essence as invariant.** Once the philosophical researcher has determined the essence, the next step is to describe it in a manner that is true to its actual experience. Description is achieved with the use of language to explain the given factors in consciousness as an intentional object of experience (Giorgi, 2009).

The descriptive approach is highlighted here in contrast to: (1) *interpretation* where language is applied to intentional objects of experience by some non-given means such as hypothesis or theory; (2) *construction* where imagination or some other non-given method is used to represent the objects of experience, or (3) *explanation* which attempts to account for factors present by other non-present factors such as causes (Giorgi, 2009). The descriptions enhance the experience in the form of an embodiment that shapes what is experienced.

**Training for stability.** The philosopher or researcher maintains a continuous development of skills to train capacities in bracketing or suspending of preconditions and beliefs, being attentive to intuitions and deepening descriptions.

Phenomenology, as written about by Husserl, Heidegger and Merleau-Ponty, is of a theoretical and philosophical nature, and is not intended as an applied research method. As a result, various researchers, in frustration at the limitations of a positivist approach to researching human subjects, turned to the theoretical, philosophical insights of phenomenology in an attempt to develop research methods to address this perceived gap. The section that follows aims to introduce and discuss the main methods of applied human science research to evolve from a phenomenological philosophy.

#### METHODOLOGICAL PHENOMENOLOGY

In recognition of the limitations of physical scientific methods for an in-depth understanding of the unique humanness of human functioning, various researchers have turned towards the insights of philosophical phenomenology in an attempt to develop methods that are pertinent to human science (Giorgi & Giorgi, 2007; Giorgi, 2000b; Moustakas, 1994; van Manen, 1990). There is also a move to articulate phenomenology as a necessary compliment to

positive science with the marrying of phenomenology and cognitive science. This is in the form of neuro-phenomenology (Thompson et al., 2005; Thompson, 2007; Varela et al., 1991) and front-loading phenomenology (Gallagher & Zahavi, 2008).

Various methodologies have emerged in this context, the primary methodologies considered relevant to a discussion of choice of methods for this research are: (1) Sanders' phenomenology proposed as a new qualitative research technique relevant to organizational research; (2) Giorgi's descriptive phenomenological method in psychology, developed out of the Duquesne School at the Psychology Department, Duquesne University in the United States of America, specifically for research in psychology, but by his own discernment, relevant to other human studies with minor modifications; (3) van Manen's hermeneutic phenomenology developed at the Utrecht School based in the Netherlands for pedagogical studies; (4) Benner's interpretive phenomenology developed for research in nursing, and (5) Smith's interpretive phenomenological analysis (IPA) developed also for psychological studies (Gill, 2014).

Other methods that should be mentioned, but will not be discussed further are the approaches of: Dahlberg and colleagues, Halling and his colleagues, and Todres (Finlay, 2009). These are not deemed relevant for further discussion since they follow the interpretive school of Heidegger, which, as the paragraph below mentions, is not the choice of approach for this research.

The methodologies of Sanders (Sanders, 1982) and Giorgi (Giorgi & Giorgi, 2007; Giorgi, 1985, 2009) follow the descriptive philosophical method of Husserl, while the methods of Benner and Smith are based upon the interpretive, hermeneutic methods of Heidegger. Van Manen can be seen to embrace elements of both Husserl and Heidegger (Gill, 2014). Clark Moustakas (Moustakas, 1994) in his book *Phenomenological Research Methods*, presents modifications on methods proposed by van Kaam and what he calls the Stevick-Colaizzi-Keen method.

For the purposes of this study a brief discussion of the methods of Sanders' phenomenology will be followed by a more thorough comparison of the methods of Giorgi and van Manen. The methods of Benner and Smith are mentioned in Table 7 below but will not be examined in more detail. The reason for this is that the scope of study and research objectives of this

study, align with Husserl's descriptive phenomenology rather than with Heidegger's interpretive hermeneutic phenomenology. As is tabled below, the methods of Sanders, Giorgi and, to a lesser degree van Manen, align with the philosophical underpinnings of Husserl, while the methods of Benner and Smith are developed upon the ontological assumptions of Heidegger. Furthermore, a methodological phenomenological rather than a philosophical phenomenological approach is chosen as the correct methodological approach for this research since the philosophical approach takes as its starting point the personal lifeworld of the researcher while the methodological approach takes as its starting point an account of the lifeworld of another as research participant. This conforms to the requirements of a human scientific approach (Giorgi, 2009).

The modified methods as espoused by Moustakas will not be discussed, as they do not constitute an independently developed methodology. Furthermore, Giorgi and Giorgi (2007) criticize the use of the term transcendental by Moustakas (1994). Where relevant, however, and where they are consistent with the methods of Giorgi, some of Moustakas' insights will be mentioned if they assist with the discussion of method.

	<b>Phenomenology</b>				
	<b>Descriptive phenomenology (Husserlian)</b>		<b>Interpretive phenomenology (Heideggerian)</b>		
	<b>Sanders’s phenomenology</b>	<b>Giorgi’s descriptive phenomenological method</b>	<b>Van Manen’s hermeneutic phenomenology</b>	<b>Benner’s interpretive phenomenology</b>	<b>Smith’s interpretive phenomenological analysis</b>
Disciplinary origin	Organization studies	Psychology	Pedagogy	Nursing	Psychology
Methodology as:	Technique	Scientific method	Poetry	Practice	Craft
Aims	To make explicit the implicit structure (or essences) and meaning of human experiences	To establish the essence of a particular phenomenon	To transform lived experience into textual expression of its essences	To articulate practical, everyday understandings and knowledge	To explore in detail how participants are making sense of their personal and social world
Participants (sampling)	3-6	At least 3	Unspecified	Until new informants reveal no new findings	1 or more
Key concepts	<ul style="list-style-type: none"> <li>• Bracketing (epoché)</li> <li>• Eidetic reduction</li> <li>• Nomematic/noetic correlates</li> </ul>	<ul style="list-style-type: none"> <li>• Bracketing (epoché)</li> <li>• Eidetic reduction</li> <li>• Imaginative variation</li> <li>• Meaning units</li> </ul>	<ul style="list-style-type: none"> <li>• Depthful writing</li> <li>• Orientation</li> <li>• Thoughtfulness</li> </ul>	<ul style="list-style-type: none"> <li>• The background</li> <li>• Exemplars</li> <li>• Interpretive teams</li> <li>• Paradigm cases</li> </ul>	<ul style="list-style-type: none"> <li>• Double hermeneutic</li> <li>• Idiographic</li> <li>• Inductive</li> </ul>

**Table 6. A Typology of Phenomenological Methodologies**

*Note.* From “The possibilities of phenomenology for organizational research” by M.J. Gill, 2014, *Organizational Research Methods*, 17(2), 118–137.

**Sanders' phenomenology.** Sanders, identifying phenomenology as a “new star on the research horizon” (Sanders, 1982, p. 353), proposed a methodology for organizational research in the early 1980s. At that time she identified the challenges of applying a phenomenological approach in organizational studies due to the imprecise nature of phenomenological methods, the complex technical language, and the perceived limited relevance of consciousness as a study in organizational research (Sanders, 1982). To address these challenges she articulated the role and relevance of consciousness in, say for example, managerial excellence. She also attempted to explain the language and to lay foundations for a method.

Sanders' describes her methodology as a technique. She goes on to define phenomenology as “seek(ing) to make explicit the implicit structures of human experience” (Sanders, 1982, p. 354). Her phenomenological research design comprises three main components (Sanders, 1982), namely: determination of limits: the what and who is to be investigated; collection of data; and phenomenological analysis of the data. The elements proposed for phenomenological analysis of the data are: bracketing (*epoché*), an eidetic reduction and the identification of nomematic and noetic correlates. She calls for a sampling of between three and six participants.

While Sanders' article is deemed to be a valuable introduction, and indeed the only methodology developed specifically for organizational research, it has not been developed further since its introduction in the early 1980s. Instruction for significant aspects of the analysis process, such as the conducting of the reduction and bracketing, are sparse and leave the researcher unclear as to the precise procedure for the methods.

**Giorgi's descriptive phenomenological method.** The emergence of Giorgi's method began as early as 1962 when he experienced concern about a proper qualitative method for the research of psychological phenomena (Giorgi, 2009), and began a study of philosophical phenomenology in an attempt to address the shortfall. This followed over twenty years later with the articulation of a basic method (Giorgi, 1985). Since that time he has actively and rigorously worked the *descriptive phenomenological method in psychology* into a thoroughly thought out and recorded methodology (Giorgi & Giorgi, 2007; Giorgi, 2009; Giorgi, 2006, 2012). His method has been interpreted in the context of other social and human sciences besides psychology (Giorgi, 2000a, 2000b, 2005). He has, furthermore, been rigorous in his

alignment with the original writings of Husserl and descriptive phenomenology in philosophy (Giorgi, 2000b, 2009).

His writings, and indeed the development of the methodology, draw upon the intersection of philosophy, science and psychology (Giorgi, 2009). While the method is developed and written about specifically for application to psychological phenomena, it is generic enough, by his own account (Giorgi, 2009), to be applied to any social science that has humans as its subject. The only consideration is that the researcher, when applying the various techniques of the analysis, needs to assume the attitude of the discipline from which he or she is exploring, and to be sensitive to explicating the phenomena under scrutiny from a mix of other phenomena that may present themselves (Giorgi, 2005, 2009).

The methods, though founded upon the methods developed and articulated by Husserl for philosophical phenomenology, and articulated above, require two attitudinal changes on the part of the researcher, namely, (1) operating at a social scientific level of analysis and not a philosophical one; and (2) the analysis should be sensitive in a socially scientific way and not philosophically so (Giorgi, 2009).

While the methods are recognized as relevant to human science studies, the recording of the application thereof is still infrequent in the literature. Two social science studies applying the methods of Giorgi include: a study that explores a mother's experience of the verbal abuse of her child (DeRobertis, 2012), which applies an empirical phenomenological approach, but does not explicate the methods used. Another study that documents a client's phenomenal patterning and personal involvement patterns in a counselling context (Koziey & Andersen, 1990) mentions the use of Giorgi's method, however, does not report clearly of the steps taken in the application of the method. In organizational research McClure & Brown (2008) conducted a phenomenological study exploring the powerful human feeling of belonging as it was experienced at work, in this case making explicit use of the methods of Giorgi.

The concrete steps of the method are as follows: (1) to read the entire description for a sense of the whole; (2) to determine and break up the description into meaning units; and (3) to transform the participant's natural attitude expressions into phenomenologically-sensitive expressions that are pertinent to the professional modality according to which the research is taking place, in this case organizational studies. The attitude taken by the researcher in

conducting steps (2) and (3) is one in which the researcher applies the methods of bracketing or the epoché, the eidetic reduction and imaginative variation in order to come to the structures inherent in the participant's description of their lifeworld from a natural attitude. Sources of data include interviews and written texts of participant's experience (Ehrich, 2005; Gill, 2014; Giorgi & Giorgi, 2007; Giorgi, 2009).

While this method has not been specifically developed with organizational research in mind, it is deemed to be a relevant method for this research since it addresses, in great depth and with precise instruction (Giorgi & Giorgi, 2007; Giorgi, 1985, 2006, 2009, 2012), data analysis steps, the attainment of the two reductions and the structures necessary for a phenomenological description. Furthermore, while developed with psychological phenomena in mind, Giorgi provides clear instruction for adapting the method to other disciplines (Giorgi, 2000a, 2000b, 2005, 2006), in this case to research looking at the micro-environment in organizations, and from the perspective of knowledge for human science in organizations. An added consideration is that the phenomenon researched in this study, while done so in the context of organizations, is allied to psychology, since it addresses the internal world of the agent.

<b>Van Manen's hermeneutic phenomenology</b>	<b>Giorgi's descriptive phenomenological method</b>
Developed as a human science and artistic approach of phenomenology to pedagogy	Developed as a scientific approach of phenomenology to psychology
Based on a descriptive and interpretive approach to phenomenology	Based on a strictly descriptive approach to phenomenology
Outcome is to provide insights into the meaning and structure of human experience	Outcome is a unit of description which records the invariant structures of experience
Applies self and others as source of data	Relies on descriptions in the natural attitude of research participants as source of data
Application of imaginative variation to reveal themes	Application of imaginative variation to reveal invariant structures
Does not prescribe a definite method	Prescribes a definite method
Non empirical approach	Empirical, scientific approach

**Table 7. A Comparison of Van Manen's and Giorgi's Approach to Phenomenology**

*Note.* Author with input from “Revisiting phenomenology: Its potential for management research” by L. Ehrich, 2005, In *Proceedings Challenges or organisations in global markets, British Academy of Management Conference* (pp. 1–13). Said Business School, Oxford University.

**Van Manen's hermeneutic phenomenology.** The approach of van Manen has been developed in the field of human science pedagogy and has as its aim the production of insights into human experience, especially in the field of pedagogy (Ehrich, 2005). Similar to Giorgi and Sanders, it focuses on phenomena from the perspective of the research participant as subject. Van Manen applies a practical and reflective focus on lived experience in pedagogy (Ehrich, 2005).

The method of van Manen uses a literary and poetic approach as opposed to a psychological approach (Gill, 2014). The steps of the method are not prescriptive, with no step-by-step formula to follow, allowing for a large amount of interpretation on the part of the researcher. This method is developed on the foundations of the hermeneutic, interpretive school of Heidegger, and as such, does not remain true to the description but may use poetic or literarily technical language to interpret the accounts of the participants (Ehrich, 2005). Data sources

may include experiential descriptions from sources other than just interviews, such as observation and experiential descriptions in literature such as biographies, diaries, poetry and art (van Manen, 1990). When expressive methods such as poetry, art and drama are used as data sources, there is more room for interpretation (van Manen, 1990) than in text as transcribed interviews.

According to van Manen (1990) his method is attentive to descriptive methodology, as it tries to be attentive to how things are, and to interpretive methodology as, according to his perspective, there is no such thing as an un-interpreted phenomena. In this interpretation of phenomenology, description and interpretation should be seen as a continuum, with research appearing somewhere on the continuum (van Manen, 1990). He considers that the capturing of facts of experience is done through language which is inherently an interpretive process (van Manen, 1990). When meaning is grasped, then an act of interpretation has taken place (van Manen, 1990). In this context, distinction should be made between interpretation as pointing to something and interpretation as pointing out the meaning of something by imposing an external framework, with van Manen (1990) identifying his methods with the former.

He posits a four step process in his methodology, namely: (1) read the text; (2) mark transitions in meaning, constituting the parts of the whole and correlating to the attitude of the research; (3) transform data, in the words of the subject, revelatory of psychological input; and (4) review sensitive expression (Ehrich, 2005; van Manen, 1990).

To sum up, for the purposes of this study, the researcher has made use of the *descriptive phenomenological methods for psychology* as developed since the late 1970s by Amedea Giorgi. The reason for this choice lies in the rigorous pursuit by Giorgi of scientific principles applied to the complexity of the human condition. This is a branch of descriptive phenomenology which describes the phenomena as reported by the research participant and makes use of careful observation, unprejudiced description and the use of intuition by the researcher (Giorgi & Giorgi, 2007). Furthermore, the methods of Giorgi offer precise instruction for each of the stages of the data analysis process.

A significant factor for consideration in the choice of methodology between a descriptive and an interpretive approach to phenomenology was the view of the potential for transcendence of

the unique background and history of the person conducting the phenomenological analysis. While this research is attentive to the cultural and current and historical context of the participants, and the role of these factors in the sensemaking process of empathy, it is precisely the matter of the transcendence of these factors that is under enquiry. This consideration marks a significant turning point in the choice of the descriptive approach.

A final consideration to be borne in mind in this choice is the emphasis on the explication of a description of a phenomenon as a whole from a general perspective, which is the emphasis of Giorgi (1985, 2009, 2012) rather than idiographic meanings as is the case of Smith and colleagues (2009). The purpose of this researcher is to explicate the phenomenon of empathy practice in organizations as a whole.

#### DESCRIPTIVE PHENOMENOLOGICAL METHODS FOR HUMAN SCIENCE

The section on philosophical phenomenology above describes the four phases of the research process according to Husserl's philosophical research, namely: the assumption of the transcendental phenomenological attitude; the search for the essence of the phenomenon; the description of the essence as invariants; and, training for stability. In the case of philosophical phenomenology, the researcher is researching a phenomenon and the lifeworld from his or her own perspective, and is doing philosophy (Giorgi, 2009). The researcher is trained to set aside the natural attitude, to engage the two reductions, and to search for, and describe, the essences.

In the case of the *descriptive phenomenological method in psychology*, however, the researcher, as a psychological human scientist, is researching a phenomenon from the lifeworld of various research participants engaged in activities relevant to the human scientific topic under inquiry. It is precisely for such an occasion that Giorgi has modified the philosophical method into a scientific phenomenological method (Giorgi & Giorgi, 2007; Giorgi, 1985, 2009).

As a further modification, at the recommendation of Giorgi (Giorgi, 2000a, 2000b, 2005, 2009), for this research, the *descriptive phenomenological method in psychology* is modified

to fit the requirements for human scientific research, at the micro-level, in organizations, and will be referred to as the *human scientific method*<sup>31</sup>.



**Figure 7. Comparison of Husserl's Philosophic Method and the Human Scientific Method**

*Note.* Author with input from *The descriptive phenomenological method in psychology: A modified Husserlian approach* by A. Giorgi, 2009, Pittsburgh: Duquesne University Press

**Modifications of the philosophical method to meet the criteria for human scientific research.** Modifications for the *human scientific method* (See Figure 7) have been made to the philosophical method in the following way: the order of the steps to be taken have

<sup>31</sup> Although Giorgi (2009) refers to his method as the *descriptive phenomenological method in psychology*, the method is applied in this study to human science, for ease of reporting, this essay will refer to the method as the *human scientific method* from this point on.

changed; the data collection and analysis involves two separate people rather than one person; and the data is obtained from interviewees while the analysis is conducted by the researcher (Giorgi, 2009). The *human scientific method* differs from the philosophical method in obtaining data from two distinct sources since this ensures adherence to scientific method in which there is scepticism when data are obtained from, and analysed by, the same person (Giorgi, 2009).

- *Data as descriptions from others.* The researcher begins by obtaining concrete descriptions of experiences from others who have experienced the phenomenon that is the object of study. The descriptions are obtained from ordinary people in the natural attitude. The description is referred to as the raw data. All of the descriptions given are to be accounted for in the analysis (Giorgi, 2009).
- *Data is analysed by the researcher in the phenomenological attitude.* The researcher assumes the phenomenological reduction. At this point it should be mentioned that there are various levels of reduction (Giorgi, 2009). The attainment of the transcendental phenomenological reduction prescribed by Husserl in the philosophical phenomenological process is necessary for striving to attain universal essences, as is the aspiration in philosophical phenomenology. However, in the human scientific endeavour a reduction suitable for the attainment of human scientific structures is adequate.
- *Search for invariant organizational behavioural meanings.* The organizational human scientist does not strive for the attainment of universal essences but for the structure<sup>32</sup> of the concrete experiences being analysed through the discovery of “higher-level eidetic invariant meanings” (Giorgi, 2009, p. 100) fitting the structures. The structures are acquired as a result of the engagement of the eidetic reduction and with the assistance of free imaginative variation, and are dependent upon the research context and horizontal factors determined by the research interests.

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<sup>32</sup> Structures are “clarifications”, in the language of the human scientific discipline being applied in the research, of the lived meanings discerned from the concrete descriptions provided by the research participants (Giorgi, 2009, p. 102).

## Chapter 4 Research Design

Following Sanders' (1982) the phenomenological research design comprises three main components, namely: (1) determination of the limits of the research: the what and who is to be investigated; (2) the collection of data; and (3) the phenomenological analysis of the data.

### Determination of Limits

#### What is to be Investigated?

The area of focus for this study is the micro-level of human service organizations in South Africa. The particular emphasis is on the agent's lived experience, or the phenomenon, with regard to empathy and compassion in the relational aspect of the interaction between themselves and clients, and between themselves and other agents in the organization. The research application concerns the capacity of the agent for achieving a quality of attention conducive to empathic concern and to the potential follow-through to an act of compassion towards a client<sup>33</sup> or colleague. Furthermore, it aims to determine perceived personal factors experienced by the agent that may inhibit or facilitate this interaction. A significant aspect of the agent's lived experience under exploration is the perceived nature of compassionate acts directed towards people who are suffering. The research is also concerned with embodied experience and whether awareness of experience facilitated by body awareness is a factor in agent capacities of empathic concern rather than personal distress.

The units of analysis are individuals employed or working voluntarily in organizations. The points of focus are the individual's orientations or concrete experiences of their lifeworld in relation to an experience of empathy with a client or colleague. The proposed outcome of the study is to describe the invariant structure of the participants' concrete experiences of the

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<sup>33</sup> It is noted that service recipients are referred to by differing terms in the various service organizations. They are generally referred to as patients in healthcare service organizations and clients in social service organizations. To avoid clumsy reading as a result of repeatedly referring to clients and patients, service recipients will be referred to as clients for the remainder of this thesis. It is requested that the reader infer whether they are clients or patients by the context.

relational interaction between themselves and clients or between themselves and colleagues within the organization. These interactions will include actions borne out of empathic concern, leading to pro-social action, or out of personal distress, leading to self-oriented behaviours.

Participants were chosen where interactions were deemed to be both productive for the client or colleague and interactions that were difficult for the agent in that the agent experienced a feeling of being stuck in trying to assist the client, accompanied by a feeling of personal distress. Interactions deemed productive for clients or colleagues were those that had a positive outcome for the client and the agent experienced a positive feeling following the interaction, where the initial interaction with the client was related to client suffering

A comprehensive description of the phenomenon or concrete experience (Engländer, 2012; Giorgi, 2009) being researched is presented by the research participant, and forms the foundation for interpretation by the researcher making use of a reflective structural analysis, to reveal the invariant structures of the experience (Giorgi, 2009; Moustakas, 1994). The aim is to determine what the experience means for the person who had the experience (Giorgi, 2009; Moustakas, 1994).

### **Who is to be Investigated?**

The aim in participant selection in this study was to select participants who had a concrete experience of the phenomenon that is the focus of the study (Engländer, 2012; Giorgi, 2009; Lavery, 2003), namely, an experience of empathic concern or personal distress when working with clients or in interaction with colleagues who are suffering. For this reason the study utilized a purposeful sampling approach (Gill, 2014; Patton, 1990). The participants would be able to offer meaningful perspectives on the phenomenon to be studied, (Gill, 2014), would be willing to talk about their experiences, and should be diverse enough in their views of the experience to offer rich, unique stories of the experience (Lavery, 2003; Patton, 1990). As a strategic adjunct to purposeful sampling, the researcher made use of a combination approach with intensity and maximum variation sampling (Patton, 1990).

**Intensity sampling** was applied to gain understanding of information-rich cases that were intense but not extreme (Patton, 1990). The logic of intense case sampling is that valuable insights may be gleaned from intense outcomes that may be relevant to improving typical cases (Patton, 1990). The rationale for the application of intensity sampling was to understand the unique or typical capacities or struggles of agents in response to intense situations of client adversity. Intense, rather than extreme, examples were chosen to avoid the possibility of a distortion of the manifestation of the phenomenon, which may occur with extreme cases (Patton, 1990). It was deemed essential that the study identify the best practice relevant to a significant portion of organizational life, where extreme case sampling may be deemed too unusual to be relevant.

The application of intensity sampling requires prior information, by the researcher, of the nature of the variation in the phenomenon under study (Engländer, 2012; Patton, 1990). The literature review and theoretical modelling of the phenomenon of empathy in the Literature Review above provided the necessary information on the potential variation of the phenomenon of empathy as empathic concern and personal distress.

**Maximum variation sampling** was applied to access primary themes from data across a broad range of service providers. The aim of this strategy was to document unique variations in adapting to different conditions of service provision, and common patterns that occur amongst these variations (Patton, 1990).

While too much heterogeneity could be perceived to be a problem in that individual cases may be too disparate, the logic of this sampling approach is that common emerging patterns are of real value in revealing core, central experiences cutting across different disciplines (Patton, 1990). A small sample selection of large diversity yields two types of findings: (1) rich, detailed descriptions of each case, emphasizing uniqueness, and (2) significant common patterns shared across the cases (Patton, 1990). Thus, by maximizing variation of pertinent factors in the sampling choice, the study aims to elicit information that elucidates the variation and common patterns within the variation. The aim in this case is not to attempt to generalize findings to all agents or all organizations.

Variations were required both in profile of the organization as well as individual participants within the organizations. Since the research sought to study the topic with individuals

working as agents in organizations as opposed to individuals in their own capacity, the first sampling choices involved the choice of participant organizations. The researcher wished, initially, to investigate a variety of participants from varying professions within each organization. This, however, proved to present a range of options that were too broad to analyse since the units of description were grouped according to the categorization of experience of empathic concern or personal distress by profession within each organization. Were there to have been multiple professions within each organization, to report on each profession separately by organization, would have made the results section unwieldy. Therefore, organizations were chosen where there was a critical mass of participants working in a particular profession and participants were selected from that primary profession. The following paragraphs will discuss the choice of organizations from an intensity and maximum variation perspective.

### **Choice of Organizations**

**The intensity sampling** approach determined the strategy for identifying human service organizations where agents were providing a service to clients who were experiencing adversity. The mere fact that the agents were working with people facing adversity was deemed to provide experiences that were intense for the agents.

Human service organizations are defined by Hasenfeld (2009) as being any organization where work is focused on people with the primary purpose of transformation for the service recipients. The main attributes of service organizations are: (1) the centrality of the agent-client relationship; (2) that the work is inherently moral; (3) the indeterminate nature of the service technology; (4) the importance of the institutional environment; and (5) the emotional nature of the work (Hasenfeld, 2009). The work addresses distinct human needs and is characterized by people facing transition in their lives, and accompanied by a sense of personal vulnerability.

The field fitting these attributes is broad and spans many aspects of healthcare, social services, legal services, police services and education to name a few. Due to the limitations of the PhD research, and the prerequisite of the experience of adversity in the clients, participant organizations were chosen from healthcare and social services.

While human services typically conduct work focused on people, and mostly people who are facing transition and are vulnerable (Hasenfeld, 2009), this may include transitions that are not characterized by adversity, such as children entering new phases of school life, or people entering into contracts with legal practitioners where there is transition but not necessarily adversity. This research was specifically interested in occasions where there was transition, vulnerability and adversity for the client.

Adversity may be defined as a situation that is unpleasant or difficult (Oxford University Press, 2014). Thus services determined to be intense and associated with adversity would be found in health facilities where people face injury, illness or surgery, and in social services where there is associated trauma and violence.

The selected organizations conformed to these requirements as follows:

**Organization 1**, a hospice where clients were at end-stage of life with HIV/AIDS and tuberculosis, also facing socio-economic conditions that determined difficult living conditions and often with inadequate shelter, food and warmth

**Organization 2**, a large private healthcare facility where clients were undergoing medical procedures that required overnight stay;

**Organization 3**, a programme providing mentorship to perpetrators of violence in a community that faced socio-economic challenge, with high incidences of alcohol and drug abuse;

**Organization 4**, a centre providing counselling to clients who had experienced trauma due to family violence, bullying and xenophobia;

**Organization 5**, a programme providing healthcare practitioners a first work experience in the public health sector including tertiary hospitals, day hospitals and day clinics. These services were characterized by long waiting times for the clients, and limited staff and material resources.

While this list is by no means exhaustive of the potential samples conforming to the requirements of intensity and client adversity, it offers a rich selection of such cases. Furthermore, the study aims to identify unique limits and liabilities of agents facing resource limitation and resource exhaustion. Organizations were selected that conformed to this requirement.

Organizations 1, 3 and 4 would be considered resource limited, all relying on income from funding and all agents working in the organizations on a volunteer basis. Furthermore, the agents and the clients to whom they provide services fall within the sectors facing multiple socio-economic challenges with very high levels of unemployment and poverty (*Census 2011 Statistical release*, 2012), very high crime rates (“Crime Stats SA,” 2013), *multiple burden of disease* (Myers & Naledi, 2007) from infectious diseases, injuries from personal violence and motor accidents, substance addiction, chronic disease and mental illness.

Organization 2 would not be considered resource limited, as it is a private healthcare provider. Agents working in the organization receive professional healthcare salaries and the procedures for the clients are funded primarily by medical aid funds. However, many of the agents providing a service in this organization originate from a sector of the South African population referred to as “previously disadvantaged”. They are the first generation to have received a tertiary education and many are supporting families who are considered resource limited. The fact that the agents, as “previously disadvantaged”, are of a historically different socio-economic and racial profile to those to whom they provide a service is a phenomenon that raises many social questions in the South African context and, for this reason, was considered to be of interest to this study on the effects of resource limitation.

The institutions in which the participants of Organization 5 were working, namely public healthcare facilities, would be considered resource limited and the clients with whom they were working would also be considered resource limited. The agents working in the organization were of mixed resource capacities.

**In terms of maximum variation sampling**, the research was conducted to determine whether there were unique variations and common patterns in adapting to conditions (Patton, 1990) in these organizations when practicing empathy with clients or colleagues experiencing adversity.

The research aimed to identify patterns of unique variation and similarity (Patton, 1990) across organizational structures of private sector, public sector and NGO. Furthermore, the research aimed to determine unique variation and similarity amongst agents, both male and female, across a range of professions.

**Organization 1** is an NGO organization operating in a semi-urban district in the Western Cape, South Africa. A staff of approximately twenty-five people provided home-based and in-house care to members of the community diagnosed with HIV/AIDS and/or tuberculosis. The organization employed a team of eleven home-based carers to provide care to clients in their homes in informal settlements, typically shack-like homes. This organization was selected to represent an NGO. The agents were all with pre-matriculation qualifications. All had between two and five years of experience both at the organization and in the field.

**Organization 2** is a private healthcare facility providing services in an urban area in the Western Cape. The facility employs more than 100 staff and provides healthcare procedures to mostly private clients. Four people allied to nursing services were interviewed: three professional nurses and one administrator employed in the services for the coordination of nursing staff.

**Organization 3** is a programme where members of the programme provide mentorship to perpetrators of violence in a community in a peri-urban area in the Western Cape. The community are housed in a mixture of small brick houses and shacks. The programme was selected to represent a social service organization where agents work with perpetrators of violence. The mentors offer their services on a voluntary basis. Two mentors were interviewed.

**Organization 4** is an NGO providing social services, established to give a free service to victims of abuse. Victims include men, women and children who have suffered abuse through bullying, domestic violence and xenophobia. The organization had, at their disposal, a pool of fifteen volunteer counsellors who gave of their services to counsel members of the community. The organization was selected to represent an NGO providing social services to members of a community where there is a high level of adversity in the form of trauma. The participants were counsellors.

**Organization 5** is a programme providing a first work opportunity for professional healthcare practitioners. The services took part in facilities in the public sector. The programme was selected to represent a first work contact of the agents in a public healthcare setting. It was also selected to represent agents who had undergone professional tertiary education.

	<b>Sector</b>	<b>Structure of organization</b>	<b>Profession of participants</b>
Organization 1	Healthcare	NGO	Home-base carers
Organization 2	Healthcare	Private sector	Nursing services
Organization 3	Social services	Programme	Mentors
Organization 4	Social services	NGO	Counsellors
Organization 5	Healthcare	Public sector	Healthcare practitioners

**Table 8. Summary of Demographics of Participant Organizations**

### Sample Size

The purpose of the chosen sample size in the *human scientific method* is to provide adequate expression of the lived experience of a phenomenon to facilitate the search for the invariant structures of the phenomenon by the researcher (Engländer, 2012; Giorgi, 2009). In qualitative research the sample size need not rely on statistics. The method meets general human scientific criteria so long as the results can be shown to be generalizable and representative. This does not need large sample sizes (Engländer, 2012). Generalizability, in qualitative research is not dependent upon ‘how many?’ as it is in quantitative research (Engländer, 2012). For the purposes of the *human scientific method* the sample size is recommended to be at least three participants (Giorgi, 2009). Giorgi (2009) contends that one or two participants would be too little, not from the perspective of representation, but for the fact that it would be too difficult for the researcher to incorporate their own imagination into the research process to determine the invariant structures. More than three participants would

entail more work for the researcher and would provide a better appreciation of variation of the phenomenon rather than better generality of the results (Engländer, 2012).

For the purposes of this research, the objective of determining whether there is a marked difference in lived experience amongst the agents working in the different categories of organization is relevant. Therefore at least three participants have been interviewed from four of the five organizations. Appendix 5 tables the details of participants from each organization by gender, age, number of years of employment and highest level of qualification.

### **Ethical Considerations**

As is the requirement for research to be conducted on human participants (CIOMS, 2002) and of the University of Cape Town's Code of Research involving Human Participants (Humanities Faculty Research Ethics Committee, 2013), the research proposal and application forms were submitted for ethical review to the University of Cape Town, Graduate School of Business (GSB)'s Ethics in Research Committee. The application was assessed and permission was granted according to the rules and norms of the University and Commerce Faculty. A copy of this letter is attached as Appendix 1.

Furthermore, since the research was planned with individuals in organizations, permission was required from the management structures within the organizations. Participants were selected according to purposeful sampling methods (Gill, 2014; Patton, 1990), further details to be found in Chapter 5 Research Design, below. Individual participants were selected from five organizations.

Approval to conduct interviews with participants within the organizations was granted by the organizations as follows:

**Organization 1.** Permission was granted by the managing director and staff manager of the organization. This followed a meeting in which the researcher presented the aim and objectives of the research.

**Organization 2.** Permission was granted in writing by the nursing supervisor in consultation with the organizational research committee.

**Organization 3.** Permission was granted verbally by the director of the programme following a presentation by the researcher to the programme team.

**Organization 4.** Permission was granted verbally by the managing director of the organization in consultation with the board of directors.

**Organization 5.** Permission was granted verbally by the programme manager.

#### ETHICS RATIONALE

The development of ethics in research of human subjects came about in response to ethical shortcomings observed specifically in biomedical research in the early and mid-1900s (CIOMS, 2002). This resulted in a number of commissions who develop, on a continually evolving consideration, what constitutes ethical research in human subjects (CIOMS, 2002; The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (NIH), 1979; World Medical Association (WMA), 2013). As a result, ethics for biomedical and human behavioural research provide a comprehensive source for ethics in human research, and indeed most ethical considerations in human science find their foundation in these documents (Humanities Faculty Research Ethics Committee (UCT), 2013). It is for this reason that the researcher has turned to these documents as the source of these ethical considerations. While this research is not of a biomedical nature it is about human behaviour and addresses a topic allied to behavioural investigation. Behavioural investigation is considered to be biomedical research (CIOMS, 2002). It was, therefore, deemed by this researcher to require clear ethical considerations pertinent to biomedical research.

These considerations have been based upon the requirements for biomedical and behavioural research in human subjects in accordance with the sections of the following reports considered by this researcher to be relevant to behavioural research:

- *The Belmont Report: Ethical principles and guidelines for the protection of human subjects of research*, commissioned by The National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research in 1979.
- *International ethical guidelines for biomedical research involving human subjects*, prepared by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with the World Health Organization (WHO), prepared in 1993 and revised in 2002.
- *The World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human subjects*, prepared by the World Medical Association and adopted by the 18<sup>th</sup> WMA General Assembly Helsinki, Finland, June 1964, the most recently adopted at the 64<sup>th</sup> WMA General Assembly, Fortaleza, Brazil in October 2013.

According to the CIOMS (2002), all research involving human subjects should consider the following three basic principles, namely: (1) respect for persons; (2) beneficence; and (3) justice. These principles were considered in drawing up the proposal for this research, and have been considered in every aspect of the research process and in the reporting of the research findings.

#### RESPECT FOR PERSONS

Respect for persons includes respect for the autonomy of people capable of deliberating their personal choices, and protection for persons with diminished or impaired autonomy (CIOMS, 2002). In this sense, respect for the basic rights of human beings and protection of the rights, interests and sensitivities of the participants were adhered to as follows:

- *The right to privacy*, including the right to refuse to participate in the research (WMA, 2013);
- *The right to anonymity and confidentiality* (CIOMS, 2002; WMA, 2013), where it is promised explicitly and where no clear understanding to the contrary is reached, including methods of collection of data and the workings thereof; and contracted access of the research to data banks, institutions and professional organizations; and
- *The right to be addressed in a language that is comfortable for the participants* (CIOMS, 2002; NIH, 1979).

Respect for persons, and the requisite details thereof, were ensured through the process of informed consent.

**Informed consent.** For all research involving humans, to ensure the autonomy of the participants, the researcher must obtain voluntary informed consent from the prospective participant (CIOMS, 2002). In this regard, the researcher fulfilled the obligation to ensure that adequate information about the proposed research was received, understood and considered by all participants (CIOMS, 2002), even if participants did not initially listen to the explanation, or did not seem interested in knowing about the explanation (NIH, 1979). Furthermore, it was acknowledged that it was not possible to foresee all possible problems, so the researcher committed to handling unforeseen problems with ethical sensitivity, should they have arisen (NIH, 1979). No such problems arose.

The researcher assessed the capacity of participants to consent, including special protection for vulnerable groups (CIOMS, 2002), freedom from coercion, or undue inducement, including awareness of any potential hidden agenda on behalf of participants was assessed, namely: fear of victimization (CIOMS, 2002); participant expectations of the prospect of payment for taking part in the research (CIOMS, 2002); participants who perceived themselves to be of a lower status feeling compelled to comply with the researcher's or the organization's wish for participation (NIH, 1979); or a perceived obligation from the researcher or the organization to provide information to gain approval (NIH, 1979).

The consent form, a copy included at the end of this report as Appendix 2, addressed: the aims of, foreseeable repercussions of, and anticipated consequences of the research; the anticipated time commitment required of the participants; the request for permission to take audio recordings of the interviews; the commitment to confidentiality and anonymity of the participants; details of anticipated risk/benefit ratio; and freedom to withdraw from the research at any time without repercussions from either the researcher or the participant organization (NIH, 1979; WMA, 2013). Consent was provided by the participants with a signature on the written consent form (CIOMS, 2002). The original signed consent forms are kept on file in a locked cupboard by the researcher.

The researcher undertook to apply an identifier code (CIOMS, 2002) to all records at the point of first contact and to keep any link between the participant identification and the identifier

code in a locked cupboard at her personal premises. All further data and records are identifiable only with the identifier code. During the recording of results any details that could identify the organization or the individual participants were changed so that the confidentiality and anonymity of both the participants and the organizations were maintained (CIOMS, 2002; WMA, 2013). All records were, and continue to be, kept either on the researchers person or in a safe place at her personal premises.

## BENEFICENCE

Beneficence refers to the ethical obligation to maximize benefit and minimize harm, and leads to the norms that the benefit/risk ratio of the research be reasonable, that the research design be rigorous, and that the researchers be competent to conduct the research and to safeguard the well-being of the participants (CIOMS, 2002). The researcher acknowledged, and committed to maintain, primary responsibility to the physical, mental and social well-being (CIOMS, 2002) of the participants, and to reassess the risk versus benefit to the participants and society (CIOMS, 2002; WMA, 2013), viewed in the context of the search for new knowledge, and throughout the research process.

**Risk/benefit ratio.** The potential assessed risks of the research were that there could be a cost incurred in time and travel commitment, and that the interviews, involving in-depth probes, could lead to the recall of challenging experiences and associated emotions and memories.

In this regard permission to conduct the interviews during the normal course of the working day was granted by each of the participant organizations and the researcher arranged to conduct the interviews at the place of work. There was, therefore, no loss of earnings or time demand placed on the participants. Each of the organizations assessed that the need for new information related to the topic of the research was significant and that it warranted the commitment to allowing the participants time from their work schedules.

With regard to the potential risk of provoking the recall of challenging experiences and associated emotions and memories, it was precisely the stimulation of recall of challenging experiences during the normal course of the work demands that lead to the inquiry for this

topic. And it is the attempt of this study to explore the endogenous skills of skilled agents to manage this recall that is the anticipated outcome of the study. Furthermore, it is the experience of this researcher, in the conducting of workshops with agents in organizations that the recall and new sensemaking of these experiences may potentially provide insight into the skills required by these agents to alleviate the painful recall during working hours. For this reason, it was the assessment of this researcher that the benefits to organizations at large of knowledge in how to deal with these circumstances outweighed the risks of individual recall during the interviews. The researcher made provision in the process of gaining informed consent that should any participant require support following the interviews that the researcher would make such support available through the services of an outside practitioner. No such need was required following the interviews.

Due to the potentially distressing nature of the content of the interviews as a result of recall of challenging experiences of the participants, it was also acknowledged that the researcher would be exposed to the same potentially distressing material and also to the distressed expressions of the participants. The principal researcher, who conducted the interviews, is an experienced organizational trainer and coach. As is the professional requirement of professional coaches, a network of supervision was available to the researcher. The researcher was vigilant to a specific requirement for supervision stimulated as a result of the research. No such need was required during the duration of the research.

**Research protocol.** The research protocol is to clearly state: (1) the aim of the research; (2) the reasons for involvement of human subjects; (3) the nature and degree of known risks; (4) sources from which to recruit subjects; and the means for adequately informed, voluntary consent. The protocol is to be ethically appraised by an independent review body (CIOMS, 2002). The research protocol was recorded in the research proposal submitted for ethical approval to University of Cape Town, Graduate School of Business (GSB)'s Ethics in Research Committee and to the management of each of the participant organizations. It was deemed to be sufficiently rigorous to warrant the granting of permission to conduct the research. There were no changes to the design between the granting of permission and the completion of the data collection and reporting.

The data from Organization 1 and 5 should be considered secondary use since the data was initially obtained from interviews conducted by this same researcher while under the auspices

of another institution. The pertinent issue to be considered in the case of these participants is whether the records contain personal identifiers, or whether a link can be formed to such identifiers, and by whom (CIOMS, 2002). Ideally in such an instance, the participants would have been advised of the potential future use (CIOMS, 2002). At that time there was, however, no prospect of future use. The prospect of future use became evident when, in identifying the gaps in the previous research, it was decided by the researcher to address these gaps in this PhD research. The relevant ethical process was adhered to for primary collection of data, with ethical approval granted by the institution. The researcher had stripped data of personal identifiers for all records, the data was analyzed from the transcriptions of audio recordings and the original audio recordings were not used in any way. Permission to use the data for secondary use was granted by the supervisor and the research director of this research.

**Competence of the researchers.** The interviews were conducted by the primary researcher. The researcher is an experienced organizational trainer and coach, with eight years experience in conducting one-on-one coaching sessions with individuals where challenging experiences are frequently the main content of the sessions, and five years experience in facilitating group training processes again where challenging experiences frequently emerge.

## JUSTICE

Justice refers to the ethical obligation to treat every person in a manner that is morally correct, and includes distributive justice, which refers to the equitable distribution of the burdens and the benefits of the research (CIOMS, 2002). It requires that the research be sensitive to the conditions and needs of vulnerable communities and individuals, and particularly so in low-resourced communities or countries (CIOMS, 2002). The burdens of research may be the overuse (CIOMS, 2002) of certain populations due to poverty or administrative availability.

**Equitable selection.** Cognizance was taken of the importance of an equitable selection of participants. The focus of the inquiry is on agents working in human service organizations where empathy and compassion are deemed to be important relational capacities. Since this field is large, the focus in this study has been limited to health and social services. The selection of participants was conducted according to purposeful (Gill, 2014) sampling

techniques with intensity and maximum variation (Patton, 1990) sampling. Intensity sampling was applied to gain an understanding of information rich cases that are intense but not extreme (Patton, 1990).

Maximum variation techniques were applied to gain information across a range of service providers to determine common patterns and to assess whether there is adaptation to different conditions (Patton, 1990). Participants were selected as agents employed or offering voluntary services at organizations providing human services to clients facing adversity. Since this field is vast, a selection was made from healthcare and social services. Variation was applied according to category of organization, profession of agent and gender of agent, experience in the field and category of qualification. These are detailed in Table 1 below. While the variation can by no means claim to adhere to maximum variation, the range is deemed to offer a sufficient variation to illustrate a meaningful generalization to the data within the financial and time constraints of a PhD thesis.

Category of organization	Non-governmental organization (NGO) Public sector organization Private sector organization
Profession of agent and category of qualification	Home-based carers - Matriculation certificate or equivalent Professional nurses - Post matric certificate or diploma Pharmacists - Post matric degree Counsellors - Post matric diploma or degree Mentors - Matriculation certificate or equivalent
Gender of agent	Male Female

**Table 9. Categories of Sample Variations**

It was the aim of this researcher to identify whether there was a material difference in experience of agents working in public, private and NGOs for the express purpose of identifying whether their experiences differ in line with organizational resource variations.

**Accountability to society.** The researcher committed to conducting the research in a socially-responsive and responsible manner, adhering to the responsibility to make the research known (CIOMS, 2002), and to report research findings in a full, open and in a timely fashion to the relevant research communities (CIOMS, 2002).

## Collection of Data

Data, in the *human scientific method*, comprises accounts of the experiential world of the participants (Giorgi, 2009). Since the researcher has no direct access to this interior, experiential world of another person, data is accessed through a form of expression, the major form of which is language (Giorgi, 2009). The data in this case is a concrete expression, in the form of language, produced by agents as participants in response to the situations they are living through. In-depth interviews and written accounts are the primary ways in which to attain linguistic expression of experience from participants.

The interview is the main data collection method used in qualitative human scientific research (Engländer, 2012). It has as its foundation the situation of a subject, as researcher, observing, and encouraging expression from another subject, in contrast to the experiment which has the researcher as subject, observing an object (Engländer, 2012; Wilbur, 2006). Furthermore, the interview provides for the forming and reforming of awareness between the interviewer and the interviewee. For this reason, interviews were chosen to be the main source of data capture for this research.

## Research Instruments

### THE PHENOMENOLOGICAL INTERVIEW

One seeks, in the descriptive phenomenological interview, the most complete description as is possible of the experience lived by the participant (Giorgi, 2009). The interviews were conducted with the express purpose of eliciting descriptions that could be analysed to understand the meaning of the phenomenon as lived by the participant. The interview was conducted by the researcher as a participant observer<sup>34</sup> (Engländer, 2012; Giorgi, 2009) with a subject-to-subject relationship (Engländer, 2012). In this case, the interviewer did not attempt

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<sup>34</sup> Participant observer is used here in a general sense of an observer who is participatory as opposed to an observer who attempts to be independent, and is not meant in the traditional sense as applied to data collection in ethnographic research or grounded theory research (Engländer, 2012).

to be purely objective and acknowledged the role that the interviewer, as subject, had on the participant, also as subject.

#### INTERVIEW SCHEDULE

The questions of the interview were structured in such a way as to elicit description (Engländer, 2012; Giorgi, 2009) in which the interviewer asked the participant to describe a situation in which the participant had had the experience under investigation (Engländer, 2012). The interviews took the form of semi-structured interviews. In this regard Giorgi (2009) cautions against becoming anxious and over-preparing a set of questions as may be the case in some instances of semi-structured interviews. Rather more important was for the interviewer to establish rapport with the interviewee (Giorgi, 2009) and to apply a natural inquisitiveness and sense of inquiry for the topic. Furthermore, Giorgi (2009) distinguishes between leading and directing the participant with the questions. Leading involves asking questions in a way that gets the specific answers the researcher is hoping for, while directing involves keeping the participant on the subject. The researcher took cognizance of, and applied, these considerations. Each interview was approximately one hour in duration.

To reiterate, the research question is:

What is the lived experience of agents working in human service organizations in South Africa, with regard to the practice of compassion within the relational aspect of the interaction between themselves and clients, and between themselves and other agents in the organization? The primary instruction to the participants, to elicit descriptions that responded to this question, was, following an invitation for the participant to remember a concrete example of the experience of empathic concern or personal distress while engaging in an empathic exchange with a client, client or colleague, to describe in as much detail the internal experience of the remembered event.

Prompting statements, or probing for further information, to be applied only when a participant became stuck, were as follows:

- Describe an experience of an interaction, either with a colleague or with a client where you experienced either the giving or receiving, or withholding, of compassion or

empathy that you experienced as either encouraging, or not encouraging, yourself or the other person to manage their suffering.

- Start with a short description of the outer events and describe what happened in the interaction.
- Turn your attention to your inner experience and describe how you experienced the interaction in your own inner life.
- It may be helpful to notice if there are any bodily sensations experienced in response to the memory and to describe these sensations.
- Describe the tone or inner feelings of the experience.
- Describe how these inner experiences compare with how the other person seems to be feeling.
- Describe your understanding of the other person's situation in relation to the experiences that are brought up in you.
- The inner experiences may remind you of other things in your life? If so, please describe them.
- Describe how, if at all, the inner experiences inform your decision and follow-up action either towards yourself or towards the colleague/client.

#### THE INTERVIEW TECHNIQUE

The interview technique used in this case followed a methodology relevant to a guided introspection (Depraz et al., 2003), and was aimed at structuring the act of becoming aware. The method of the debriefing interview took the form of a deconstructive or reflective act (Depraz et al., 2003). Its purpose was to suspend an unreflective attitude towards the world and to take on an attitude of reflecting or introspecting on the processes that occurred in the mind of the experiencing agent (Depraz et al., 2003; Gallagher & Zahavi, 2008; Thompson, 2007). This was encouraged by starting with the suggestion to the participant to remember an outer event and to describe it to the interviewer and then for the participant to turn their attention to the inner dynamics and to describe those in response to the outer event.

The interview was conducted in such a way as to enable the participants to access information that would not otherwise be accessible, by a process of forming and reforming awareness as the discussion and exploration progresses with the participants. At this point it is deemed

relevant to reiterate the main points of the comparative discussion on philosophical and methodological phenomenology, elaborated as Husserl's philosophic method and the human scientific method, in the section on research applications of phenomenology above, and to relate these to the discussion on self-consciousness that follows.

Philosophical phenomenology is primarily the research pursuit of the researcher, as philosopher, interrogating and reporting on his or her own experiences. The researcher is skilled in breaking with the natural attitude in order to attain a phenomenological attitude and to search for and describe the essences of awareness from their own perspective. In the human scientific method the researcher interviews the participant, whose experience is the object of the research pursuit. The participant is presumably (Giorgi, 2009) reporting on experiences in the natural attitude and the researcher then analyses these descriptions in the phenomenological attitude. The researcher assumes the phenomenological attitude in order to search for and describe the invariant structures of the participant's experience. The participant is thus assumed to be consistently in the natural attitude, and reporting as such, as an everyday unreflective positing of the world (Thompson, 2007) where experience is taken for granted to be as they are (Giorgi, 2009).

This brings us to the notion of self-consciousness. Phenomenologists seem to agree upon an essential association between experienced phenomena and first-person awareness that enables the consciousness of something, this being referred to as pre-reflective self-consciousness (Gallagher & Zahavi, 2008). The capacity to be aware of awareness is a human characteristic (Gallagher, 2005; Varela et al., 1991) and is a part of the reflective or deconstructive act. Self-consciousness should not be seen as a definitive state of self-awareness or self-knowledge but rather embracing many contours and grades of awareness of self, experience and other (Gallagher & Zahavi, 2008). It follows, therefore, that there are contours and grades of awareness of self, experience and other on a continuum ranging between the natural attitude and the phenomenological attitude. Given these grades of awareness, the interviewer may have the option of either observing the position of the participant to their experience or may make this explicit to the participant.

For the purposes of observing this position of the participant to their experience and of forming and reforming awareness, the researcher, as interviewer, applied the psychophonetic technique of *methodology of experience awareness (PMEA)* (Steele, 2005; Tagar & Steele,

2008; Tagar, 1994) in the interviews. A discussion of this methodology follows in the section below.

The interviews for Organizations 1 to 4 were conducted differently to the interviews for Organization 5. During the interviews with Organizations 1, 2, 3 and 4 the participants were interviewed in the natural attitude (Giorgi, 2009) and, for the purposes of this study, it was assumed that the participants would begin by reporting in an unreflective attitude towards the world. The participants were encouraged to assume a reflective attitude with verbal instructions as reflected in the interview schedule above. The interviewer applied *PMEA* (Steele, 2005; Tagar & Steele, 2008; Tagar, 1994) implicitly in that it was used as an observation tool for the interviewer. It was not used explicitly to reflect the positions of the participant to their experience. Thus any forming and reforming of awareness directed towards a deconstructive or reflective act occurred within the range of the participant's natural inclination.

During the interviews with Organization 5, the interviewer explicitly engaged the techniques of *PMEA* as a form of guided introspection, making use of interview prompts to draw attention to the participant the interviewer's observation of the position that the interviewee was in in relation to their experience. This was achieved by, for example, highlighting to the participant the experience of agitation or distress, observed by the interviewer, in response to a reactive state and encouraging the participant to stop and become aware of any bodily sensations, to intensify the sensations, then to reflect actively on those sensations and to name them. This was for the purpose of guiding the participant through the aspects of the phenomenal experience.

One of the primary objectives of the research is to assess whether awareness of experience facilitated by body awareness, and facilitated by the interviewer with *PMEA* as an interview technique, enables individual sensemaking in the empathic exchange. For this reason one organization was selected with which to apply *PMEA* as an explicit technique as a basis for comparison, with the other organizations providing a base-line of experiences without the application of *PMEA*. Organization 5 was selected for this role since the participants formed a homogenous grouping in terms of work experience in that they were all undergoing a first and early experience of working in an organization.

## PMEA AS INTERVIEW TECHNIQUE

*PMEA* has been developed by Yehuda Tagar since the 1980s as a method for the observation of human beings. This was undertaken through experiential and phenomenological research as a way of understanding human experience. It is an approach to observing the participant in order to trace the relationship that they have to their experience (Tagar & Steele, 2008), and by being sensitive, as, in this case, the interviewer, to the relationship the participant has to their experience, encouraging them to access a deeper layer of the phenomenal experience.

*PMEA* comprises identifying the person, in this case the interviewee, in the following positions in relation to their experience (Tagar & Steele, 2008; Tagar, 1994, 2006):

- *Sensing*. Here the participant is encountering their experience. This is the way in which the experiencer becomes more aware of themselves through the body. The senses form the connection between the person and their environment and sensing occurs when an outer and an inner phenomenon reaches awareness and becomes an inner experience.
- *Feeling*. In feeling the person is aware of the resonance of the experience. In psychophonic terms, feeling is the most inward relationship that a person has to their experience and comes about with a welling up and radiating of *feeling* within.
- *Reacting*. In reacting a person is responding to a phenomenon with an instinctive, automatic and unconscious coping behaviour, serving the purpose of defending against a perceived stimulus that reminds the person of a specific event. Expressions of such defence mechanisms may be the cutting off of feelings, numbness, aggression, manipulations, intellectualizing of emotions, self-pity, resentment, suspicion or jealousy. They are defined in psychophonic terms as projections of inner dynamics onto outer perception.
- *Beholding*. When beholding a person is inwardly observing their own experience. This brings us back to the unique capacity of human beings to be aware of their own awareness (Depraz et al., 2003; Gallagher, 2005). It consists of the activity of drawing ones attention to the internal dynamics of the previous experience currently under examination.

- *Speaking*. In speaking the person is expressing something about the experience. Speaking may not necessarily be verbal but could also be in writing, drawing, painting, or with a gesture as in acting. Speaking is significantly a consciously chosen act in contrast to reacting, which is an unconscious, automatic act. In PMEAs speaking comprises three interrelated activities of: (1) *intending* which is the internal act of thinking leading into the act of expression; (2) *emoting* which is the emotional prelude of leading feelings into speaking; and (3) *urging* which is the expression of motivation and determination into speaking.

## **Analysis of Data**

Following Giorgi (2009) the data, as descriptions of lived experience of the participants, was analysed according to three concrete steps of the method, namely:

- Read for a sense of the whole;
- Determination of meaning units;
- Transformation of participant's natural attitude expressions into phenomenologically-sensitive expressions.

Each transcription was individually analysed according to these steps. Following that, the resultant individual descriptions of invariant structures were condensed by organization into a general description of invariant structures relating to the generalized experiences of the group of participants in each of the organization.

### **Read for Sense of the Whole**

The researcher, at this point, was faced with the complete transcriptions of the interviews. To begin the analysis the researcher assumed the attitude of the scientific phenomenological reduction, adopted an organizational human scientific perspective, and became sensitive to the implications of the data for the research on lived experience of agents related to the practice of empathy and compassion in interaction with their clients or colleagues.

The first step was to read the entire description to get a sense for the whole. This was in recognition that meanings have forward and backward references, and that meanings needed to be taken in the context of the whole (Giorgi, 2009). Transcriptions, or segments of transcriptions, were categorized according to type of experience as follows:

- Empathic concern experienced in receiving interactions with colleagues;
- Personal distress experienced in receiving interactions with colleagues;
- Empathic concern experienced in giving interactions with clients;
- Empathic concern experienced in giving interactions with colleagues;
- Personal distress experienced in giving interactions with clients; and
- Personal distress experienced in giving interactions with colleagues.

The adoption of the scientific phenomenological reduction determined that the focus of the reading differed in that the reader was sensitive to the discrimination of intentional objects of the lifeworld description provided by the participant (Giorgi, 2009).

### **Determination of Meaning Units**

This step involved breaking the whole description into meaning units. While this step is common to all qualitative analyses, in this case the breaking down into parts was done in a manner that was sensitive to the goal of establishing the meaning, according to invariant structures, of the description (Giorgi, 2009), and in the light of human science in organizations. The task was conducted by reading the description, then making a mark each time a significant shift was experienced in meaning. The result was a series of meaning units.

It should be noted that these meaning units, and identified shifts in meaning, are arbitrary and would vary amongst different researchers (Giorgi, 2009). This is deemed by Giorgi to be insignificant as it does not materially alter the outcome and because the significant analysis occurs in the following step in identifying phenomenologically-sensitive expressions to represent the units. Further note should be taken that in order to facilitate the analysis of a large number of interviews, the researcher made use of the research software analysis tool of Atlas ti. This required an adaptation to the original method as described by Giorgi (2009). For the determination of meaning units the researcher marked each meaning unit as a quotation in Atlas ti rather than manually inserting it into the first column of a table.

### **Transformation of Natural Attitude to Phenomenological Expressions**

In this step the descriptions, given by the participants in the natural attitude during the interviews, were transformed into phenomenological expressions. The results of this step provided a description of the features or structures of the experienced phenomenon as a second-order description as they presented themselves to the consciousness of the researcher (Giorgi, 2009). They are invariant meanings and should be reproducible by other researchers conducting research with the same method on the same topic (Giorgi, 2009).

To accomplish this task the researcher went back to the start of each description and began to interrogate each meaning unit in order to express it in a manner more relevant to the technology of organizational human science. For this purpose the researcher assumed the phenomenological procedure of free imaginative variation. Imaginative variation was used to identify the eidetic nature of the meaning to be described (Giorgi, 2009).

The first step of the transformation was to record each meaning unit in a separate row of a first column of a table, and, at the same time to change the reporting of the description from first-person to third-person. This was done to clarify that the researcher was conducting an analysis of another person's experience rather than their own, and to ensure that the researcher, while being sensitive to, did not become too identified with, the experiences of the participant (Giorgi, 2009).

Each marked meaning unit highlighted as a quotation in Atlasti, still in the words of the participant, was interrogated to find a generalizable meaning and heightened human scientific articulation relevant to organizational science, as a code, that represents an invariant structure of the phenomenon (Giorgi, 2009). Applying imaginative variation the researcher identified a code that would represent the meaning unit. The code was inserted alongside the quotation on the transcription using Atlasti. The units were analysed three times to find the most coherent and succinct articulation, since the first interrogation may have been clumsy and not the most relevant generalization. Codes were then assigned to code families. (See Appendix 6: Code List and Code Families.) Within each organization, an analysis of categorization of reported experiences determined the participants who had reported on a same category of experience from each organization. Applying the analysis feature of co-occurrence tables on

Atlasti, tables were extracted that plotted the participant's unique identifier code alongside the codes generated for that group of participants within each organization.

Codes, as representations of each meaning unit, were recorded in the left hand column of the table. By referencing each meaning unit represented by each code, the code was converted into a generalization. The final generalizations were integrated into a unit of description of the invariant structures of the concrete experience of the practice of empathy. As a final step, leading to the discussion and key findings, the generalizations reported on in the units of description were assigned to the code families and recorded in the right hand columns of the units of description.

#### PROCEDURE FOLLOWED

Interview sessions were taped and transcribed. Tape recordings and transcriptions recorded the exact words of the participant as interviewee which become the data to be studied and analysed (Sanders, 1982). Participants were given the option to participate in follow-up interviews if the interviewer and interviewee felt that follow-up interviews would yield more in-depth description. Second and third interviews were conducted with some of the participants since many aspects of experience were not noticed immediately but required multiple revisits to the same phenomenon (Gallagher, 2012). Therefore repetition of the same task enabled further contrasts and invariants to arise.

Participants were invited to give accounts of the concrete experience of the practice of the giving or the receiving of empathy where there was an experience of empathic concern or personal distress. They were asked to take a moment and in that time to remember a memorable incident where they experienced either: (1) receiving concern, as a result of empathic concern in an interaction with a colleague, with a resultant experience of wellbeing in the participant (2) not receiving concern in an interaction with a colleague when they would have wished for empathic concern, resulting in an experience of personal distress in the participant, (3) giving as a result of their own experience of empathic concern in an interaction with a client or colleague, with a resultant experience of the interaction perceived to be positive for a client or colleague, or (4) intending to give in an empathic interaction with a client or colleague, with a resultant experience of personal distress in the participant.

	<b>1 Interview</b>	<b>2 Interviews</b>	<b>3 Interviews</b>
<b>Organization 1</b>	9 participants		
<b>Organization 2</b>	4 participants		
<b>Organization 3</b>	2 participants		
<b>Organization 4</b>	6 participants	2 participants	
<b>Organization 5</b>	13 participants	9 participants	3 participants

**Table 10. *Number of Participants Interviewed per Organization***

Table 10 above itemizes the number of participants interviewed from each organization and the number of participants who undertook to be interviewed, either for only one session, or for second and third sessions. Thirty-four participants were interviewed in total. All participants from Organizations 1, 2 and 3 took part in only one interview. Two participants from Organization 4 undertook a second interview. From Organization 5, of the thirteen participants taking part in interview one, nine undertook to participate in a second interview and three in a third, report back session. The interviews for participants from each organization were conducted in close time proximity to each other. The time sequence of each group of interviews according to organization does not follow that of the sequence reported upon. A time line of the sequence of interviews is reported in Appendix 7.

The following chapters record the final generalizations of the phenomenon under investigation as a unit of description of the invariant structures of the concrete experiences (Giorgi, 1985, 2009) of being in interaction with clients or colleagues where there was a perception, in the experience of the research participants, of being in either a giving or receiving interaction where there was a potential for empathy. The interaction may have been experienced as either empathic concern or personal distress for the participant.

The results are reported individually for each organization, but with a slight difference in reporting between Organizations 1 to 4 and Organization 5. Thus Organizations 1 to 4 will

be reported as a section, followed by a summary of the results of these organizations, and then Organization 5 reported as a separate section. This follows from the difference in interview approach detailed in the section Research Instruments, Interview Technique above. Participants from Organizations 1 to 4 were interviewed where PME was applied implicitly to the process of forming and reforming awareness of experience. Participants for Organization 5 were interviewed where the methodology was applied explicitly, thus facilitating a deeper process of introspection and awareness of experience.

Each organizational report begins with a breakdown of the categorization of interactions spontaneously chosen by the participants, of either empathic concern or personal distress experienced in interactions with either clients or colleagues. This is followed with the determining units of description of each category of interaction. Between the reported categorizations and units of description of Organizations 4 and 5 will appear a number of tables that record the combined and summarized results of Organizations 1 to 4.

The categorization of interactions and the units of description will record results reported on by participants of interactions where the participant was in the position of both the receiving and giving of empathy. This is to provide a context for the practice of empathy and compassion as a whole in organizations and to speak to the second research objective of recording the lived experiences, and discovering the meaning thereof, with regard to the relational aspect of empathic concern or personal distress amongst colleagues and clients in an organization.

The combined and summarized results of Organizations 1 to 4 will record only aspects of the experiences of empathic concern or personal distress in giving interactions with colleagues and clients. This relates to the third research objective of understanding the unique capacities of agents with regard to their capacity to achieve a quality of attention conducive to empathic concern. The results of Organization 5 again record the categorization of interactions and units of description where participants were in the receiving and giving position in interactions with clients and colleagues.

All units of description will be reported in table form with the description of the invariant structures, gleaned by free imaginative variation of the researcher, of the concrete experiences described by the participants in the natural attitude, in the left hand column of the tables.

They will, furthermore, be reported with the position of the participant in relation to their experience according to *PMEA* noted, where relevant, in the right hand column of the tables.

## **Chapter 5 Results of Organization 1**

Organization 1 is an NGO providing end-of life healthcare services to clients who are suffering with HIV/AIDS and tuberculosis. The home-based carers provide auxiliary nursing services to clients in their homes. Nine participants were interviewed, each participant taking part in only one interview.

The interviews were conducted in such a way that the participants reported their experiences in the natural attitude. The interviewer did not explicitly apply PMEA as an interview technique, and the participants were not guided into a process of introspection beyond their natural inclination.

### **Categorization of Reported Experiences**

The participants reported spontaneously and interchangeably on experiences of personal distress and empathic concern related to potential empathic interactions with clients and with colleagues. One participant reported on being at the receiving end of an exchange that was perceived to have followed from an experience of empathic concern from a colleague, in this case a supervisor within the organization. Three participants reported eight times on experiences of distress in relation to interactions with colleagues. In each of these distress interactions with colleagues, the colleagues were working at a public health community clinic in association with the NGO. The public health community clinic provided referrals to the NGO.

The most prevalent experience amongst the sample group from Organization 1 was the experience of personal distress in relation to client experiences. Seven of the nine participants referred to experiences of distress in this context. Various experiences of distress were referred to a total of twenty times during the interviews. In contrast, six participants referred to experiences of empathic concern, leading to compassionate acts. These experiences were referred to a total of six times.

Table 11 below lists the categorizations of interactions where there was an expectation of receiving or giving of compassion and where those interactions were experienced either as empathic concern when the expectations were met, or personal distress when the interactions did not meet the expectations of empathy. These interactions are further categorized into interactions with clients or with colleagues. The values in the columns reflect the number of times the corresponding participant referred to such a category of interaction.

	Receiving		Giving			
	EC	PD	EC		PD	
			Colleague	Client	Colleague	Client
Participant 01	-	-	-	1	-	2
Participant 02	-	-	-	1	-	-
Participant 03	-	-	-	-	-	4
Participant 04	-	-	-	1	-	3
Participant 05	-	3	-	-	-	2
Participant 06	1	4	-	2	-	3
Participant 07	-	1	-	-	-	-
Participant 08	-	-	-	1	-	1
Participant 09	-	-	-	-	-	5

**Table 11. *Categories of Experiences Amongst Participants from Organization 1***

*Note.* EC Empathic concern; PD Personal distress

The following section provides the meanings of the lived experience as units of description of the invariant structures of the participant's concrete experiences. Each unit of description forms a consolidation of the structures gleaned by the researcher, through the analytical process of the phenomenological reduction, of the participant's concrete experiences of personal distress and empathic concern in interaction with clients and colleagues as reported in the natural attitude during the interview.

Units of description are detailed for the following agent experiences: (1) empathic concern experienced in receiving interactions with colleagues; (2) personal distress experienced in receiving interactions with colleagues; (3) empathic concern experienced in giving interactions with clients; and (4) personal distress experienced in giving interactions with clients. Each unit of description is a consolidation of the combined experiences of the participants listed in the column of Table 11 who reported on that specific categorization of experience. As an example the unit of description for empathic concern experienced in giving interactions with clients is a consolidation of the combined experiences reported on by participants 1, 2, 4, 6 and 8.

**Units of description**

**Empathic Concern Experienced in Receiving Interactions with Colleagues**

The agents experience a deep sense of wellbeing when being at the receiving end of actions from their supervisor perceived to be as a result of an experience of empathic concern in the supervisor. This occurs when the supervisor identifies that they are suffering as a result of difficulties experienced with the administrative functions of the job and provides extra explanation and training regarding these administrative matters. These interactions are perceived by the agents to stem from compassion on behalf of the supervisor.

**Personal Distress Experienced in Receiving Interactions with Colleagues**

The agents report on an experience of distress in response to interactions with colleagues. The agents report on an experience of becoming diminished when they are reprimanded or disciplined by supervisors either at their facility or at other facilities in the healthcare system, described by agents as:

“It is very stressful. Sometimes the person don’t want to bring their part. If he must go back to the day hospital to fetch medication then we go there to the house, if you go to the house then he didn’t go or if the person didn’t take the medication then the problem comes to us from the day hospital.”

Reaction

The agents wish for management to be able to be in their shoes for a week to experience the difficulties of the job.

“I just think if they could be in our shoes for one day, go in the community, they could see what we have to do.”

“They must walk with us for the whole week. Really they must walk.”

These difficulties are associated with challenging physical demands such as walking long distances in extreme weather conditions and being rejected by clients by, for example, having the doors closed in their face when they conduct visits to the homes of the clients.

Emoting

**Empathic Concern Experienced in Giving Interactions with Clients**

The agents report on having an experience of sensitivity for people who are suffering. The agents experience concern at seeing clients in a state of helplessness, weak and barely able to walk, and also for clients who are very sick with tuberculosis, on strong medication, living alone and without food. The agents exhibit acts of compassion when, seeing clients without food, they feel inspired to give money from their own meagre resources to the client to buy food.

They experience satisfaction when conducting compassionate acts such as providing food for clients, when connecting with God over difficult client experiences, and when observing their own self-growth at facing certain fears about aspects of the job, such as dealing with repeated death.

“Sometimes when you have money in your pocket you just give your money to them to buy a bread or something.”

The agents describe having an initial experience of distress at seeing the clients suffering. These experiences are described repeatedly as “hard”. They also report on having experiences of anger in response to client’s behaviour when the clients are perceived to not care for their own wellbeing and when the clients reject the agents, not wanting to be visited by them.

Reaction

The agents have a bodily experience of “opening” to clients, and also an experience of “connection” to clients when there is a building up of trust, a capacity for confiding, and when, correspondingly, the client’s condition improves.

Sensing

The practice of self-reflection after a difficult and distressing event enables the transformation of the experience of personal distress, as for example, the experience of anger in response to client behaviour, into an experience of empathic concern. Reflecting on distressing events helps to put them into perspective and to integrate the skills that they have with the specific context. This ensures that the distress does not lapse into persistent distress.

Beholding

At the point of contact with the client, concern is pre-empted by thinking about the situation and the context of the client's challenged circumstances before meeting with the client.

Intending

“It is really hard because sometimes you even get to see they found a patient that is really sick but the patient don't want to take medication, sometimes you get angry but when you at home you thinking about it. You not supposed to be angry because you don't know why that patient don't want to take medication especially patient with HIV and TB, because there is that big medication for TB. Its hard to take the medication, it is hard to drink that medication, its not easy, they keep asking, “why I have to take the medication because I am going to die”. They know they are going to die. So it is really hard.”

The agents report on having an experience of shyness accompanied by a deep connection with clients, and with a deep sense of satisfaction.

Emoting

They describe various mechanisms that assist in the transformation of the experiences of personal distress into empathic concern. These mechanisms include: supervision conducted with professional supervisors in the organization; casual debriefing amongst colleagues; a support network such as family; their own relationship that they have to a higher power, and the active use of that relationship in the form of prayer.

Urging

Furthermore, if they are treated well by a client, for example being greeted with a smile, this encourages them to overcome their own distress and to experience concern towards the client. When the client experiences improvement in their symptoms or when the client expresses, or shows signs, that they want the agent to provide caring services, then the agent is further encouraged to overcome their own distress. The enduring experience of the choice of job as the fulfilment of a vocation, wanting to

do caring work since childhood, provides a deeper foundation for the sustainability of empathic concern.

The experience of empathic concern leads to the ability to keep visiting the clients even when the concern is experienced with an affect experience of difficulty, and is expressed as commitment for the work and for the clients. This is even so when the clients are perceived to be uncooperative or when the clients tell the agents they do not want to be visited.

### **Personal Distress Experienced in Giving Interactions with Clients**

When first appointed to do the work within the organization, the agents report on an initial experience of excitement at the prospect of the work. However, as the work begins their experience of being inexperienced at the practical aspects of the work, and also the reality of the nature of the interaction with the people who are suffering, becomes challenging, inhibiting the initial feeling of excitement. They are, also, initially motivated to use self-reflection techniques such as journaling to help process the challenging experiences of observing client's suffering, but time pressures determine that the self-help techniques are quickly abandoned.

The agents experience hardship with many aspects of the work, expressing throughout the interview, with a sigh, that "shew, it is hard".

"At first I was very excited to meet new people but the further I got into the work it was really hard to see people suffering and especially the people that had a lot of trouble with finding out their (HIV) status. It was very hard to see the people sad and you don't really know what to do in that case. It is just hard. It is hard work."

This is further described as:

"This is an opportunity I got. People was phoning me, I was not welcome, I think I am going to take this, but my experience I think this is not for me. There is a lot of stress. I don't know how to cope at all."

They experience extreme hardship with observing the clients suffering. This is exacerbated when the clients exhibit expressions that show that they are feeling

sadness associated with their suffering. The experience of difficulty is particularly acute when they observe clients receiving diagnoses that confirm their HIV positive status and especially when those clients also exhibit behaviour that expresses their difficulty at hearing the diagnosis. They also experience extreme hardship and sadness when clients die, when the clients are very young, and when they are alone and have family living far away.

There is, furthermore, an experience of hardship at observing clients who are very ill but refuse to take the prescribed medication, perceiving the clients to not care. This hardship manifests as a welling up of anger and inhibits the capacity to experience empathic concern. The anger is intensified when the agents perceive the clients to mislead them about the taking of their medication. The agents have an experience of resentment with the perceived need to take responsibility for the care and wellbeing of the clients when those clients don't appear to be taking responsibility for their own care and wellbeing.

The experienced hardship causes distress for the agents. This is experienced as helplessness and powerlessness, coupled with an experience of hurt. They want to help the clients to get well, but do not know how to do so. This is exacerbated in the context of a client's expression of anger directed towards the agent in response to their attempts to encourage the client to persist with the treatment regimen, and coupled with them not following the prescribed treatment plan. The agents also experience helplessness when observing the client's circumstances, including their lack of adequate food, meagre living conditions and, due to the challenged health and consequential immobility, inability to change those conditions.

The agents experience distress when working with clients who are perceived to be difficult to work with, as they do not co-operate with their treatment regime. They experience rejection when the clients slam doors in their faces and express that they do not want to be visited. The visit by an agent to a home in the community is associated with a client in the home that is HIV positive, consequently, clients do not wish to be visited by agent's in the uniform of the organization.

The agents, furthermore, experience personal distress when observing clients who are suffering from a condition similar to, or that reminds them of, a condition that their

Reaction

family members are suffering from. They express personal distress by crying when client's die. They liken the affect experience of distress as being similar to the affect of suffering of the people they are serving.

In certain cases, the agents experience extreme vulnerability and lack of safety when visiting the homes of clients. In these instances, clients, exhibiting inappropriate behaviour perceived by the agents to be sexually explicit, prompt the agents to have an experience of fear and helplessness. Further aggravating the situation, clients become angry, and express that anger to other agents or community members when the agents no longer visit the home, thus prompting an experience of more fear in the agent.

The agents have a persistent experience of being overwhelmed with the physical, emotional and mental demands of the job and the demands of home life. This is experienced as persistent distress, is experienced by the agents when they get home, and is aggravated by the added demands of home and children. It is expressed by the agents as:

“But when I get up there ever is the stuff again. I said, ok I'm going to have a nice sleep, get it out. The kids: get it out, the husband. But when I get up the whole monster is standing in front of me again.

The agents experience invasive thoughts, going to sleep with thoughts of clients, and experiencing nightmares related to the thoughts of clients. They have images of clients for years after they have died, described as:

“...it is like a book, you can't close it”.

Persistent distress is reported as being experienced up to two years after a distressing event with a client.

Following an experience of persistent distress, the agents apply various mechanisms such as excessive sleep, or eating of foods such as chocolates, to numb the feelings of distress. They also apply the suppression of thoughts about distressing events and not talking about difficult experiences as coping mechanisms. In certain cases they feel that they can't cope. The agents experience the affect experience in response to client's affect as bodily experiences such as shaking in the face of fear, sore necks, shoulders and heads in response to stress and overload and an experience of

Persistent reaction

“cracking” or “paining” in the heart when seeing people suffering. The agents also have an experience of perpetual fatigue from the demands of the work.

The agents report that the experience of distress is accompanied by the suppression of the original experience of affect either by keeping quiet when they would wish to say something or with an expression of false humour following a difficult experience.

The agents also experience stress when they feel overloaded with the work demands and then have further demands of running families when they get home. They experience a constant demand with “no time to switch off” when they feel overloaded with the demands of work and home life. They experience hardship at the perceived expectations from family members when they get home to continue the caring and nurturing role. The agents sometimes lose control at the added demands of home and family.

The agents’ experience of overload is exacerbated with the demands of the job as well as other roles such as emotional support to clients and extensive paperwork.

This section provides a record of the breakdown of categorization of the interactions chosen by participants from Organization 1 to be described in the interviews. It, furthermore, records the units of description of the concrete examples of these lived experiences of: personal distress experienced in interaction with clients; empathic concern experienced in interaction with clients; personal distress experienced in response to an interaction from a colleague where they would have wished for empathic concern; and wellbeing experienced in response to an interaction with a colleague perceived to be the result of empathic concern.

The following section records the categorizations of interactions chosen by participants from Organization 2 and the units of description of these categorizations.

## **Chapter 6 Results of Organization 2**

Organization 2 is an organization offering healthcare services to clients who require medical care. A multi-disciplinary team provides services to clients in a hospital setting. Four participants were interviewed, with each participant taking part in only one interview. Three of the participants were employed as professional healthcare practitioners and one participant was employed as an administrator assisting with the coordination of healthcare staff.

The interviews were conducted with the participants reporting on their experiences in the natural attitude. Again, the interviewer did not apply PMEAs as an interview technique, and the participants were not guided into a process of introspection beyond their natural inclination.

### **Categorization of Reported Experiences**

The participants were invited to report on a specific experience of either empathic concern or personal distress in relation to the people with whom they worked. In the case of the professional healthcare practitioners the instruction did not specify whether the interaction should be with colleagues or with clients. In each case, the healthcare practitioners, however, reported in general on experiences associated with a potential empathic interaction with clients. In the case of the administrator, the participant reported generally on multiple experiences with colleagues above and below in the management chain.

The participants chose not to report on one specific incident but all reported, in general, on a typical type of incident. Participant one reported on a general experience of personal distress experienced in a potentially empathic interaction with clients. This participant, furthermore, reported on an experience of aggravated personal distress due to an interaction with management in response to an expression by the agent as a result of this experience of personal distress.

Participant two and participant four reported on experiences of empathic concern towards clients that resulted in actions borne of an experience of compassion towards the clients who

were suffering. Furthermore, participant four reported on an experience of being at the receiving end of empathic concern from colleagues, resulting in an experience of being supported.

Participant three reported on general experiences of empathic concern in response to colleagues considered to be friends when they acted out of their experiences of adversity, and personal distress in response to colleagues not considered to be friends when they acted out of their experiences of adversity in a similar manner. This participant also reported on an experience of personal distress in response to the interaction with management as a result of the expression of this experience of personal distress.

Table 12 below summarizes these categorizations of interactions where there was an expectation of receiving or giving of compassion, either with clients or with colleagues, and where those interactions were experienced either as empathic concern or personal distress.

	Receiving		Giving			
	EC	PD	EC	PD		
	Colleague	Colleague	Colleague	Client	Colleague	Client
Participant 01	-	1	-	-	-	1
Participant 02	-	-	-	1	-	-
Participant 03	-	1	1	-	1	-
Participant 04	1	-	-	1	-	-

**Table 12. Categories of Experiences Amongst Participants from Organization 2**

The section below details the units of description of the invariant structures of the participant's concrete experiences of: (1) empathic concern experienced in receiving interactions with colleagues; (2) personal distress in receiving interactions with colleagues; (3) empathic concern and personal distress experienced in giving interactions with colleagues; (4) empathic concern experienced in giving interactions with clients; and (5) personal distress experienced in giving interactions with clients.

The third unit of description in this section reports on the experience of empathic concern and personal distress experienced in interaction with colleagues in one unit, since, in this case, it is deemed relevant to highlight the distinction of the response of this participant to colleagues considered to be friends and those considered not to be friends.

The units of description were formed from the concrete experiences as reported by the participants in the natural attitude.

## Units of Description

<b>Empathic Concern Experienced in Receiving Interactions with Colleagues</b>	
The agents reported briefly on an experience of being supported by the other colleagues in the organization. They do not elaborate on this experience of support.	
<b>Personal Distress Experienced in Receiving Interactions with Colleagues</b>	
<p>The agents have an experience of being at the receiving end of perceived experiences of frustration from colleagues in management as a result of the agents' expressions of their experiences of distress in interaction with clients.</p> <p>“I don't think so. A lot of people claim that they are (understanding) but I don't think so. Perhaps just not where I am involved. I can't speak for the rest of the hospital and between the wards and their staff. But I don't think so. A lot of people claim to say that they...”</p>	
The agents experience the response from management to be hurtful and express this with a tone of disillusionment.	Reaction
<p>The agents report on experiences with their managers where, in an attempt to resolve the difficulties associated with other colleagues, the solutions offered by the managerial colleagues are considered to be superficial and not personally relevant.</p> <p>“This is very difficult because I am thinking of something that I mentioned to my manager and she listened, she suggested something totally out of the whole situation and left it there. But the situation is not sorted out yet and it...”</p>	Intending

The agents report on having an assessment of the style of addressing difficulties as being limited and also on having a perception of a lack of authenticity from the managers.

“But I think a little more follow up. And I don't know if it's just me, but I sometimes get the feeling that they don't really mean it.”

The agents report on a wish for more authentic expression of care from colleagues and managers. They hold the perception that they have an understanding of the challenges that the managers face in being caught between two situations, but still feel that the managers should address the situation in a manner that provides more sensitivity, accountability and follow-through.

Emoting

**Empathic Concern and Personal Distress Experienced in Giving Interaction with Colleagues**

The agents report on experiences of distress as a result of interactions with colleagues both within their department and in other departments with which they interact. These experiences occur with colleagues both above and below them in the management chain. They report on intermittent experiences of empathic concern with colleagues perceived to be friends. The primary interactions reported upon by the agents relate to changing moods, and resultant interpersonal expressions of those moods, of colleagues due to the difficulties the colleagues experience in their interactions with other colleagues and clients. The agents report repeatedly on the difficulties of experiencing these dynamics in the work environment, these difficulties perceived to be too much.

The agents describe an inherent desire to help people who are experiencing difficulty, recognizing also their desire to receive assistance to manage their own difficulties related to difficult inter-personal dynamics.

The agents describe an experience of being upset in response to the perception with colleagues that "something is not right" and of changing moods, and behaviours resulting from those changed moods, of colleagues.

Reaction

The agents report on applying differing responses to these dynamics to different

colleagues, transforming the experience of distress into concern and compassionate acts in response to colleagues perceived to be "close" or "friends". The empathic concern manifests in compassionate acts of, for example, making a cup of tea, listening and enquiring repeatedly about the wellbeing of the "close" colleagues.

With colleagues who are not perceived to be "close" or "friends", however, the agents describe an experience of distress in being exposed to the changing emotions and expressions of moods of the colleagues. The distress is followed by an action whereby the authentic expression of the resultant distress is held in and suppressed, with the perception that the authentic expression is imperceptible to other colleagues, when in fact it is not.

Following from this, the agents describe an experience of "bubbling" inside, with the "thing" held inside wanting to explode. The suppressed expression manifests as held-in speaking, with a concurrent experience that speaking "is not going to help".

The agents report on having a dislike of conflict and perceive the suppression of affect-, wall-building- and withdrawal- behaviour to be an attempt to avoid conflict. The agents, however, report on having an expectation of colleagues that they will communicate their challenges openly. They value the fact that some people are able to confront issues and move on, and report on an awareness of the need to choose which approach to take with each individual.

These suppressed experiences are carried over an extended period, sometimes up to a month, and sometimes with significant consequences such as an experience of "nearly passing out". The agents report on the putting up of boundaries, in the form of "building a wall" against colleagues they perceive to be difficult.

"And that is where I build a wall. Somebody actually told me this morning if I had a problem with them because I am very reserved and I am not as I was before she went on leave or whatever. There is something that is bothering me but I know that it is not going to help to speak to it."

When presented with these challenging interpersonal dynamics, the agents describe a tendency to withdraw or retract from the offending colleague, resulting in an internalized reaction of turning quiet and stepping back. These are perceived to be necessary self-protective mechanisms.

Persistent reaction

The agents describe an experience of a network of these difficult experiences circulating amongst colleagues, some in which they are directly involved,

“Ja, I get upset, because, especially when I am not directly involved. And when their negativity is thrown over to me. Say somebody is negative and they get upset and they come to me and they are tut tut tut.”

There are other interactions in which they are not involved but hear about through the recounts of other colleagues, and also by observing the state of being of other colleagues in the manner described in the paragraphs above. The agents report on an experience of indignation when they perceive themselves to be exposed to challenging interpersonal dynamics but do not perceive themselves to be directly involved in the specific dynamic. The agents report on a perception that these particular styles of challenge are more prevalent amongst female colleagues.

They report on identifying the changing moods of colleagues by observing their body language. The agents describe an ability to sense the internal state of being of their colleagues, such capacity attributed to the proximity of working with each other.

“Because we are so close here, I think you can easily sense when something is bothering somebody.”

The ability to sense the other is described by the agent as sensitivity. The agents report on an experience of becoming upset in response to observing colleagues being upset, and of experiencing the emotions that colleagues are perceived to be experiencing. The agents report on not being able to explain this experience, and recognize that it may be an assumption.

The agents, in attempting to describe their experience, and struggling to find words to describe the experience, make use of gestures to facilitate the communication. Upon being prompted by the interviewer, the participant becomes aware of the gesture of affect that was evident to the interviewer, applies active sensing of the bodily experience associated with the gesture, and then, on further prompting, consciously joins the sensation and actively expresses the gesture.

“Ja, I was not involved there. So that also brings up that, I don't know.”

(Interviewer) Show me with your hands? How does it feel?

I don't know?

<p>(Interviewer) What does this feel like? (Indicate gesture of fingers grasping in front of chest.)</p> <p>Climbing up the wall. You are up against a brick wall. There is nowhere you can go, nothing you can do.</p> <p>It is like frustration.”</p>	
<p>The agents identify a deeper layer of experience, which they are then able to name. Following this prompt, the participant names an experience of frustration and powerlessness associated with the gesture of affect.</p> <p>The agents report on applying a process of self-reflection to identify their needs in these dynamics.</p>	Beholding
<p>The agents report on being aware of a need to be able to moderate their emotional responses and expressions no matter what the situation, but acknowledge that they do not always manage to do so.</p> <p>The agents report on a wish to have a process for addressing and resolving difficult interpersonal dynamics. They perceive colleagues with whom they have good relationships to provide a support system by acting as sounding boards for debriefing of difficult dynamics. The agents identify the wish to have an independent facilitator to assist with the working through of these dynamics.</p>	Urging
<p><b>Empathic Concern Experienced in Giving Interactions with Clients</b></p>	
<p>The agents report on experiences of empathic concern in interaction with clients who are undergoing surgical procedures, and have a diagnosis of TB and cancer. The agents describe an automatic experience of concern for the wellbeing of the clients. Furthermore, they report on an experience of wanting to feel helpful in response to people who are suffering or in need. The agents describe that they acknowledge the state of being of the clients.</p> <p>The agents, in this instance, report on experiences with clients where they initially experience the clients to be difficult by making excessive demands or shouting at the agents. The agents report that clients are perceived to be mistrustful of the agents,</p>	

and that they have the perception that the agents will not respond to their requests. The clients also exhibit reactive behaviour towards the agents by ignoring them, looking away, refusing services from them, and calling them stupid. The client’s behaviour is experienced as rude. The agents identify that it is essential that the clients experience that they, the agents, take note of, and follow through on requests made by the clients, even if they perceive the clients to be over demanding. The agents report that they exhibit clear behaviours to ensure that the clients modify their perception of the agents.

The agents, furthermore, report that they have a perception that the clients are initially shocked to receive service from a person of a different racial group,

“Like the colour. So when you are black they always undermine you and then they can go to, you are the senior of the...”

As the representation of agents from racial groups other than the race of the clients increases, so the clients become less challenged by this difference.

An additional difficulty to the expressions, of the clients, of heightened racial awareness, is that the agents report many factors in their habitual behavioural upbringing to be different from the behavioural expressions of the clients, and so they have to learn to adapt to differing behaviours.

The agents report on multiple instances where clients act in a manner that reflects an internal state of anger.

The agents describe an initial affect experience of anger in response to being told by the client that they are stupid.

The agents experience behaviours from the clients borne of cultural and racial preconceptions, these behaviours having an undermining effect on their professionalism, resulting in experiences, in the agents, of self doubt and an experience of feeling diminished.

Further to the racial and cultural challenges, the agents report on an experience of feeling of isolation when their home language is different to the predominant language in the work environment.

Reaction

When the client exhibits behaviour that expresses an experience of sadness, the agents report on having an experience in response to the experiences of the clients. This experience may be described as hurt inside. The agents report on an experience of their heart breaking in response to the sadness of the clients.

“I feel very hurt, because maybe the patient inside me.

(Interviewer) I see you feel hurt inside because I see you put your hand on your heart.

Yes, I feel hurt inside me.

(Interviewer) What does it feel like in there?

It feels like breaking, because the patient is too sad.”

The agents also report on having an experience that indicates to them the nature of the experience that the client is having.

“The way she talk to you, you can feel this patient is angry inside, then ne, then everybody is like, she is angry with everybody now.”

Agents report that their experience helps them to identify the experience of the client.

The agents also describe becoming aware of the tone of voice of the client to gain information about the internal state of the client, and of consciously moderating their own tone of voice to help communicate a specific affect experience to the client.

“The appearance is important. You say to them good morning mam, (warm voice).”

The agents report on developing a capacity to adjust to the cultural differences and the expectations of different cultural groups, especially when the culture of the clients demands a different behaviour from the habitual culture of the agent’s familial upbringing.

The agents express a deep sense of satisfaction with the interactions with clients, experienced as love of the clients and of the work, further described as a sense of vocation, and resulting in a sense of wellbeing at the end of the working day.

The agents describe how they regulate their own affect experience:

“Like, his needs or her needs. I want the patient to be satisfied. No matter she shouts me, no matter then. I always feel down. I always calm down.”

Sensing

Beholding

Feeling

Emoting

The agents describe that they have developed coping mechanisms to deal with the difficult behaviour of the clients. The first year of work being the most difficult. The agents report on having the ability to overcome the reactions experienced by the clients in order to be able to experience empathic concern. When feeling challenged, the agents think about other things in an attempt to comfort themselves.

“It feels better because if I think other things it is a way I try to comfort myself.”

They also acknowledge that the client is angry as a result of their illness, experience sympathy especially with clients who have life threatening diseases such as cancer, acknowledging that the client is very sick, and revert the focus back to self to overcome the experience of challenge.

Thereafter, they report on applying thinking skills to place themselves in the context of the clients to understand their internal state of being.

The agents report on encouraging the clients to become engaged in their healing process. They determine that their aim is to encourage the client to modulate their negative attitude, as a positive engaged attitude is perceived by the agents to assist the clients to recover.

“You try to help the patient, but there is a feeling. You feel for that feeling. There is a feeling, you want this patient to get better, but if you (the patient) don't feel in me, it is not going to be easy to get better. You see.”

The agents report on actively communicating with clients in these circumstances in an attempt to open up a channel of communication. The agents report on doing compassionate acts such as washing the clients and arranging for the supply of special food in an attempt to alleviate the suffering of the clients and also to moderate the client's difficult internal state of being. The agents report that the clients notice actions borne of compassion between the agent and client.

The agents report on exercising the capacity to build trust with the clients. Following from the above actions by the agent, the relationship between the agent and client improves with a corresponding improvement in the internal state of being of the client. Giving respect is identified to be an essential capacity in understanding the uniqueness of the clients, and encouraging respect from the client is perceived to be important for the healing process. The agents describe the value of being open and

Intending

Urging

honest with clients at all times.

The agents experience that when the clients believe in them, this provides a feeling of self-affirmation that encourages them to work more productively and to be more empathic. This enables them to have a sense of belief in themselves. The agents acknowledge that the working with, and overcoming of challenges associated with the client's behaviour results in their own self-development. They acknowledge that nursing is a profession in which it is essential to be available to support other people.

The agents describe having a love and passion for the work and for the people with whom they work. Furthermore, they describe having a capacity for patience with the clients.

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### **Personal Distress Experienced in Giving Interactions with Clients**

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The agents report on an experience of personal distress associated with working with clients who are suffering, and also experienced when the clients die. They also describe an experience of distress when clients are perceived to be uncooperative with the agent and come across to the agent as difficult, with a resultant perception by the agent of being rejected.

They report on having an automatic response, described by the agents as empathy, in interaction with anyone perceived to be suffering. This natural tendency towards empathy is described by the agents as openness and is experienced by the agent as a deep caring experience. This experience is however accompanied by an experience of difficulty.

The agents report on having an experience of difficulty in response to all aspects of the client's suffering. Furthermore, the agents report on having an experience of becoming bonded with the clients as a result of repeated interactions with the clients, which results in an experience of difficulty when client's die. This results in an expression of the difficulty as crying.

The agents report on being aware of self protective mechanisms, such as applying filters, in relation to how much they give of themselves to the clients, or crying as a way to protect themselves from the affect experiences of the client's suffering.

Reaction

The agents report on having experiences of being rejected by clients who come across to the agent as being "closed off". The agents describe the perception when clients become "closed off" of being shut out. These clients are perceived by the agent to be difficult clients. The agents describe an experience of frustration in response to clients who are perceived to be difficult by becoming "closed off".

The experience of frustration as a result of the experience of rejection results in an action of withdrawal, often for a whole day.

Persistent reaction

The experiences of frustration are described with a gesture by the placing of the hands in front of their body or the face as a shield.

Sensing

The affect experiences are experienced as bodily experiences and are described by means of a gesture of affect. The agents describe the difficult affect experiences in response to clients who are suffering as heart pain. The affect experiences of the agent are perceived by the agent to coincide with the affect experiences of the client.

The agents report on having an experience of intuition, described as a sixth sense, when in interaction with the clients and in trying to ascertain the internal state of being of the client. The agents report on reading the body language of the clients to ascertain information about this state of being of the client. This is achieved by observing the subtle gestures of the facial expression, as in, for example, a sideways smile.

Thus completes the units of description as reported upon by agents of Organization 2.

The section below provides details of the categorizations of reported experiences and the detailed units of description for Organization 3.

## **Chapter 7 Results of Organization 3**

Organization 3 is a social services programme providing mentorship to members of a community. The participants of the programme respond to events of domestic violence, drug and alcohol abuse and violence against women and children in a community, and provide mentorship to the perpetrators of the violence. The mentors offer their services on a voluntary basis. Two mentors were interviewed.

The interviews were conducted whereby the participants remained in the natural attitude. The interviewer did not apply PMEAs as an interview technique, and the participants were not guided into a process of introspection beyond their natural inclination.

### **Categorization of Reported Experiences**

The participants reported in general on experiences of working with clients where there is a pervasive experience of personal distress associated with the work. Although the participants were invited to report on one specific incident with a specific client or colleague, they did not do so but referred to a general undercurrent of experience related to the conditions of adversity prevalent in the community.

Table 13 below details the categorizations of interactions where there was an expectation of giving of empathy. In the case of Organization 3, two participants were interviewed and both reported on experiences of personal distress in interaction with clients in general where the interactions were experienced as pervasively distressing to the agent.

	Receiving		Giving			
	EC	PD	EC	PD		
	Colleague	Colleague	Colleague	Client	Colleague	Client
Participant 01	-	-	-	-	-	1
Participant 02	-	-	-	-	-	1

**Table 13. Categories of Experiences Amongst Participants from Organization 3**

The section below details the unit of description of the invariant structures of the participant's concrete experiences, given in the natural attitude, of personal distress in response to interactions with clients they are working with.

## Units of Description

### Personal Distress Experienced in Giving Interactions with Clients

The agents report on experiences of working with people in the community who have adverse experiences in the form of women and child abuse and child neglect, drug and alcohol abuse, and violence and conflict, their primary focus being to work with the perpetrators of these violent acts. They report on having an aim to encourage alternative solutions for clients that may pre-empt the need for the clients to be incarcerated. The agents describe actions that they perform to include liaising, coordinating and reporting between clients and clinics, schools and the police, with the aim to encourage acknowledgement, support and warmth amongst the members of the community, and to give advice to members of the community in how do deal with their adversity.

The agents report that since the inception of the project, two years prior to the interviews, there has been an improvement in violence and child neglect, and a resultant experience of transformation amongst some members of the community.

The agents report that the motivation to keep going in the mentorship role with clients is enhanced by a sense of passion, of responsibility, and a vision for a community that is working together, where there is oneness, where the community is drug-free, where children are free to undergo education and parents become

responsible workers to support the community to grow. They report on a high level of loyalty to the community structures.

The agents report that support in the form of supervision with peers, a spiritual awareness, in the form of a presence, as well as a spiritual understanding provide support to sustain the work and to help give them answers to apply to their clients.

In the interview, agents apply nature as a metaphor to describe the images of the dynamics they are trying to express.

The agents have an experience of difficulty in response to the knowledge that the client is suffering in relation to their adversity. The experiences are identified as an experience in their innermost being and in their bodies. These experiences are further described as experiences of sympathy. Following from the identification of the affect experience is an experience of needing to regulate the experience when in interaction with the client.

The affect experiences are reported by the agents to be particularly acute when they know the clients or when the clients are direct family.

“It is almost as though... Especially if it close family of yours, it feels as though you are in the situation.”

In these instances, the agents report that they have an experience as though they were experiencing the same adverse experience themselves.

“It feels as though it happens with you. You feel it in your innermost self. You feel it in your body.”

“I am feeling like what that person is feeling.”

They report that the community is closely knit so this is a common occurrence.

The agents report that, prior to the commencement of the work in the organization, they had common experiences of adversity with members of their own family where the consequences of the adverse events had lasting traumatic outcomes for their families.

“We have a nephew who is a very, very nice boy. But he is so caught up in the drugs that sometimes we do not know him. He is another person. He is in

another world.”

“Yes, if you feel it in your own family, then you feel it also in the other community members and the other families, mothers and fathers. Yes, my sister-in-law, three- or four years ago she died from it. She lost a daughter from drugs. She was twenty-one. She had her life ahead of her. She was so very...”

These events became the motivation for the agents to become engaged in the work.

The agents report on an experience of shock and disbelief that such behaviours can exist amongst people. Agents also report on a feeling of the work being emotionally difficult, of feeling hurt by actions of the community and of feeling overloaded, with no personal time, or time off from the persistent community demands. This results in an experience of anger in the agents. The agents recognize that these experiences may be as a result of self-protective mechanisms. They report that, at times, they feel discouraged. They also report on experiences of fatigue. Furthermore, they report that it is a fear of disappointing the clients, and a fear of failure that drives them on to find solutions.

The agents describe an inner instinct that drives them to respond to the clients even when the experience is difficult. This is coupled with an intention to put themselves aside and to be available for the clients.

A regulation of the difficult experience results in an experience of suppression with the experience continuing to “sit inside” and to be held there. This results in a persistent experience of distress that the agent’s are aware may one day erupt as an explosion. The agents inform that the difficult experiences are not routinely spoken about.

“You see, you sit with it inside. You speak with no-one. You hold it in. Almost one day it comes as an explosion. Like a volcano. Where I burst out and explode. I am sick of everything. I am fed up with everyone.”

The agents identify the need to have time to retreat and acknowledge the feelings brought up in themselves in response to knowing about the client’s situations and encountering the client’s experiences of adversity. They acknowledge that the knowledge of, and encounter with, the client’s experience is sometimes a reminder of their own past and present adversity. They recognize the need to process their own

Persistent Reaction

responses to the experiences of the client. The agents report that this is a new awareness brought about through the education of the programme, and is not yet a regular practice. It is further acknowledged by the agents that a sense of self-acceptance for their own perceived shortcomings, and an affirmation of their goals, is essential to maintain their motivation to continue with the work. The agents have an experience that these processes encourage their own growth and self-development.

The agents apply a process of self-reflection where they look to their own experiences, past and present, to identify how they would respond in a situation, then recognize that that is their own response given their own context, and use the information to identify a possible solution to advise the client. If this is not successful, the agents speak to other people in the community to identify possible solutions for their clients.

The agents report on applying reflective skills in an attempt to find a solution for the client, and to evaluate advice given by other community members.

The agents acknowledge that they have an awareness of the value of self-exploration to identify suppressed affect experiences. Furthermore, they claim that they should be able to forget about themselves in order to focus on the needs of the client.

The agents recognize the importance of achieving a state of being that is respectful and open in themselves and encouraging respect and openness in the clients for an intervention to be successful. They, however, often experience a challenge in attaining this state of being.

The agents report on a practice of placing themselves imaginatively into the position and context of the client to be able to understand the client.

Beholding

Emoting

Urging

This completes the report on the unit of description of the participants of Organization 3. The description documents the experiences of personal distress of the two participants in response to working as mentors to perpetrators of violence in a mentorship programme.

The following section details the categorization of events reported upon by participants of Organization 4 together with the detailed units of description related to these categorizations.

## **Chapter 8 Results of Organization 4**

Organization 4 is an NGO providing social services as trauma counselling to clients who have experienced, or are experiencing adversity in the form of xenophobia, family violence and bullying. The counsellors work voluntarily, mostly part-time, and mostly have other paying employment in allied social services. Six participants were interviewed. Two of the participants took part in two interviews. All interviews were conducted within a three-week period. For the participants interviewed twice, interview two was conducted one week after interview one.

The interviews were conducted in such a way that the participants reported their experiences in the natural attitude. Mostly, the interviewer did not apply PMEAs as an interview technique, and the participants were not guided into a process of introspection beyond their natural inclination. In one instance, however, when the participant reported on an experience of being stuck, the interviewer applied PMEAs, guiding the participant in a process of introspection. This instance will be noted in the unit of description to follow.

### **Categorization of Reported Experiences**

All participants reported in depth on specific case events, with no general references to the experience of empathic concern or personal distress in interaction with the clients they served. When they referred to general techniques used, this was for the purpose of providing explanation for the intentional case under scrutiny.

Participants from Organization 4 reported predominantly on their experiences of empathy in relation to the direct giving of a service to clients. Of these interactions with clients, four were associated with an experience of empathic concern and resultant satisfaction and four were associated with an experience of personal distress as a result of the interaction. One participant, in a management role, reported on experiences of distress in relation to interactions with colleagues. The most prevalent experience of this participant was in relation to the personal needs of the colleagues experienced during the process of supervision or management. One experience, reported in depth, was related to the experience of distress

experienced second-hand through the experience of the agent under supervision in relation to the providing of a service to a client.

Participant 1 and participant 5 underwent two interview sessions. They both reported on one case for each of the entire interviews. Participant 1 reported on one case where the experience was of an experience of empathic concern in the giving of a service to a client, with a resultant experience of satisfaction, and one case where the prevailing experience was one of distress in response to the intended giving of an empathic service to a client.

Participant 4 reported on two experiences of perceived empathy in relation to the giving of a service to a client. During the course of the interview, and as a result of the reflection process, the participant became aware of the underlying experience of distress as a result of these two interactions.

Participant 6, the supervisor of the agents providing the services, reported in general on the experiences of distress associated with the role of managing the agents. Most of the experiences reported on were related to the interactions with the agents' own experiences, one was related to the experience of supervising an agent with a client.

	Receiving		Giving			
	EC	PD	EC	PD		
	Colleague	Colleague	Colleague	Client	Colleague	Client
Participant 01	-	-	-	1	-	1
Participant 02	-	-	-	1	-	-
Participant 03	-	-	-	1	-	-
Participant 04	1	-	-	1	-	1
Participant 05	-	-	-	-	-	2
Participant 06	-	-	-	-	1	1

**Table 14. Categories of Experiences Amongst Participants from Organization 4**

The unit descriptions of the concrete experiences of: (1) empathic concern experienced in receiving interactions with colleagues; (2) empathic concern experienced in giving interactions with a clients; (3) personal distress experienced in giving interactions with colleagues; and (4) personal distress experienced in giving interactions with clients are reported upon separately in the section to follow.

**Units of Description**

**Empathic Concern Experienced in Receiving Interactions with Colleagues**

The agents report on experiences of wellbeing in interaction with colleagues who provide support to them in the form of peer supervision. The agents report that colleagues are available for them to debrief by listening to their experiences of adversity.

**Empathic Concern Experienced in Giving Interactions with Clients**

The agents report on interactions with clients where there were experiences of empathic concern, with a perception that the interaction resulted in an experience of wellbeing in the agent and an experience of resolution in the client. These interactions were with clients who had reported on experiences of adversity in the form of physical, emotional and sexual abuse, bullying and marriage problems.

The agents report that they apply multiple techniques to understand the suffering that the client experiences in response to the adversity. They apply the insights gleaned about the client’s relationship to their adversity to inform them how to interact with the client in a way that facilitates the emergence of a new meaning for the client of the adversity. The new meaning is aimed at changing the relationship the client has to the experience of adversity, with a resultant objective that this revised relationship to the experience of adversity causes the client less suffering.

The agents report that they recognize in themselves an experience of judgment in response to the verbal account of the narrative of the client or from the perceived non-verbal cues. The judgment is accompanied by a reactive affect experience of anger.

Reaction

The agents report that they acknowledge this judgment response, recognize that to allow their experience of judgment, and accompanying anger, to be perceptible to the client would inhibit the progression of the empathic exchange, and take measures to resolve the internal experience of judgment and of anger.

“To acknowledge that I judge, I see something is wrong, owning the words, you have done something, but him saying, “I know I've done wrong, I feel terrible about it.” Him saying, verbalized what I feel without me saying, but him acknowledge and I agree with him, so me making a judgment is a wrong thing. We both agree on it.”

The agents describe how they begin the interaction by listening to the narrative, as recounted verbally by the client, of the adverse experience, and apply inquiry to gain further details of the experience, all the while constructing an image of the narrative.

Sensing

Agents perceive additional information about the experience of the client through various non-verbal cues, namely: creating an imagination of behaviours described by the client as occurring in relation to the adverse experience; observing the progressive tone of voice, facial expressions and bodily gestures expressed by the client accompanying the articulation of various aspects of the experience; and specific word choices that the client makes to describe the experience from a selection of possible words that have similar meanings.

“It is knowing like, that his facial expression. He goes from his left side to his right side, he is seeking an answer, not knowing, trying to be creative. Shall I lie about this, should I be..., protect myself. Almost like a release, his face, seeing it in his face, in his eyes, some movement in his facial muscles.”

The tone of voice, facial expression and bodily gestures are observed to glean deeper insight into the feelings underlying the experience reported upon by the client. Agents report that they gain more insight into the experience of the client by reading the behaviour and the bodily expression than by listening to the words.

“The body and the facial expression almost go together. Somebody says she is angry. You just look at herself and see how much she or he is angry. The face will tell you.”

The agents observe the “tone” of the experience, which can be understood, not by the words, but by the tone of voice used to express the words. The tone is equated with the feelings, and such feelings are understood by agents to be observable, by the tone in which the words are expressed.

The agents, furthermore, observe facial expressions in great depth and detail to gain more insight into the precise nature of the client’s experience. Expressions observed include movement of the eyes, positioning of the eyelids and eyelashes, protrusion of the eyeballs, and movement of the facial muscles. These aspects are read to gain information about the depth and intensity of a particular affect experience, such as anger, to establish the truth and integrity of a client’s verbal account, and to interpret the relationship the client has to their experience, as to whether they may be seeking more insight about the nature of their experience.

The agents report that they are vigilant to contradictions in the expressions of the experience of the client. They report on a perception that the bodily gesture and the facial expressions concur. When there is a contradiction between the verbal account of the experience and the facial expression they turn to the facial expressions to ascertain the more accurate account of the experience, saying,

“The face doesn’t lie. It is almost impossible to lie with your face. You can lie with your words but not with your face?”

Agents describe their reliance on, and value placed on, the experiences of the body. They make use of observation of the client’s body to perceive the affect experiences of the client, and of their own body to communicate their intended affect to the client by, for example, making eye contact, sitting in an open position, leaning forward or backward, and opening the whole body.

The agents report on an interpretation of the principle that the body is able to communicate more information and more accurately the affect experiences than words can. Agents describe how they observe the bodily gestures of the client, and the intermittent change of these gestures through movement, expressed by the client while they are giving their verbal account. Bodily gestures and movement include, for example, how the hands are moving and the positions in which the client is

sitting, or moving from one seated position to another. Agents experience gesture in the form of bodily and hand positioning as being a mirror to the internal affect experience of the client. Affect experiences are deemed by the agents to be co-occurring with gestures.

In addition to the observation of the non-verbal cues, agents report that they have a further experience of the experience of the client described as a “sensing”. This “sensing” is used by the agent to describe an affect experience that the agent has in response to the verbal account of the client’s experience by the client and the observation by the agent of the non-verbal cues of the client in relation to their verbal account. The agents direct their awareness to this affect experience in themselves in order to glean information about the client’s experience.

“So it is like trusting the process. He will decide when to use it. Bring it in. It is not for me, it is like I sense it, but I would like you to feel that power. It is your story. It is your truth. It is you that is sharing. Nobody is supposed to take advantage of that. Because, you are the one, it belongs to you. I could feel it like inside. It is like a warm feeling, a warm fuzzy feeling for knowing he is going through this. It is not easy for him.”

In certain instances the agents perceive the clients to be having the same affect experiences as what they are sensing in themselves. These they describe as shared affect experiences. The agents identify their own affect experience and identify the correspondence of that affect experience to the affect experience that they perceive in the client. They interpret this identification as awareness.

“It is like, I think it is more than a gut feel, it is an awareness as to, wow, this is like having a feeling, an emotion that is not my own truth, but it is feeling part of me, but knowing that he might experience that right now and...”

The agents recount that these shared affect experiences occur when they actively mimic the gesture of a client, and then direct their awareness to the inner experience of this mimicked gesture, in order to attempt to understand the experience that the client is having in a specific context. In other instances, the agents report on having an affect experience that is identified to be different to the client’s affect experience, but stimulated in response to the situation of the client. Examples of such experiences would be: having a warm fuzzy feeling when being aware that a client is

going through an experience perceived by the agent to be transformative; or when having an intention to give “love” to a client in distress.

The agents describe having a sense of knowing of the intention of the client in relation to the experience. The knowing is achieved by putting themselves into the ‘place’ of the client, for example,

“I put myself that I am an old person. Now I am sitting here, I am waiting for someone to take me to the loo. I am waiting for someone to help me out of this bed. I need to sit here. (*Shrugs body*). I need to think. Do I have to sit? They don't want to bother you. So sit in one place all the day. So you have to think. He doesn't want to.”

The agents evaluate the accuracy of their interpretation of the client’s experience as the articulated “meaning” description, by observing the client’s response, as either confirmation or rejection, by the manner in which the articulation is taken up and responded to with a further verbal account, or by non-verbal cue response. Where this response is deemed by the agent to stimulate a reflecting, relaxing and peaceful position in the client, this is considered to be confirmation.

The agents report that they identify the core issue behind the narrative of the client as an internal dynamic layer, “because sometimes it is something that lies deep inside and that is something that comes out”. As an example, the agents describe listening to how the client may be using the narrative as a defence, trying to reveal what is deeper than that layer, and trying to find the reason behind the narrative. All these, the agents relate to the context of universal principles.

Further to the putting of themselves into the ‘place’ of the client, the agents describe applying imagination to:

“Imagine yourself doing what they are doing.”

“How they must feel in that situation.”

The agents report on reflecting on their own life experiences and ascertaining their own relationship to aspects of their life experience to gain a deeper understanding thereof, and this is made use of to provide further insight into the client’s experiences.

“... and then even, most of it I had do myself. I have done a lot of processes, bringing myself to the truth and openness, how do I relate to men? How do I relate? Why do I do things?”

The agents report that the client’s experience of adversity reminds them of similar adverse experiences in their own past. They report having a corresponding, similar experience of adversity in their past that coincides with the experience of adversity of the client in the particular event chosen by the agent to be reported upon.

“Maybe when you were growing up there were some things that hurt you, and that helps you to understand other people who have similar problems.”

“I am also a human being and there are many other things that are happening to me, but because... Basically one of the reasons why I chose this...”

The past experience is, given certain factors, perceived to facilitate the understanding of the adversity of the client, and to enable the agent to relate to the client. The shared experience of adversity is used to communicate the understanding to the client.

“That means that that enables me to speak to a client without sitting with my own kind of problem inside, because I don't believe... You cannot counsel if you don't have a solution for yourself.”

“I work on mine so now I am able to help you.”

The agents report that the factors determining whether their own coinciding experiences of adversity facilitate the understanding of the client are that they have applied techniques of self-process and self-development to acknowledge their own experiences of adversity and to come to an understanding of how the experience occurs inside of them, how they have related to it in the past, and how they continue to relate to it in the present. They report that they apply self-reflection techniques to integrate their own experiences in relation to the client, past experiences that they have had, and the skills and knowledge they have. The integration of their own past experiences comes about through processing the past experiences, described as “I work on mine so now I am able to help you”.

“Yes of course, for instance I use it in my counselling sessions because I can relate to the client, and I put myself in their shoes, because there are certain things I have been through. So I discuss my own experience with them. So I work through my experiences already so when I am in a situation, like for

instance, alcohol and abuse, I went through that with my father, so I can tell them how it went and how I experienced it, and I tell them my story so they know, even when we talk about relationships I was left for somebody else so I tell them about. So those things I worked through already. So it is not something that is standing in my way or, when they mention something it reminds me of my own experience.”

This enables the agents to create a space to be able to speak to a client without sitting with their own problems inside. The self-processing techniques include speaking to other people, counselling and individual creative, reflective techniques.

The agents report that, as a result of these processes, they come to new knowledge about their own past adverse experiences, with a resultant “...bringing myself to truth and openness” and embracing authenticity for themselves. Agents experience that if they do not have a solution for themselves, they are not able to facilitate resolution for their clients.

The agents recognize that the affect experience has always been there in response to observing others in distress, but an understanding of it was not always known. An understanding has followed from studying about the phenomenon.

Typical client affect experiences reported on by the agents were, for example, clients crying as a result of their experiences of sadness.

Agents also apply the faculty of feeling, and an awareness of their own feeling, as a way to detect the exact resonance of the perceived experience for the client, reporting that they actually feel the client’s problem or situation.

“It has got a feeling, got a feeling of sadness”

“You have got a feeling of unhappy marriage.”

These feelings are experienced by the agent as an experience of constriction over the upper chest area, described as heart pain.

The agents report on building levels of trust between themselves and the client and also trusting that the client has the solutions to their problem, that the agent is just a facilitator thereof, and that the agent enables the client to find the solution to their problem. In certain cases, the agent perceives that this requires a firmness to challenge the client to “come to truth”. The agents report that this requires the

Feeling

Emoting

recognition of boundaries, the areas within which the agent can go and where they cannot go beyond. To facilitate this process, the agents report on creating an environment for the client to have an experience of safety to explore their experiences by creating structure, and by expressing interest and care with eye contact, bodily gesture and choice of words and voice tone.

The agents report that they apply multiple techniques alongside the listening of the verbal account and the observation of the non-verbal cues, as a basis for assessing the accuracy of their interpretation of the experience of their client, and that the will to integrate these techniques is driven by a sense of curiosity about humankind.

The agents recognize their own experiences as a resource for knowing about their clients' experiences. Furthermore, they have discussions with other lay people about their experiences related to the issues, consult with experts for their views, study the theoretical literature and read popular literature, reflect on their own children's experiences as a resource for understanding family dynamics and child needs, and then apply reflection and thinking capacities to integrate all of these factors.

They recognize and apply the biography of the client as a resource to understanding the current response to the adversarial context by interpreting the current context in the context of the entire biography, including the meaning that the client makes of the configurations in their biography.

“Going to it but don't just take anything from it. His father was 60 when he was conceived, so what do you draw from that? His mother is in her 20's. So how do we bring that into the scene?”

“We heard the stories from when they were still young. So you know this person was a social person. This person loves to do this, so sometimes, he likes to walk.”

They also recognize and apply knowledge about gender differences.

Agents have an experience of a reciprocal, heightened, understanding occurring with clients who share the same culture as they do. There is a perception that clients are better able to understand the agents when there is a shared culture. Furthermore, they report that amongst the African cultures, there is a large perceived diversity even amongst common language speakers but dependent upon the tribe of origin. While

the agents report on having a strong experience of a need for the client to share the culture of the agent for understanding to occur, the agents express an interest in developing an understanding of other cultural groups and describe a mechanism of observation and interrogation that they use to understand the behaviours and underlying motivations behind those behaviours.

Behaviours, such as, for example, swearing are noted and interrogated by the agent for the underlying essence in the context of the cultural meaning ascribed to such a behaviour. It is perceived by agents that “certain feelings will constitute certain behaviours”.

The agents also report on the recognition and application of a spiritual worldview in the form of a belief in a higher power. This worldview is actively applied in the form of an awareness of a guiding and assisting ‘presence’. This goes hand in hand with a perception of time and space that is expandable and contractible, saying,

“That moment I am having awareness of God's presence and that allows me to go into space, and then it is within a few seconds, it is like going from this person sitting here, but seeing his context, seeing his father, seeing his mother, I see both of them died, I see all the things he experienced with that. I see himself and his name, his surname and things attached to that. And always to do with violence and death and suicide and all that stuff. I see his love for his two boys that he has. Within that, seconds, I see how he tried to protect his family, his children, in the traumatic situation, dealing with trauma. I feel it. I sense it, and knowing that he is experiencing that right now. I cannot give names to it. It is just one big blank and he want to shot his eyes down, and he want to close up, and he want to have the feelings, the tension.”

The information gleaned from the verbal account of the narrative, the observed non-verbal cues of: behaviour; tone of voice; facial expression; and bodily gesture, and the sensed cues of agent's, client's and shared affect are integrated and interpreted by the agent into a “meaning”.

The agents describe receiving this meaning in the form of an awareness that comes

immediately and is accompanied by a feeling that is described as “more than a gut feel and interpreted as an understanding of the client and his or her situation. It follows from a practice of purposeful use of silence and surrender to a higher power and results in a flow of words that feel as though they are not the agent’s own words, but come from somewhere else. The agents report on being surprised by what they are saying. The agents follow these internal experiences of knowing with reading and studying about allied topics in order to understand the ideas behind what they intuitively know.

Prior to the articulation of the “meaning” description to the client, the agents evaluate potential anticipated responses that the client may have to their articulation. The potential articulation is evaluated to ensure that it does not carry any underlying occult affect remnants. This occurs through the mechanism of evaluating the articulation for any underlying possible meanings carried by both the agent and the client associated with the event under scrutiny. Underlying possible meanings are perceived by the agents to be as a result of previous experiences of both the agent and the client in the context of the past and current biographical and cultural context.

These evaluations also include assessing the agent’s own value judgments as well as the personal relevance of the adverse event to the agent and the client. The evaluation also includes assessing the depth, intensity and speed of the process as a whole. The agents also report on an evaluation of their own expectations of the client.

Following from an experience of judgment or anger in response to the recounted narrative of the client’s experience, the agents report on making an internal choice not to perpetuate the internal experience of judgment, and apply regulatory mechanisms in themselves to ensure that the client does not perceive the reaction. The regulatory mechanisms may include gestural modification, expressed by the agent in the following description:

“Ja, because *(ooooh) (shrugs shoulders, breaths out)*, I go ooooh, then I go in, calm my voice, not shouting. *(Breathes out with short, sharp bursts.)* Shew. *(Brings shoulders sharply down with a shrug.)*

The meaning is brought in action before the client as a description in an attempt to

facilitate a further understanding by the client of their experience of adversity.

Agents communicate to the client the meaning that they have interpreted of the client's experience. In communicating the articulation to the client, agents recognize that if there is a contradiction between their own internal affect experience and their words, that the client will realize the inauthenticity, therefore agents recognize the need to first regulate the internal affect experience in order to avoid coming across as inauthentic. Agents describe using gesture as a method to self regulate by, for example shaking, the tension away.

The agents report on building levels of trust between themselves and the client and also trusting that the client has the solutions to their problem, that the agent is just a facilitator thereof, and that the agent enables the client to find the solution to their problem. In certain cases, the agent perceives that this requires a firmness to challenge the client to "come to truth". The agents report that this requires the recognition of boundaries, the areas within which the agent can go and where they cannot go beyond. To facilitate this process, the agents report on creating an environment for the client to have an experience of safety to explore their experiences by creating structure, and by expressing interest and care with eye contact, bodily gesture and choice of words and voice tone.

Agents describe consciously applying gesture in the form of hand position, tone of voice and purposeful action with the eyes and facial expression to aid the communication of the "meaning" description, particularly when it is experienced that words alone would not communicate adequately. Agents report on the use of gestures as, for example, placing hands open in front of themselves, facing upwards, to communicate an internal state of openness towards the client; looking directly into the eyes of the client when in disagreement with the client; and softening of the facial muscles around the eyes to communicate warmth and care. The agents also describe that when they calm themselves, they have the perception that this encourages the client to calm themselves:

"To the client? She, maybe she is seeing me, and she can calm herself as well. She say, "ok", now she feels it, and now she is seeing she is relaxing, I can do the same.

The agents experience improvement in the client when they perceive the client to be opening up.

The agents report that they are sensitive to the fact that the client has a unique interpretation or meaning of their situation, that it may be different to another's interpretation, but that it is important to the individual. The agent further understands that the interpretation is dependent upon how the client perceives their situation and that perceptions of the same situation may differ amongst other people in their client's social environment.

The meaning made of the situation is deemed by the agent to be the essential component, and the empathy process to be the facilitation of the creation of a new understanding:

“Their interpretation of the situation is also very important.”

“The way a person perceives a situation.”

“If a person says he knows I don't do this because of this and this. I know most of the people go to culture when sometimes they are protecting something. So I have to take this culture according to how he or she perceives it. What is the meaning of this to him, you see and to try to honour this meaning in front of the client, and try to make this client understand that his or her meaning, what does it have to do with this person he or she is talking about.”

Agents report on an interpretation of the need for the client to take responsibility of their own adverse situation, merely taking the role of facilitation of the meaning-making process towards new understanding, but not directing what that understanding would be:

“ I would like you to feel that power. It is your story. It is your truth. It is you that is sharing. Nobody is supposed to take advantage of that. Because, you are the one, it belongs to you.”

The agents report on a perception that the shift in the client from a struggle with adversity to an acceptance of adversity becomes a key to their liberation. Agents report on the application of techniques such as purposeful use of silence and slowing

down of self in the process to enable deeper knowing.

The agents report on an internal process while they are listening, of making meaning, creating a story of the various components gleaned from the client. The agents describe a coordinated process of interaction between themselves and the clients, of their actions stimulating complementary actions in the client, leading to deeper reflection, opening, understanding and exploration.

The capacity for empathy given these conditions is considered by the agents to be unlimited and satisfaction is experienced at bringing a client to a point of new understanding where they do not continue to act impulsively.

The agents report on receiving organizational support in the form of supervision and an emotional support system.

During the interviews, the agents make use of gesture to communicate internal affect experiences when the words do not seem to be available, or sufficiently expressive to communicate the exact nature of the affect experience. For example, the agents say,

“I sensed it. This thing that he struggles with is actually the key to his freedom. And I identified, I sensed it, and I thought wow.

(Interviewer): You say, “I sensed it” and your gesture, your hands came down like this into your body. What was going on in that moment?

It is like, I think it is more than a gut feel, it is an awareness as to, wow, this is like having a feeling, an emotion that is not my own truth, but it is feeling part of me, but knowing that he might experience that right now.”

### **Personal Distress Experienced in Giving Interactions with Colleagues**

The agents report on an experience of distress experienced in the management interaction with colleagues. The difficulties are experienced in relation to an ongoing demand from colleagues and emotional expressions of the colleagues of their difficulties experienced with the work as well as their personal lives. The colleagues work as volunteers.

The agents report on an experience of having constant demands on their time and their emotional resources, and of needing to be there for everybody and everything in the organization. This results in an experience of feeling overloaded due to the fact that every colleague in the team seeks advice on every case. The agents report on an experience of constant emotional challenge amongst the colleagues and the need to constantly "keep the peace" between them. The agents identify that many of the colleagues are emotionally challenged due to the internal relationship that they have to current and past adversity in their own lives. The agents hold the opinion that the colleagues have chosen the line of work as they are looking for self-healing through the work, but may not be consciously aware of it.

The agents report on having similar experiences of adversity in their own lives to the clients with whom the organization offers a service. These previous adverse experiences are deemed by the agent to be the reason for choosing the line of work.

The constant demands result in reactive behaviours welling up in the agents. The agents identify the initial reaction, deemed to be as a result of their past experiences of adversity and a resultant experience of helplessness. When colleagues, in an emotionally challenging manner, require support, this stimulates an initial experience of reaction. The agents report on a need to put mechanisms in place to regulate the reactive behaviours. They report on using learnt mechanisms as a self-protective mechanism against the reactions. This is perceived to protect against potential emotional harm inflicted on the self.

Thereafter, the agents have put in place self-processing mechanisms that help to overcome the initial experience of reaction.

The agents describe an experience in their body of a hollow that forms as a result of an experience of leaking and of draining away of their energy, as a result of these demanding interactions. This results in an experience of fatigue.

As a result, the agents report on the need to place boundaries between themselves and their colleagues, this implies restricting the warmth and friendliness of interactions, and results in the need to maintain a professional distance. The agent acknowledges

that there is a tendency to want to help everyone with a resultant compromise of the boundaries.

The agents report on the need to withdraw for periods of time while they work through things in their mind. They report on working through these difficult experiences through reflection while driving. Furthermore, they report on making use of nature as a support by retracting and spending time in nature, and on making use of a support system in the form of close family members.

Persistent reaction

The agents apply gesture to communicate their affect experiences in the interview where they find words to be inadequate or unavailable to express their experience.

**Personal Distress Experienced in Giving Interactions with Clients**

The agents report on experiences of personal distress in interaction with clients who are reporting on adverse experiences of physical and sexual abuse, aggression, bullying, suicidal tendencies and gang rape. The agents report on an experience of stress and distress in response to the recollection of the interaction, with a resultant experience of it being hard. Furthermore, they report on an experience of being horrified at the recounts of the clients.

The agents report on having a natural experience of empathy towards people experiencing adversity, however the agents also describe this empathic response as a dysfunctional response, which they perceive to have developed because of a traumatic upbringing. The natural empathic response is coupled with a curiosity to understand the deeper dynamics being expressed through the so-called dysfunctional behaviours. They describe being able to understand clients who are going through these experiences. The agents, however, report on feeling misunderstood by the general population for their empathic understanding of others. The agents report on choosing to work in the field of work reported upon in an attempt to understand their own past experiences of adversity. They also report on a perception that the world requires more compassion and understanding to counteract a harshness they experience in the world.

Reaction

The agents report on having an experience of feeling responsible for the wellbeing of the clients. They also want to make a change in society, wish to contribute towards the improvement of the world, and want to leave behind a legacy.

The agents report on the welling up of feelings in response to the verbal account of the experience of adversity of the client. They also report on having an affect experience, as, for example, anger or wanting to cry, in response to the perceived affect experience of the client, and of identifying with the experience of the client because it reminds them of similar adverse experiences they have had in their own lives. The agents report on an awareness of a reciprocal interactive process occurring between themselves and the client in which the affect experience that the agent is experiencing impacts upon the affect experience of the client, and vice versa.

The agents make use of gesture to communicate their internal affect experience to the client when they cannot find the words or the words do not feel adequate to describe the experience.

The agents report on an understanding that the experiences they are having in their mind is reflected in their body. These experiences manifest as shoulder tension, constriction in the chest affecting their breathing, and a sensation that can be described as a fist in the gut, with a resultant tightening of the gut.

The agents report on an attempt to regulate the affect experiences. They describe applying mechanisms to suppress the expressions of the challenging affect experience that wants to emerge, not wanting the client to notice the response they are having. The agents report that, prior to the suppression of the affect experience, they evaluate the expression of this affect experience and the response it may stimulate in the client. Furthermore, the agents report on evaluating the meaning that the behaviours have to the client.

The agents report on having past experiences of adversity in their own lives that coincide with the experiences of adversity of the clients they report on, namely, abuse, alcoholism, divorce, dysfunctional upbringing, and also being the perpetrators of violence. The agents have the perception that these experiences of adversity

become the stimulation for their empathic tendencies.

“A lot of impacts happened in my life. I am trying to get to the point. I am losing the point. I think throughout my life, I didn't have anybody propping me up. I didn't have anyone who said to me you are going to be ok. I had to do it myself. And I have empathy for other people who don't have somebody to say you are going to be ok. So I feel I have got to be the one to do that.”

“I think when you grow up in a very dysfunctional house you tend to relate many things, and two things can happen. You can either become totally dysfunctional yourself, which I think I am, by being totally empathetic.”

“We were raised very differently. We were dictated to. You had no voice. You didn't have an opinion. You were nothing.”

The agents report that the experiences of the clients are direct reminders of their own experiences of adversity, making them remember things they do not wish to remember. In an attempt to manage the repercussions of these reminders, agents report on an on-going attempt to acquire skills to self-process and to manage their reactions through counselling, applying various techniques and reflective practices. The agents report on evaluating their own past experiences of adversity, and on evaluating the client's behaviours against the agent's own compromised behaviours in response to their own past adverse experiences. They report on an attempt to achieve resolution in overcoming the adversity in their own lives, with a varying degree of acceptance of the adversity that they have experienced.

The agents express a strong wish for the client to change. The agents report on an experience of feeling compelled to provide the resources from within themselves to enable the client to manage their situation in a manner perceived by the agent to be best suited to correct the situation. The agents describe pushing their emotional energy into helping to affirm the clients and to “prop the clients up”, with a resultant experience of being robbed of energy.

“I wish I can do anything. I can do everything that this client can understand. If she can work on this conduct, and can see where the problem is, because some client's are stuck because they don't understand where the real problem is. How they can work with this.”

“To hold them up. To keep them strong, because they have to be strong. If

they go to court, they have to be strong. You must understand when they come to me they are emotional wrecks. I have got to build them up so if the judge asks them to come to court, you are not going to fall apart. There is no way a judge is going to give a child to someone who is falling apart. They have to be emotionally ok. They have got to be stable. So you put all your energy into the case to keep them ok.”

The agents describe an experience of frustration that the clients do not change.

The agents report on an experience of being let down when they become aware that the client's initial account of their experience of adversity does not concur with the perceptions of other members of the client's community in response to the same adverse events. The agents report on an experience of panic in response to the feeling of being let down, accompanied by strong emotions described as anger and rage directed towards the client. The agents, furthermore, report on experiencing an impulse to commit an aggressive act towards the clients at the perceived betrayal.

“I went from this empathetically destroyed person to... If I could get her I could have destroyed her.”

“If I had seen the child I would have done it serious harm.”

“And afterwards, I had this rage, this absolute rage inside me: that I had worked on something for five months, or six months, and I was working on a complete lie.”

The agents report that they have had to constantly be vigilant to impulsive tendencies to react and be aggressive. The agents identify self-protective mechanisms that they have put in place to ensure that they do not react. The agents describe the self-control required to ensure that they do not flip and become aggressive or violent, described as "walking the line".

The agents report on an experience of being “destroyed” directly after the experience of being let down by the client. The agents describe feelings of helplessness in relation to the situation of the client. These experiences of helplessness mirror their own experiences of helplessness experienced in their past experiences of adversity. The agents report on the exhausting nature of the experience, feeling that they are left empty, deflated like a balloon.

The agents report on having a need to withdraw to centre themselves and "get back on track" following this interaction. This coincides with a prolonged experience of distress in relation to the case, described as preoccupying their mind, being haunted and living in a nightmare. The agents experience judgement towards the behaviours of the clients. They also describe evaluating their own value judgments in response to the behaviours of the client.

The agents describe an experience of cynicism directed at future clients following on from the perceived let down. The cynicism is coupled with an experience of becoming "de-sensitive".

"I say, mmmh, wonder if I should believe that. I need to, you know, try to see how truthful this person is. So you actually land up not trusting people, or not trusting the story, especially if it is a horrific story."

"The first thing I say to people is how long has this being going on. So I ask them, why have you taken two years to get this point, whereas before I said, shame you suffered for two years. Now I say 'helloooo, why did it take you two years?' If this was so bad, why have you taken two years? So the empathy is still there, but it is different."

Following from the experience of let-down, the agents recognize that the experience of the client is based upon perception of the client, and they report on a tendency to be cynical towards the client questioning why the client has allowed themselves to be exposed to the adverse situation for so long.

The agents report on an experience of extreme cultural diversity experienced in relation to clients and corresponding value conflicts.

"So I see a lot of those children. So there you have a completely different cultural community, you know, where I am seeing an eight-year-old who has a fourteen-year-old boyfriend and they are having sex, and the parents know, and it is ok. You know. Because it is that community where everything is very dysfunctional. So it is a different type of culture that you are actually..."

They identify that there are cultural preconceptions both in themselves and in their client. They recognise the need for cultural understanding on both sides of the interaction.

The agents acknowledge that they had an experience of being stuck with the client, not knowing how to continue with the interaction in a productive manner.

The agents report on a difficult affect experience corresponding with an inner voice of self-judgment and of self-doubt, of not being good enough and, furthermore, of being a failure given the nature of the interaction with the client, with a resultant evaluation of their ability and an experience of negative judgment in relation to their ability.

The agents have an experience of being overloaded with the number of cases they deal with.

The agents report on having a resolution to pick themselves up and keep going, based upon a perceived inner strength and a fear of failure. They report on a lack of support in the form of family and close friends and identify the need to work in a team and to be able to refer when they feel stuck.

The agents report on having an experience of distress at the social system and its perceived lack of empathic support for clients experiencing extreme adversity and trauma.

The agents express the intention to identify the underlying dynamics behind the experiences and behaviours reported upon by the client. The agents describe putting themselves into the place of the client to try to glean how the experience is for the client, and then reflecting on their own past experiences to gain understanding about how this experience impacts upon the client.

The agents report on reflecting on themselves to make sense of the client's experience, in the process sensing themselves to assess their affect experience in response to the client.

The agents recognise the essential nature of a referral system and the support of family and colleagues. The agents, furthermore, adopt and apply a spiritual worldview as a support mechanism. The agents report on seeking theoretical knowledge and to applying their thinking skills to assist them to find a solution for

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their client.

In the interview the agents apply gesture of affect to describe their affect when words do not feel adequate.

The agents express an experience of satisfaction at the opportunity to talk about their emotions during the interview.

This completes the section recording the results of Organizations 1 to 4.

The following chapter will provide a summary of the findings for Organizations 1 to 4.

## **Chapter 9 Summary of Findings for Organizations 1 to 4**

This section details a summary of results for Organizations 1 to 4. The first part of the section, recorded in Table 15, presents a summary of categorizations of experiences for Organizations 1 to 4 and serves to provide an overview for the context of the practice of compassion in organizations. Tables 16 and 17 record the position that the participants assume in relation to their experience as observed by the interviewer during the interview, interpreted according to the framework of PME, and analysed by the researcher while adopting the eidetic reduction and free imaginative variation, in pursuit of the invariant structures of the lived experience. These positions are recorded in the right hand columns of the units of description in the section above and are transcribed to Tables 16 and 17 below as summary.

### **A Context for the Practice of Compassion in Organizations**

This section serves to provide an overview of the predominant experiences that agents in the sample organizations have in relation to the practice of empathy and compassion. These experiences are broadly categorized as either empathic concern, pre-empting a perceived act of compassion, or personal distress leading to self-oriented behaviours. They are further categorized as occurring between an agent and client in a giving interaction or between agent and colleagues in giving or receiving interactions. It should be noted that these numerical values are reported as a context for the units of description of the experiences and not as a quantitative analysis of the practices of empathy and compassion in the organizations.

The section, furthermore, serves to highlight the types of acts of compassion that were forthcoming and the conditions deemed to stimulate experiences of distress in the agents.

### **Overview of Predominant Experiences**

In Organization 1, an NGO providing end-of-life home-based care to clients with HIV/AIDS and tuberculosis, nine participants were interviewed. The participants spoke in general about their experiences of empathic concern and personal distress and did not refer to one specific

case. The participants referred nine times to experiences in interaction with colleagues where they would have wished to receive actions borne of compassion for the difficulties they were having. One of these interactions satisfied the wish for empathic concern and compassion. Eight of the references referred to interactions that provoked distress in them. The participants referred to giving interactions with clients a total of twenty-six times. Six of these were accompanied by experiences of empathic concern and resultant compassionate acts. Twenty of these were experienced as personal distress.

Participants from Organization 2, nursing staff from a private healthcare facility, did not report on specific incidents but spoke in general about a specific type of interaction. In certain cases the participants reported on a network of interactions, meaning that they related experiences of distress in relation to clients and then the impact and response that this experience of distress precipitated with colleagues in the organization. Four participants were interviewed for one interview each. The participants reported equally on experiences of empathic concern and personal distress, with four of each. One empathic concern experience was in a receiving interaction from a colleague, two in giving interactions with clients and one in giving interaction with a colleague. Of the personal distress experiences two were in receiving interactions with colleagues, one in giving interaction with a client and one giving interaction with a colleague.

	Receiving		Giving			
	EC	PD	EC	PD		
	Colleague	Colleague	Colleague	Client	Colleague	Client
Organization 1	1	8	-	6	-	20
Organization 2	1	2	1	2	1	1
Organization 3	-	-	-	-	-	2
Organization 4	1	-	-	4	1	5
SUMMARY	3	10	1	12	2	28

**Table 15. Summary of Categorization of Experiences Reported on by Participants from Organizations 1 to 4**

Participants from Organization 3, mentors representing a programme to provide mentorship to perpetrators of violence, reported only on experiences of personal distress in giving interactions with clients.

Participants from Organization 4, volunteer counsellors providing social services to victims of abuse in an NGO, reported in detail on specific incidents. Six participants were interviewed in total. Two of the six participants underwent two interviews and reported in depth on two separate incidents each. Two other participants reported in depth on one incident and two on multiple incidents. The participants reported primarily on the interactions with clients, four incidents being in relation to experiences of empathic concern experienced in response to the clients and five of personal distress in response to the client. One incident of empathic concern was reported on in receiving interaction with a colleague and one of personal distress experienced in a giving interaction with a colleague.

In summary, twenty-one participants across four organizations reported on experiences of empathic concern and personal distress experienced in giving and receiving interactions with clients and colleagues. These were interactions where they would expect to be giving or receiving compassionate acts borne of empathic concern. Of a total of 56 interactions reported upon, 40 interactions were experienced as personal distress. Twenty-eight of these were in giving interactions with clients, two in giving interactions with colleagues and ten in receiving interactions with colleagues. Sixteen of the interactions were experienced as empathic and compassionate, with twelve experienced as empathic concern in the agent, leading to a perceived act of compassion towards a client, one with a perceived act of compassion towards a colleague and three as a result of a perceived act of compassion received by the agent.

### **Context for Experiences of Empathic Concern Leading to Compassionate Acts**

This section records a summary of the descriptions where participants described interactions where there was a perception of both the receiving and giving of compassionate acts as a result of an experience of empathic concern. The empathic concern was either directly experienced by the participant in the giving interaction with a client or colleague, or was perceived to be the impetus for an action received by the participant from a colleague.

Participants from Organizations 1, 2 and 4 described receiving actions from colleagues borne of compassion. These acts were expressed in the form of unexpected supervision that was over and above the prerequisites as spelt out by the organizational structures. In each case, the supervisors noticed that the agents were experiencing difficulties and made themselves available to listen to the difficulties or to explain ways in which to deal with the difficulties.

Participants from Organization 2 described experiencing empathic concern for colleagues who were experiencing difficulties in the work context. They described these experiences to translate into acts of compassion as, for example, making a cup of tea and listening to the recounts of the difficulties. They were further described as repeatedly asking how the colleagues were after a period of time had lapsed. These acts of compassion were however directed only towards the colleagues with whom the participants had a “friendly” relationship and were withheld from the colleagues who were not considered by the participant to be “friends”. The difficulties experienced by participants in the inter-collegial context, both in the giving and the receiving interactions, were primarily related to an experience of distress that was picked up from the colleague as a result of observing or hearing about the suffering of the colleague in relation to their clients.

Participants from Organization 1, 2 and 4 described experiences of empathic concern towards clients that converted into acts of compassion. Participants from Organization 1 described experiences of empathic concern in response to people who were suffering as a result of helplessness, weakness, being very sick and living alone, and without food. These experiences converted into acts of compassion in the form of giving food and also money to buy food from their own meagre resources.

Participants from Organization 2 described encouraging clients to engage in their healing process and also to modulate their negative attitudes towards their illness, as this is perceived by them to aid their recovery. They also described actively engaging in communication with the clients to open up channels of communication. They, furthermore, described practical acts such as washing the clients and arranging for the supply of special food in an attempt to ease the experiences of suffering. These acts were also aimed at modulating the client’s difficult internal state of being.

Participants from Organization 4 describe interacting with the clients in a way that facilitates new understanding of the client towards their experiences of adversity. This is with the aim of facilitating a revised relationship for the client of their relationship to the experience of adversity that causes less suffering.

In summary, interactions where there was an experience of empathic concern were contextualized by the noticing of the suffering of the clients or colleagues and conducting actions that were directed towards the client or colleague and the suffering. The suffering reported upon in the inter-collegial interactions was related to vicarious suffering in response to observing or hearing about the suffering of clients. The acts of compassion involved physical actions such as making cups of tea, listening to the experiences of the colleague and providing supervision or advice to the colleagues. In the interaction with clients, the compassionate acts involved the physical acts of giving materially to the clients in order to alleviate some of the short-term experiences of suffering associated with the long-term suffering. This was, for example, the providing of food to clients who do not have enough food, or money to buy food when they did not have enough money or food. Actions that were also perceived to be of a compassionate nature involved the encouragement of clients to engage in their healing processes, to modulate negative feelings that they had about their adversity, encouraging open communication and facilitating a new understanding and relationship to their adversity. They, furthermore, involved witnessing the clients in their suffering and maintaining an intention and gesture of unconditional acceptance for the client and their suffering.

### **Context for Experiences of Personal Distress**

This section provides a context for the descriptions reported by participants on experiences of personal distress in response to receiving interactions with colleagues and giving interactions with colleagues and clients. Participants from Organization 1 reported on interactions with colleagues where the participant would have hoped for an interaction that expressed that the colleague understood the difficulties that the agent was experiencing. These interactions were rather characterized by the perception that there was a lack of understanding. The agent felt diminished as a result of being reprimanded and disciplined by supervisors for circumstances that were considered to be beyond the control of the agent.

It was the perception of participants from Organization 2 that management were frustrated with them for exhibiting expressions of distress in response to their work challenges.

Participants from Organization 4 reported on experiences of personal distress in the interaction with colleagues where they were acting in a management or supervisory role towards the colleagues. In this case, distress was experienced in response to on-going demands and emotional expression of colleagues about their difficulties with the workload. They describe an experience of constant demand on their time and emotional resources, of needing to be there and to “support everybody and everything” in the organization. This results in an experience of overload. They also report on a constant emotional challenge amongst colleagues and the need to “keep the peace”. Colleagues are emotionally challenged due to the internal relationship they have to the past adversity in their own lives.

The participants from Organizations 1, 2, 3 and 4 describe experiences of personal distress when in interaction with clients. These distress responses are experienced when clients are suffering, when they express sadness, when they receive diagnoses for terminal illness, when they show difficulties at receiving the diagnoses, and also when clients are perceived to not comply with the treatments prescribed to them and to be eschewing responsibility for their wellbeing.

Participants from Organizations 1, 3 and 4 describe experiences of distress when they observe clients that are suffering from similar conditions to which the participant’s themselves or members of their family are currently suffering or have suffered at other times in their lives. All participants from Organization 3 and 4 describe having experiences of adversity in their own life that are similar to the experiences of adversity experienced by the clients with whom they are working. They are reminded of their own suffering when they hear about the suffering and details of the adversity of the clients. One participant from Organization 1 explicitly describes having an experience of personal distress when witnessing a client with a condition that is the same as members of the participant’s family. Furthermore, all participants from Organization 3 and 4 describe choosing the line of work in the hope that they will be able to improve conditions for others so that they don’t have to suffer in they way that they suffered, or continue to suffer.

Participants from all organizations also describe experiences of distress, in response to the suffering of the clients, when they feel powerless to be able to help the clients, either to encourage them to take charge of their healing, to be able to improve their situation, or be able to heal them. This brings up feelings of self-doubt, inadequacy and helplessness in the participants.

Participants in Organization 4 describe having an automatic tendency to be empathic, this experience always associated with distress. The empathic response is seen as a dysfunctional response perceived to have developed because of a traumatic upbringing with emotional abuse. Agents report on choosing this line of work to understand their own past experiences of adversity and the suffering associated with it. They report on a welling up of a difficult experience in response to hearing about client's story as well as an experience of anger and wanting to cry.

In interactions where there was an experience of personal distress in the giving interaction with colleagues and clients, the participant reported on noticing the suffering of the other. This suffering, however, brought up an experience of distress in the participant. In relation to colleagues, the participants experienced a sense of overload at the need to be supportive to the colleagues. This was accentuated when the emotional needs of the colleagues were perceived to be endless and demanding. In relation to interactions with clients, the participants experienced distress in response to the suffering of the clients. This was experienced when the participant had experienced similar or the same adversity in their own past or present life context and the observation, or hearing of, the adversity and suffering of the client served as a reminder for their own adversity. It was aggravated when the participants felt powerless to be able to effect meaningful change for the clients.

To sum up this section, participants reported on a predominance of experiences of personal distress in interaction with clients and colleagues. Personal distress was precipitated in the agent when they noticed the suffering of the clients and colleagues, either by hearing about or observing the suffering, and then felt the suffering with them. The distress became persistent distress. The experience of distress was usually accompanied by a reminder of their experiences of adversity and suffering and brought up experiences of inadequacy in themselves. Empathic concern, leading to compassionate acts, was also experienced by noticing the suffering of the clients or colleagues and accompanied by feeling the suffering

with them. It, however, stimulated an internal process of identifying and overcoming the internal experience of distress to be able remain focused on the client. This led to compassionate acts such as providing food, making a cup of tea or listening to the client or colleague. Other acts of compassion described by participants involved: encouraging and modulating the perceptions of the client or colleague about their suffering; encouraging positivity in their state of being; encouraging them to take responsibility for their own healing; and encouraging them to acquire a new relationship to their adversity that does not involve suffering or involves less suffering.

### **Capacities of Agents for Empathic Concern and Compassionate Acts**

The positions of the participants in relation to their experience, as determined by the researcher with the application of the PME framework, summarized in Table 16 and 17 relate to the experiences of empathic concern and personal distress in giving interactions with colleagues and clients, and are relevant to the third research objective of understanding the unique capacities of agents with regard to their capacity to achieve a quality of attention conducive to empathic concern.

The categorizations of experience for receiving interactions with colleagues are not recorded, as they are not deemed to be relevant to the objective of understanding the unique capacities of agents but only to gauging a general environment or context of empathy within an organization. The interactions with colleagues and clients in which the agent was in a position of providing an empathic service are indicative of the unique capacities, or lack thereof, in the empathic exchange.

Table 17 details the positions of participants in relation to their experience with the categories of experience grouped together as empathic concern experienced in the interaction with clients, personal distress experienced in interaction with clients and personal distress experienced in interaction with colleagues.

	Org 1		Org 2			Org 3	Org 4		
	EC CI	PD CI	ECPD col	EC CI	PD CI	PD CI	EC CI	PD col	PD CI
Reaction	•	•	•	•	•	•	•	•	•
Persistent reaction		•	•		•	•		•	•
Sensing: Other			•	•	•		•		
Self	•		•	•	•		•		
Shared							•		
Feeling				•			•		
Beholding	•		•	•		○	•		•
Emoting	•			•		○	•		
Intending	•			•			•		
Urging	•		○	•		○	•		

**Table 16. Summary of Positions of Participants in Relation to their Experience of Empathic Concern or Personal Distress**

*Note.* EC Empathic concern, PD Personal distress, CI Client, Col Colleague, • Extended experience, ○ Limited experience

One observes that, with participants who reported on experiences of empathic concern in interaction with clients, all participants described their experiences, initially in the position of reacting, but then went on to describe their experiences from the position of sensing themselves in the interaction, beholding their experience and of speaking as consciously chosen action with (1) *intending* as the internal act of thinking leading into the act of expression; (2) *emoting* as the emotional prelude of leading feelings into speaking; and (3) *urging* as the expression of motivation and determination into speaking (Steele, 2005; Tagar & Steele, 2008; Tagar, 1994). Participants from Organization 2 and 4 described using the faculty of sensing the other parties in the empathic interaction.

Participants from Organization 4 described an awareness of a sense of shared experience, that is that they had a conscious experience of a sensation in themselves that they perceived to be consistent with a sensation that they perceived to be present in the client to whom they were offering a caring service. The participants from Organization 4 also described being aware of a feeling that was perceived to inform them about the feeling that they perceived the client to be having. This feeling was distinguished from the “sensing”.

	EC CI			PD CI				PD col	
	Org 1	Org 2	Org 4	Org 1	Org 2	Org 3	Org 4	Org 2	Org 4
Reaction	•	•	•	•	•	•	•	•	•
Persistent reaction				•	•	•	•	•	•
Sensing: Other		•	•		•			•	
Self	•	•	•		•			•	
Shared			•						
Feeling			•						
Beholding	•	•	•				•		
Emoting	•	•	•			○			
Intending	•	•	•			○			
Urging	•	•	•			○		○	

**Table 17. Summary of Positions of Participants to Their Experience of Empathic Concern or Personal distress According to Category of Experience**

*Note.* EC Empathic concern, PD Personal distress, CI Client, Col Colleague, • Extended experience, ○ Limited experience

All units of description of the invariant structures for experiences of personal distress in interaction with both clients and colleagues were reported initially from a position of reaction in relation to the experience. Furthermore, these reactions, perceived as distress, were described by the participants to be enduring beyond the time of the interaction with the client or colleague, and continued to be so in recollection of the interaction at the time of the

interviews. The enduring positions have been named, by the researcher, persistent reaction. In these units of description, two of the six describe situations where the participants were found to be in the position of sensing themselves and the client or colleague, and one where the participants found themselves to be in a position of beholding their experience. In one of the six the unit of description describes a participant being in a partial position of speaking about their experience with intending, urging and emoting. The unit of description for organization two, related to personal distress experienced in interaction with a colleague, describes the participant to be in the partial position of urging in relation to their experience. This position is described as partial when the participant describes being aware of the need to be able to think about aspects of the interaction or direct their will towards certain actions, but finds that they are not able to attain, achieve or to sustain these intentions for any meaningful length of time.

In summary, participants who reported on experiences of empathic concern exhibited a more complex and detailed internal relationships to their experience, be it an experience of self, or an experience of the client's experience. There was a greater tendency to move beyond an automatic, instinctual response to the client as a reaction, to apply capacities of sensing experience and being in the position to express aspects of their experience as consciously chosen acts of emoting, intending and urging.

The following section details the categorizations of experiences and the units of description for participants of Organization 5.

## Chapter 10 Results of Organization 5

**Organization 5** is a programme providing a first-exposure work experience to professional healthcare practitioners. Agents were providing services in public health facilities in and around the Western Cape. The facilities included tertiary hospitals, day hospitals and day clinics. Thirteen participants were interviewed in total. All thirteen took part in one interview, nine of the thirteen participated in a second interview and three participated in a third interview. Of the thirteen participants, one participant deliberately withdrew from the interview process after the first interview, choosing not to give a reason for the withdrawal. A participant, who attended only interview one, chose, during the interview, not to report on a case but spoke generally about experiences not related to the topic.

The interviews were conducted in such a way that the participants initially reported their experiences in the natural attitude. Making use of the techniques of PMEAs, the interviewer was vigilant to the dynamic, changing position in which the participant was in relation to the aspects of the experience being reported upon: namely, sensing, feeling, reacting, beholding and speaking. The interviewer made use of interview prompts to direct the attention of the participant in a manner pertinent to a guided introspection on the underlying dynamics behind the concrete experiences of the participant experienced in the natural attitude. The units of description are reported in a manner to indicate the explicit use of PMEAs as interview prompt.

### **Categorization of Reported Experiences**

All participants from Organization 5 reported in depth on specific case events, with no general references to the experience of empathic concern or personal distress in interaction with the clients they served or the colleagues they were interacting with. Participants reported equally on experiences related to interactions with clients and with colleagues. During the first interview session, twelve participants reported on experiences of personal distress experienced during the interactions. Of the distress experiences, eight were experienced in the giving interaction with clients and five in the receiving interaction with colleagues. One participant did not report on a specific experience related to empathy.

Of the thirteen participants attending session one, nine participants chose to attend a second interview session: of the nine, four reported on interactions with clients and five with interactions with colleagues. Of the interactions with clients, three were experienced as empathic concern with resultant actions that may be deemed to be compassionate and one resulted in personal distress in the participant.

Of the interactions with colleagues, three resulted in personal distress in the participants as a result of behaviours from colleagues that were deemed to be harsh and misunderstanding. In two of the interactions with colleagues the participants perceived the colleagues to be reactive and harsh to them but they managed to overcome a reaction in themselves, to put themselves into the position of the colleague, to understand why the colleague was behaving in a harsh manner, and to respond in a manner that enabled the colleague to feel understood, thus disarming a potentially inflammatory situation. These interactions were perceived to exhibit compassion for the colleagues in that their perceived harsh responses were deemed to be as a result of stress in the colleagues.

Three participants attended three interview sessions: two participants reported on experiences of empathic concern directed towards colleagues; and one participant reported on an experience of empathic concern directed towards a client.

	Receiving		Giving			
	EC	PD	EC	PD		
	Colleague	Colleague	Colleague	Client	Colleague	Client
Participant 01	-	-	-	2	-	1
Participant 02	-	-	-	-	-	1
Participant 03	-	2	-	-	-	-
Participant 04	-	-	-	-	-	2
Participant 05	-	-	-	-	-	-
Participant 06	-	-	-	1	-	1
Participant 07	-	-	-	-	-	1
Participant 08	-	-	-	1	-	1
Participant 09	-	-	1	-	-	1
Participant 10	-	1	1	-	-	-
Participant 11	-	2	1	-	-	-
Participant 12	-	1	-	-	-	-
Participant 13	-	1	1	-	-	1

**Table 18. Categories of Experiences Amongst Participants from Organization 5**

Table 18 above provides a breakdown of the categorizations of experiences reported upon by participants in the combined three interview sessions. Table 19 below splits these categorizations of experiences amongst the first, second and third interviews. The type of empathic experience, as either empathic concern or personal distress, is reflected in the same column with the experiences of personal distress recorded in normal text and the experiences of empathic concern recorded in italics.

Interview 1			Interview 2			Interview 3		
Receiving Colleag.	Giving Colleag. Client		Receiving Colleag.	Giving Colleag. Client		Receiving Colleag.	Giving Colleag. Client	
Par 03		Par 01	Par 03	<i>Par 09</i>	<i>Par 01</i>		<i>Par 11</i>	<i>Par 01</i>
Par 10		Par 02	Par 11	<i>Par 10</i>	Par 04		<i>Par 13</i>	
Par 11		Par 04	Par 13		<i>Par 06</i>			
Par 12		Par 06			<i>Par 08</i>			
		Par 07						
		Par 08						
		Par 09						
		Par 13						

**Table 19. Breakdown of Categories of Experiences by Interview Session Amongst Participants from Organization 5**

The units of description for the generalizations of the concrete experiences are reported in the next section as follows: (1) personal distress experienced in receiving interactions with colleagues; (2) personal distress experienced in giving interactions with clients; (3) empathic concern experienced in giving interactions with colleagues, and (4) empathic concern experienced in giving interactions with clients.

## Units of Description

### Personal Distress Experienced in Receiving Interactions with Colleagues

The agents reported on experiences of personal distress in interaction with senior colleagues. The distress was experienced when the agents perceived the colleagues to not recognise the challenges the agents were experiencing in the new work setting, when the colleagues gave them perceived menial tasks to perform, and were exacerbated when the agents experienced that the colleagues were not aware of their distress.

Reaction

The agents report on an initial experience of excitement at the anticipation of working in a professional setting and of interacting with professional colleagues. This excitement was replaced by distress in response to the nature of the interaction with the senior colleagues.

“I couldn’t breath. I don’t know, something like clogging it, I fought so hard, she was trying..., what makes me mad when someone tries to calm me down. I burst into tears, She tried to calm me down, come on breath in. I couldn’t speak any more. I had to go. I don’t, I couldn’t breath. She could see that I wasn’t breathing. I was trying so hard to breath but I couldn’t. She completely ... I burst into tears and couldn’t say a single thing.”

Following the interaction with the colleague, the agents report on becoming very quiet and withdrawing emotionally from the situation for an extended period of time. They describe a general experience that they do not need other people. The experience was pre-empted by judgmental pre-conceptions about the colleague as a result of recounts heard from other agents.

The agents report on a perception that the colleagues are discriminating against them and think them to be incompetent. They report on an experience of being ridiculed. They also identify that this is coupled with a general, pervasive feeling of being judged by people in the work environment. This brings up a feeling of embarrassment for the agents. This is accompanied by an experience of feeling powerless and of being unworthy. They describe needing to withdraw themselves, either physically or emotionally from the situation.

The agents report on having a perception that the colleagues are acting defensively towards them and that the colleague’s behaviour indicate that they are angry with the agents. They, furthermore, report on having the perception that the interpersonal difficulties are aggravated by racial and language differences and the resultant preconceptions that agents and colleagues are deemed to carry about each other.

Interview prompt: Sense yourself and the internal affect experience.

The agents become aware of an underlying feeling and begin to cry.

Feeling

Interview prompt: Become aware of the bodily experience.

Thereafter, they become aware of a bodily experience. They intensify the experience and express it with their hands in the form of a gesture. (*Right hand in fist, left hand holding right arm around wrist, holding it back*).

Sensing

They go on to describe a bodily experience of discomfort something collapsing, then of becoming clogged up, not being able to breath, their throat closing and of wanting to burst.

“Something collapses. Ja, exactly, its almost like this is not fully me. Work is giving your all of you. When you are in a place like that, you give only what you are made to give. The wholeness of me, I am crushed somewhere.”

“I couldn’t breath. I don’t know, something like clogging it, I fought so hard.”

This is accompanied by a pounding experience in the heart region. They describe suppressing the affect response, experiencing that if they allow it to show, that the colleague will gain power over them.

Interview prompt: Describe the experience that you see.

The agents identify that there is a split in themselves, that while they are responding to the colleague in a small voice, and then beginning to do the task that they are allocated, an inner part of themselves becomes preoccupied and is thinking something else.

Beholding

The agents identify and are able to describe the affect experience as feeling small. They recognise that they regress to a younger aspect of themselves, and respond in a manner similar to a person of that regressed stage.

“I see papers and then ‘ok, ok, I’ll do it.’ (*Small voice.*) I say, ‘it’s fine, ok, I’ll do it, (*small child voice*), in that voice.”

They then describe seeing an imagination of an aspect of self that is different to the current self, in this case a small child who is inactive. They report on feeling reduced, and of becoming diminished, in such a context, this having an effect on their motivation and creativity.

Upon further reflection, the agents describe multiple layers of experience under the initial experience of discomfort. They describe an experience of disappointment, of unfulfilled expectations and of wanting to do a job in line with their capacities. This is accompanied by an experience of irritation and shock, and of feeling left out at being given the menial tasks, and is followed by an experience of frustration. They then describe suppressing the initial affect experience and accepting the task, but responding to the colleague in a small child's voice. They describe an experience of anger emerging in response to the colleague's tone, this anger accompanied with an experience of wanting to lash out in aggression towards the colleague.

Emoting

The agents report on responding in this manner as a result of having an experience of discomfort at speaking out in the face of perceived authority figures, resulting in holding back the words that they would wish to spontaneously speak,

“The doctor isn't, no-one is listening to her. She doesn't think that she can say anything that anyone will hear, that will do anything about it.”

“...unless they (senior colleagues) open up a door for me to creep in”.

Intending

The inhibited speaking is followed by rehearsing the potential speaking in their head. The agents report on keeping quiet, not speaking what their impulse urges them to speak, in order to avoid conflict, and out of a fear of saying something wrong.

The agents, furthermore, describe how they are brought up to act submissively and to have respect for authority at all costs. The agents have an experience that, when they are in the diminished aspect of themselves, they have the perception that nobody will listen to them, and that anything they say is not worthy of being listened to. This is associated with a fear of saying something wrong, and of an experience of guilt at the possibility of having made a mistake.

Then the agents recognise that the affect experience is familiar. They report on having a similar experience in many aspects of their life,

"It's familiar. I think it's more the frustration of always something being out of reach or out of control".

The agents report on an experience of anxiety and frustration at the anticipation of cultural and language misunderstandings, of confronting misunderstandings in the

work place, and in anticipation of working with colleagues who speak a different language, and of consequently being misunderstood. This is coupled with an experience of trying to communicate adequately but an experience of not being able to do so.

The agents also report on an experience of frustration at not being acknowledged by the colleagues for their real, underlying feelings.

The agents identify that these experiences deplete their energy.

The agents reflect on their biographical history in order to find meaning for the compromising behaviours, and describe a perception that the patterns of compromise in previous aspects of their life have determined the current behaviours. The patterns are based upon an acquired habit of submission to authority. They identify that the patterns of reactive behaviour occur as a repetitive pattern throughout aspects of their life.

The agents also identify that they have strong experiences of self-judgment, of not feeling good enough.

Interview prompt: Describe the response you would wish to have had.

The agent describes the response they would wish to have had. They recognise that there is an aspect of the self that would wish to be able to speak freely, and acknowledge that speaking up should not be so uncomfortable. They recognize that such a response to authority is not appropriate, that when they humble themselves too much, other people will “continue to be bossy” and “walk all over you”. The agents identify that speaking up does not equate with disrespect, and that one can be respectful and obedient while speaking that which is meaningful to one. They acknowledge that by not speaking they continue to be stuck and their contribution does not get made, and that does not benefit anyone.

The agents report on having an insight that they need to believe in themselves and to have acceptance for who they are. This requires defining who they are, and what they are prepared to stand and a process of processing their own experiences in relation to the difficulties experienced with other colleagues.

Urging

The agents, furthermore, report on resolving to take charge of their lives more proactively.

The agents describe having an experience of longing for compassion, recognition for their shortcomings, their inexperience, and also a need for more time.

The agents describe that while the prospect of speaking up in the face of authority is still scary, they report on gaining an insight about the value of acknowledging that one is in difficulty and speaking up about it.

The agents report on an experience of accessing another aspect of self:

"At the end of it, oh, there was someone else, that person was... it is not all of me, there's someone else."

The agents reflect that the deepening of the affect experiences was hard, but that it revealed insights to them. Following from a process of self-reflection, the agents identify newfound insights about themselves in relation to colleagues.

The agents report that following the interviews, they experience the incident to be lighter, and of having an experience of relief. They also report on having an experience of being energetic and more focused.

The agents report on having an insight that they are actually not incompetent and describing the pro-action that they should have conducted at the initial interaction with the colleague instead of reacting and keeping quiet.

### **Personal Distress Experienced in Giving Interactions with Clients**

The agents report on experiences of personal distress in giving interactions with clients who are suffering from illnesses in hospital and clinic settings. The agents report on three typical types of client interactions: when clients exhibit behaviours that are perceived to be aggressive and angry towards the agents; when clients exhibit behaviours that are perceived to be irresponsible, for example, when refusing to undergo tests for suspected HIV and for requiring medical intervention to treat recurrent episodes of injury due to violence and intervention to terminate pregnancy;

and when clients are perceived to be suffering as a result of their illness. The agents have aggravated experiences of personal distress in the circumstances of perceived irresponsible client behaviour when the health services appear to be condoning and perpetuating the perceived irresponsible behaviours with their response of repeatedly issuing medication. These behaviours exhibited by fellow colleagues are perceived by the agents to be unethical.

In response to the behaviours of angry and aggressive clients, the agents describe distress experiences of embarrassment, particularly when the clients direct their anger and aggression at the agents in front of other clients and colleagues.

Reaction

In response to the perceived irresponsible client behaviour and the responses of employees of the health services to these behaviours the agents report on an experience of being shocked and horrified. The agents, furthermore, report on having a strong emotional response of anger directed towards the clients. The agents have an experience of cynicism and despondency in response to the perception that clients are irresponsible, and that the health system is condoning this behaviour and not actively doing anything to change it

“It was not the facility that really shook me, it was more the cases that we got. We found that, if you were to read the patient file and the paper work, stab wounds, people getting hit with golf clubs, repeated, two or three incidences of these in the case files. This particular hospital has the highest D&C procedures in Western Cape per annum. Pharmacy keeps not just one box, a case of mysoprostol just in case. I wasn’t sure mysoprostol was government issue. You just, it makes you think. What is the purpose of this hospital? What is my place within the public sector?”

Distress experiences in response to the suffering clients are associated with an experience of being overwhelmed, needing to look away, or move away, from the clients.

The agents describe having an affect experience similar to the experience that they perceive the client to be having given their context of suffering. The agents report that they are brought to tears through the interaction.

“There were two incidences that were traumatic for me, the biggest one was the

one when we went to the oncology ward and seeing all of these patients sitting in a circle with their drips on, and I remember seeing this one guy, younger than me, he has no hair because of the chemo and everything and I am thinking, it brought all the emotions back of loosing my loved ones that I was very close to, because I have seen them having chemo. Seeing these people very sick it caused me to look away, I couldn't get myself to look at them, I was very close to tears. I was in a setting, we had a nurse and two other people doing ward rounds, I had to control my emotions, I couldn't break down there, also the patients in the waiting area, I had to look away, I couldn't look at them, so very sick”

The agents describe having a similar experience in their own lives to the experiences they are observing in the clients and the families of the clients. The observation of the client's trauma invokes in them a memory of their own, and their family's trauma.

These experiences of distress are reported by the agents to be associated with an experience of frustration, followed by helplessness and powerlessness, at not being able to effect significant change by either alleviating the client's suffering, by encouraging the clients to follow more responsible behaviour patterns or by facilitating the colleagues to exhibit what they would consider to be more ethical behaviours.

The distress is persistent and lasts for at least a day, but in some cases for a month. The trauma reminders also provoke an extended period of distress of their own unresolved trauma.

The agents describe needing to suppress their emotions so that they don't "break down" in front of the clients. They describe follow-on behavioural response of physical and emotional withdrawal: emotionally by shutting themselves down, and metaphorically running and hiding; and physically by looking away from the clients, and sometimes needing to leaving the room to go to the bathroom or outside.

The agents report on a perception that they may be unsuited to the work.

The agents then describe having an experience of self-judgment, of being either

stupid or weak.	
The agents exhibit visible bodily signs of distress when recounting the experiences.	
Interview prompt: Become aware of the bodily experience.	
Interview prompt: Sense yourself and the internal affect experience.	
<p>The agents become aware of an affect experience in their body, described as a feeling, coupled with a bodily sensation. This experience was visible to the interviewer as an experience of agitation.</p> <p>The agents become more consciously aware of the bodily sensation and describe it as an enclosing, shrinking, or a tightening of the body, and co-occurring with the heart beating faster. The agents describe an experience of pain and of squeezing in their heart region associated with the affect experiences.</p> <p>“My body just shrunk.  Interviewer: Show me.  Sitting and I adjust myself, the nurse didn’t recognize, she didn’t...  Interviewer: Stay with it, not comfortable. What’s happening in your body?  It’s tight (<i>Squeaming</i>).”</p>	Sensing
Interview prompt: encouragement to actively feel the internal experience.	
The agents enter into a feeling experience by becoming quiet and introverted, and crying.	Feeling
<p>When identifying the emotions welling up inside, the agents report that they experience cultural preconceptions that inhibit the full expression of the emotions.</p> <p>The agents intensify the affect experience and describe it as a gesture of affect, in for example, the contortion of a facial expression in disgust, touching the throat to indicate there is a constriction in the throat region, and placing arms up in front of the body as protection.</p>	Sensing
Interview prompt: Describe the experience that you see.	

Beholding

The agents describe an imagination of themselves trapped behind bars.

The agents describe an experience of becoming diminished in the face of angry outburst from the client, and of an experience of disgust at the perceived irresponsible behaviours of the clients and the other senior colleagues in the system.

The agents recognise that the habitual pattern of response is acquired in earlier phases of their life. These patterns manifest as blocked expression, not speaking or expressing themselves when their spontaneous response would be to do so.

“Felt like I am stupid.

Interviewer: Feels like you are stupid. And that one standing there, feeling stupid, how old is he?

A young boy.

Interviewer: And who is telling him he is stupid?

His father.

Interviewer: How old is he, the young boy?

Five or six.

Interviewer: What did he do, that the father tells him he was stupid? Was he naughty?

No, the father was just always on his case, not supporting him. The father didn’t actually understand.

Interviewer: What didn’t the father understand about him?

The way he was being.”

Interview prompt: Describe the response you would wish to have had.

Intending

The agents describe a process where they evaluate their initial response to the client. They identify that there are choices as to how they respond.

The agents identify that when they consciously think about it, they are able to access other aspects of themselves more suited to the situation.

The agents describe a process of thinking about the choice of alternative actions that they could have had, given the circumstances. They identify the value of speaking their truth and advising others about how they are responding in the situation.

Urging

The agents describe their will to be able to help the clients, to be more proactive by speaking up when they identify a need, to be able to feel with the client to help alleviate their aloneness, and to have the confidence to speak out against behaviour that they perceive to be unethical and wrong.

The agents describe the act of putting themselves into the place of the clients and imagining how the experience comes across to the client. As a result of this the agents experience the pain that they imagine the client must feel. While they experience this pain, they are not distressed by it.

The agents recognise that the suffering of the client cannot be "fixed", that they have the perception that the client wants

"Just to be? I, I think a person wants you to put themselves in their place..."

The agents describe wanting to give a bit of themselves to the client and the client's family.

The agents identify that talking about and reflecting upon their experiences of distress is helpful to support them to deal effectively with their distress.

**Empathic Concern Experienced in Giving Interactions with Colleagues**

The agents report on an experience of empathic concern experienced in interaction with senior colleagues in the organization who were fulfilling a mentorship role to the agents. These interactions were typically when the colleague was exhibiting behaviours borne out of being in a reactive state. The behaviours were, for example, when the colleague was perceived to be critical towards the agent, showing active dislike of another colleague, and were shouting at the agent. The agents perceive that the colleagues want to be understood for their experience and they describe responding to the colleague in a manner that exhibits that they do have an understanding of the experience of the colleague.

The agents report on having an initial experience of distress in response to the interaction with the colleague when the colleague is critical or shouts at the agent. The distress response is identified by the agent, in the moment, as being a reaction, and is described as embarrassment.

Reaction

<p>The agents report on, following the awareness of the reactive state, evaluating the effect of the experience on their wellbeing.</p>	Sensing
<p>The agents then report on reflecting on their experience, thinking about the various aspects of their experience. They describe evaluating the relevance of their affect experiences to themselves, described as:</p> <p style="padding-left: 40px;">"Then I was thinking, "What is wrong with me?" I was so much putting myself in the person and feeling worse than the person. That was not helping me.</p>	Beholding
<p>The agents, after acknowledging their reaction, recognise that there is a feeling experience underlying the reaction, described as a feeling of hurt. Underlying the affect experience of hurt is an experience of frustration.</p>	Feeling
<p>The agents report on choosing to regulate their own affective and behavioural response to the colleague. The agents describe having the capacity to regulate their initial affect by "calming themselves down". The agents describe placing themselves in an observing position to the situation by:</p> <p style="padding-left: 40px;">"take myself out of that situation".</p> <p>Thereafter, the agents apply a process of regulating themselves, using their body experience as a method to regulate themselves by intending themselves to "stay down" and indicating with a gesture the internal action of drawing their response downwards. <i>(The agent indicates a downward movement with both hands by starting with the hands poised level with the chest, then drawing the hands downwards towards the upper thighs.)</i> The agents also report on using breathing exercises to regulate their affect experiences.</p>	Emoting
<p>The agents report on accepting their own response and of acknowledging their own shortcomings in the interaction. This is described as having a sense of self-knowledge for who they are, and what they stand for. Upon reflection, the agents report on being aware that they have a choice of various options of response to the colleague. The agents also report that speaking to others about their difficulties helps them to resolve the difficulties for themselves.</p>	Intending

The agents then describe the need to be able to put themselves into the shoes of the colleague and to be able to understand the colleague and where they are coming from. They describe actively putting themselves into the situation of the colleague and then sensing how they feel to be in that situation. The agents describe having an experience of pain that they perceive the colleague to be having as well. The agents report on having a common context in their own lives that facilitates their capacity to understand the colleagues when they are facing adversity.

Urging

The agents describe asking the colleague to speak more about their experience. They report on speaking their understanding of the colleague's situation to the colleague. Thereafter they describe observing a response in the colleague to their act borne of empathic concern, which disarmed the original reaction response from the colleague and resulted in a perceived experience of calm in the colleague.

#### **Empathic Concern Experienced in Giving Interactions with Clients**

The agents report on experiences of empathic concern, leading to acts of compassion, directed towards clients, or the family of clients, who are suffering from illness. These illnesses are of children with extreme malformations of the body and children with cancer. The agents identify compassionate acts to be the act of holding an internal experience of unconditional love, of positivity and of acceptance towards the client whilst conducting the technical healthcare services.

The agents acknowledge that they have an experience of helplessness due to the conditions of low organizational resources and high client demand at the site. The agents report on experiencing challenge to their emotional wellbeing when working in such socio-economically disadvantaged conditions. The agents identify a further fear of wanting to be a change agent but sitting back and letting things be as a result of an experience of being overwhelmed by the magnitude of the circumstances.

Reaction

The agents also identify the area in their body in which they experience the affect, namely the heart.

Sensing

They, furthermore, recognise that by acknowledging and owning their fear of working in challenging environments, they are able to tap into an experience of excitement to contribute towards make changes within the organization. They recognise the importance of speaking up and not keeping ideas to themselves.

Beholding

The agents report that they recognise a need to regulate their reactive affect experience in order to think and act calmly when working with clients who are suffering. They recognise that they need to overcome the innate tendency that they have to suppress their challenged emotions and their speaking.

The agents identify the need to process their own emotions related to the experiences of adversity and trauma in their own lives. This is due to the fact that they experience a reminder of their own past trauma when observing a client, or the client’s family, suffering as a result of a similar experience of trauma. In this regard they report on being self reflective when experiencing personal distress in response to a client’s experience of adversity. The process of self reflection requires recalling their own past experiences of adversity, identifying the emotions that accompany their experiences, recognising how those emotions have affected them in the past and continue to affect them in the present, and thereafter placing themselves into the shoes of their clients.

The agents report on crying as a self help mechanism to relieve the tension of the difficult affect experiences they have in response to observing the client’s suffering, and to "clear the windows of the soul".

Feeling

The agents recognise that, to be compassionate, requires that they maintain an open and positive demeanour towards clients even if one is feeling challenged or shocked, and also to make use of gestures to communicate to the client that one is feeling unconditional feelings of love. They report on a perception that the feelings they have are contagious, and that by them expressing these experiences in themselves, they will encourage the client to also feel positive and accepted. The agents identify the capacity for patience to be essential to being empathic towards other people.

Emoting

The agents identify the importance of keeping an open mind about people and organizations, of avoiding preconceptions and prejudices that may be stimulated by listening to other people's ideas about people and places.

Intending

The agents identify that their inner attitude plays a large role in determining whether they get tired or not in the challenged working conditions. They report that by choosing to actively engage with the situation with the client, this mitigates the effects on them, thus avoiding the fatigue associated with prolonged emotional arousal. The agents report on having a capacity, in the moment of interaction with the client, to divert their awareness from the minor details and to put themselves into the whole situation for what it is, enabling them to be detached but focused.

Urging

The agents identify the need to speak their opinion, also being aware of when the things that they may wish to say may offend other people, and so to be conscious to moderate the things they speak about with sensitivity to other peoples' possible sensitivities.

The agents also report on the value of keeping themselves inspired in other aspects of their life, for example through listening to music, enjoying the view of nature through the window.

The agents also recognise the importance of having organizing skills and of being organized in the work environment to aid the capacity to be empathic. This is because, when they feel disorganised, they become flustered, and this inhibits their capacity to be present to the clients in an empathic manner. The agents identify the capacity of being proactive, making productive use of time as being essential to leadership skills, and correspondingly to empathy.

The agents report on being in touch with an aspect of self that wants to be involved in initiating change in the community and finding the challenged work environment a place to stimulate that desire, partly through the vehicle of fear. They also report on engaging a spiritual worldview that aids them to remain positive in the face of adversity.

The agents have an experience of being strong and relaxed and taking one day at a time. They do, however, query what capacities would be required by them to be able to maintain a level of empathy on a regular basis through a working year.

This concludes the chapter on results for Organization 5 and also the section on results for all organizations.

## **Chapter 11 Discussion of Key Findings**

### **Key Findings**

This chapter discusses the key findings of the research in line with the research question as follows:

What is the lived experience of agents working in human service organizations in South Africa, with regard to empathy and compassion within the relational aspect of the interaction between themselves and clients, and between themselves and other agents in the organization?

The primary objective of the research is to:

To explore, in-depth, intra- and inter-personal capacities required for empathy and compassion to be expressed in agents working in organizations in South Africa providing human services.

The sub-objectives that speak to this primary objective will be addressed under the following sections:

- Compassion Capability in Organizations Facing Resource Limitations
- Unique Capacities of Agents Required for Compassion Capability
- PMEAs in Facilitated Individual Sensemaking

### **Compassion Capability in Organizations Facing Resource Limitations**

This section addresses the first research objective:

- To conduct descriptive phenomenological interviews with agents working in human service organizations, to record the lived experiences, and to discover the meaning thereof, with regard to the experience of empathic concern or personal distress in the

relational aspect between themselves and their clients, and between themselves and colleagues in the organization.

The lived experiences of empathic concern and personal distress, and the meaning thereof reported on by agents from the organizations under study, are recorded in full in the units of description in the results section of this thesis. The following section provides a discussion of the main salient points of these meanings and the implications thereof for the consistent practice of compassion in organizations facing resource limitations.

The importance and value of the practice of compassion in organizations is well established (Atkins & Parker, 2012; Dutton et al., 2002, 2006; Kanov et al., 2004; Lilius et al., 2008; Madden et al., 2012; Rynes et al., 2012; Solomon, 1998). Compassion organizing addresses the organization requirements for the practice of compassion to be encouraged in organizations. However, the risks and liabilities of compassion organizing in organizations experiencing resource limitations and resource fatigue are not yet established (Dutton et al., 2006). Compassion capability has been defined as “the reliable capacity of members of a collective to notice, feel and respond to suffering” (Lilius, Worline, et al., 2011, p. 874). The following chapter addresses the risks and liabilities of compassion organizing with agents working in and around an urban area of South Africa and the unique capacities required of agents in organizations or work units that would lead to the emergence of compassion capability.

The choice of sample demographic is deemed relevant to address the current research limitations since South Africa is a divided society with a significant proportion of individuals working in organizations, and indeed organizations as a whole, facing resource limitations.

Agents from Organizations 1, 3, 4 and 5 all reported predominantly on experiences of personal distress in interaction with clients and with colleagues. Agents from Organization 2 reported equally on experiences of empathic concern and personal distress.

Compassion in the organizational literature is defined as a three-phase process of noticing another person’s suffering, feeling with them or empathic concern and doing something with the intention to help ease or alleviate their suffering (Kanov et al., 2004; Lilius, Kanov, et al., 2011). Empathy, of which empathic concern is an associated response is a complex

phenomenon and may lead, given certain personal and organizational factors such as personal trauma history and trauma exposure (Baird & Kracen, 2006; Jenkins & Baird, 2002; Macritchie & Leibowitz, 2010), and lack of organizational support to personal distress (Train & April, 2013).

One observes in the units of description recorded in the results that the meaning of the practice of compassion amongst agents interviewed from the selected human service organizations is indeed complex. Conducting descriptive phenomenological interviews with agents working in the sample organizations determined that, while some agents experienced empathic concern leading to acts of compassion directed towards clients to whom they were offering a service, a greater proportion of agents experienced personal distress. The personal distress usually resulted in persistent distress, which impacted upon interactions with other clients and with colleagues thereafter.

A predominance of agents from all organizations, during the first interview, reported on experiences of personal distress in response to the perceived suffering of clients and colleagues.

Personal distress was precipitated in the agent when they noticed the suffering of the clients and colleagues, either by hearing about or observing the client's suffering, and then feeling the suffering with them. In the case of the agents who reported on experiences of personal distress, the affect experience brought up in themselves, in response to the perceived suffering of the client was overwhelming and resulted in a self-oriented focus. In other words, the agents described having an experience of their own distress that was stronger than having an experience of the distress in relation to the client. The distress became persistent distress and resulted in the need to withdraw, either physically by leaving the room for a period, or emotionally by building a protective barrier between themselves and the client or colleague, which inhibited the capacity to engage further with the client or colleague. The period of withdrawal persisted, often for a whole day, sometimes for a month and in one case the distress was still experienced two years after the event.

The experience of distress was accompanied by a reminder of experiences of adversity that the agents had experienced in their own lives, either past, as in the case of childhood experiences of abuse or neglect, in the lives of their families, as in drug abuse and violence, or

present as in personal resource limitations such as limited basic living requirements. The reminders of the adversity were accompanied by a re-living of the experiences of adversity and the associated experiences of suffering. The distress was also accompanied by feelings of doubt in their capacities and experiences of inadequacy in themselves in their ability to conduct the services they offered.

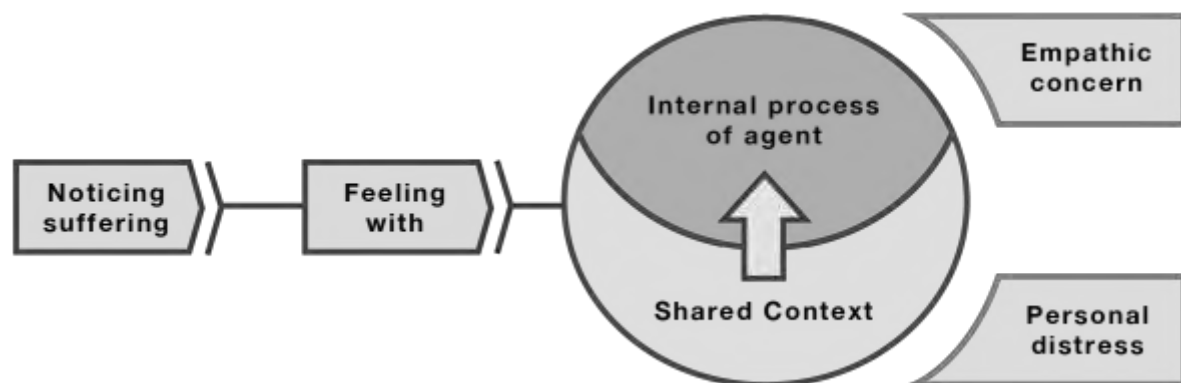
All agents working in Organizations 1, 3 and 4 reported on experiences of past adversity in their own lives that were similar to the experiences of adversity in the clients that they worked with, with many of them citing the need to heal their own past experiences, and to help others not to have to suffer in the same way that they did, as the reason for choosing the line of work.

Common to the agents who experienced personal distress and those who experienced empathic concern was an affect experience in the agent in response to the perceived affect experience of the client. The affect experience evoked a complex series of internal responses in the agent, and emerged as a behavioural response. The needs of the clients differed and the nature of the responses to the clients differed. The responses can be broadly defined as self-oriented as in the case of an experience of personal distress and other-oriented, as a compassionate act, in the case of empathic concern.

The common experience of reaction was associated with the context of past experiences in the agent. In the case of the reaction experienced in relation to the suffering of clients, the past context was associated with past experiences of a common adversity. In the case of personal distress experienced in response to colleagues in receiving interactions, most of which were in response to senior colleagues, there was notably a past experience of suffering in response to authority figures such as parents. In the case of personal distress in giving interactions with colleagues, the giving interaction required providing supervision and management to colleagues, the colleagues were dealing with experiences of distress in response to clients there were working with, and the agent had a common experience of adversity with both the colleague and the client. In this organization, providing trauma counselling, there is a common occurrence of agents and managers having experienced trauma and abuse in their own lives, and this being considered to be the primary impetus for the choice of work.

Empathic concern, leading to compassionate acts, was also experienced by noticing the suffering of the clients or colleagues and accompanied by feeling the suffering with them. The affect experience was followed by an internal response, as is evident in the case of agents from Organization 4 who reported on experiences of empathic concern in interaction with clients, where there was an initial experience of judgment in response to the described behaviours of the client. The accompanied affect experience, however, stimulated an internal process of identifying and overcoming the internal experience of distress, provoked in response to the suffering of the client or colleague, to be able remain focused on the other. This, furthermore, involved identifying the reminders of the past adversity, and associated suffering, provoked in the agent and doing something to regulate the stimulated reminder and experience. This internal process will be elaborated upon in the next section on unique capacities of clients to practice empathic concern.

The distinguishing sequence of events observed in the agents, from all organizations, who experienced empathic concern rather than personal distress is illustrated in Figure 8 below and may be described as an internal sense-making process within the agent in response to the affect experience evoked as a result of a reminder of a shared context.



**Figure 8. Agent Experience Determining an Outcome of Empathic Concern or Personal Distress**

Source: Author

Compassionate acts reported upon by the agents may be divided into three main categories: (1) practical acts of compassion aimed at alleviating suffering; (2) encouraging new meaning

in the client of their suffering; and (3) joining the client with unconditional love and acceptance for them in their suffering.

The first category of acts includes practical acts such as sharing of excess food, giving money to clients to buy food when the clients are not able to do so themselves, making a cup of tea or listening to clients or colleagues recount their experiences of suffering and of adversity. These acts are aimed at easing or alleviating the suffering in the clients or colleagues.

The second category of acts of compassion described by agents involved encouraging clients to look at and respond differently to their suffering. These acts included: (1) encouraging modulation of the perceptions that the client or colleague had about their suffering; and (2) encouraging them to adopt an attitude of positivity in the face of their adversity. This changed perception was perceived by the agents to facilitate healing in the clients, whether it is emotional or physical healing. A further perceived act of compassion was to encourage the clients to take responsibility for their own healing and wellbeing, also in an emotional and physical manner; and encouraging them to acquire a new relationship to their adversity that modulates the amount that they experience suffering in relation to their adversity. Dutton (2002), in discussing the capacities of leaders in compassion organizing, identify the value of leaders giving time for those suffering to be able to experience and express the emotions associated with their suffering, and to have time to make new meaning of their suffering. This, however, differs from the results here where agents have the intention to actively be a part of the facilitation of a new meaning for the client to their suffering.

The third category of acts perceived by the agents to be compassionate was described as holding an attitude of unconditional love, of positivity and of acceptance for the clients in their suffering. What is significant in this instance is the initial experience of discomfort experienced by the agents in bearing witness to the expressions of suffering of the clients and the awareness of the need for an internal resource to be able to feel comfortable to witness the expressions of suffering of the client without needing to turn away so as not to have to experience the suffering. This instance was significantly in response, from an agent, to an encounter with a family accompanying a severely disabled and disfigured child who had no prospect of improvement.

Thus one observes that the compassion capability in organizations experiencing resource limitations is indeed complex. This is particularly so when experiences of adversity are experienced by both agent and client in their past and current personal lives as well as by the agents in their work lives and the organizations. Where there is resource limitation, the agents are more likely to experience distress in the individual interactions, which accumulates to an experience of individual resource exhaustion. Resource exhaustion then leads to further experiences of distress, precipitating a vicious cycle of distress and exhaustion. These experiences are also cycled between client and agent and amongst agents as colleagues in the organization. None of the organizations under study exhibited compassion capability.

The following section identifies the unique capacities of agents to experience empathic concern in the interaction between themselves and clients and colleagues in the organizations. A more thorough understanding of these individual capacities gives insight into the skills and capacities required, either to be present in individuals, or to be developed, in individuals to enable compassion capability. As is reported in the last section of the key findings gleaned from results of Organization 5 and of the agents reporting on empathic concern from Organization 4, there is indication that these capacities can be developed in agents.

### **Unique Capacities of Agents Required for Compassion Capability**

This section addresses the research objectives of:

- To understand the unique capacities of agents with regard to their capacity to achieve a quality of attention that is conducive to empathic concern and consequent compassionate acts, enabling compassion capability in organizations facing resource limitations;
- To propose a framework of individual capacities for compassion capability according to an enactive (Thompson, 2007; Varela et al., 1991) approach to cognition, with sensemaking and embodied experience, in the context of organizational compassion with agents working in human services.

The capacity for empathy in organizations, with resultant affect experiences of empathic concern, leading to acts of compassion, or personal distress resulting in self-oriented behaviours has been, for the purposes of this study, interpreted through the lens of enaction

(Thompson, 2007; Varela et al., 1991), an application of embodied cognition. Accordingly, one observes that the practice of compassion in organizations, as a result of empathic concern experienced in response to a client or colleague, emerges as a nonlinear and circular causality of continuous interactions (Varela et al., 1991) between the agent and the person with whom the agent is in empathic interaction. As the discussion below elucidates, empathy is not a time-bound, discrete event, but rather an on-going, recursive process of organizing and creating meaning of an undifferentiated, on-going and unpredictable stream of experience (Weick et al., 2005) between the people in the immediate interaction. It is influenced by events, interpretations and responses between the people in the immediate interaction, other people in the vicinity with whom the agent has interacted, other people in the vicinity with whom the agent has not directly interacted, as well as past events, interpretations and responses in the life of the agent and the client.

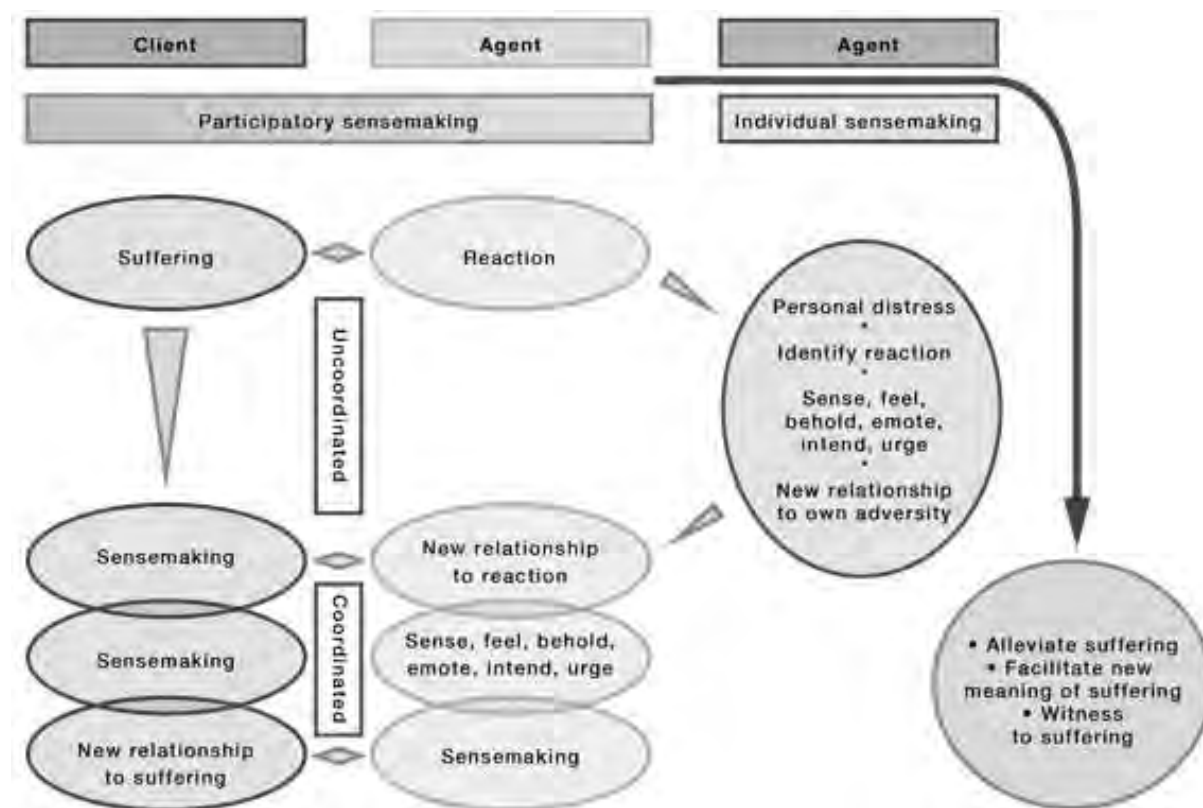
The practice of empathy, with a resultant experience of empathic concern, comes about in the skilled application of perception and action of an embodied agent (Varela et al., 1991). The response of either personal distress or empathic concern and consequent compassionate acts amongst agents from the human service organizations under study is a non-linear and dynamical process, requiring unique capacities of interweaving individual and participatory sensemaking, and a conscious awareness of embodied experience.

A note is required here to distinguish between the use of the terms individual sensemaking and participatory sensemaking for this study. A four-fold definition of sensemaking as a retrospective activity in organizations is applied as a: (1) dynamic process of organizing an amorphous, on-going, unpredictable and unknowable stream of experience of fleeting sense-impressions; (2) by noticing and bracketing cues guided by preconceptions acquired during vocational and life experience; (3) in order to gain an understand a situation; and (4) to be able to act in a meaningful way (Maitlis & Christianson, 2014; Weick et al., 2005). Furthermore, an emotional reaction in response to unexpected circumstances or events is recognized to be a vital initiator of the retrospective sensemaking process (Maitlis et al., 2013). Added to this is the fundamental ontological perspective of sensemaking as a foundation of cognition from an embodied dynamical perspective discussed in greater depth in the section on Research Assumptions above.

The results of the study indicate that the empathic agent is engaging in sensemaking activities with two principle points of focus: the experience of the client and the experience of the agent in response to the client. To distinguish between these foci, the terms participatory and individual sensemaking will be applied as follows:

- *Participatory sensemaking.* This focus involves the internal experience of the client in relation to their suffering as perceived by the agent. The term participatory sensemaking is used to denote the shared process of making meaning of the experience of suffering of the client in relation to the client's adversity.
- *Individual sensemaking.* This focus involves the internal experience of the agent in response to the client's experience of suffering and is applied to making meaning of the internal experience of the agent by the agent.

When examining the results, one identifies a fundamental difference of process between those agents who responded from an experience of personal distress and those who responded from an experience of empathic concern, namely a conscious awareness and direction of their cognitive, affective and behavioural capacities in the sensemaking process as emoting, intending and urging, as interpreted with a framework of PME. This followed from a process of active sensing and beholding of the embodied experience of self and client. Thus the initial unconscious, automatic reactive response associated with personal distress is reflected upon and consciously lead into chosen actions of emoting, intending and urging in empathic concern and compassionate, other-oriented actions.



**Figure 9. Framework of Individual Capacities for Compassion Capability**

Source: Author

Participatory sensemaking in the empathic exchange working with clients or colleagues who are experiencing suffering, requires capacities to: (1) engage or resume coordinated interaction; (2) organize the stream of experience of the client; (3) notice and bracket cues from the client including verbal and non-verbal cues; (4) label and categorize the stream of experience into interdependent events to gain new understanding thereof; and (5) engage consciously chosen capacities of emoting, intending and urging to facilitate a new meaning for the client in relation to their experience of suffering. This process is dynamic, developmental and recursive in that the steps may be repeated in a backwards or forwards manner.

Individual sensemaking, in the context of the empathic exchange when working with other people experiencing suffering, requires capacities to: (1) identify reactions in oneself that interrupt coordination; (2) organize the steam of experience in oneself; (3) notice and bracket cues, both verbal and non-verbal leading to the reaction in oneself; (4) label and categorize the stream of experience into interdependent events to gain new understanding thereof; and

(5) engage consciously chosen activities of emoting, intending and urging to create meaning of the triggers that provoke a reaction and to regulate one's response.

#### PARTICIPATORY SENSEMAKING

Sensemaking, according to Weick and colleagues (2005) is a on-going, retrospective development of noticing and bracketing an undifferentiated, unpredictable stream of experience by labelling and organizing significant elements into plastic categories, in order that one may act. The disordered flux of experience, as a stream of fleeting sense impressions is categorized into meaningful order, providing the impetus for action. Sensemaking in this context is social and systemic and is realized in a greater or lesser degree of coordination and information distribution amongst agents in an organization. De Jaegher and colleagues (2007, 2008; 2009) extend sensemaking from an enactive perspective to include participatory sensemaking, which, according to them, is the creation of meaning where the interaction process is central to the sensemaking. They focus intently on the coordination process, and, furthermore, on embodied coordination in the interactional sensemaking activity.

In this context term participatory sensemaking refers to the retrospective developmental process of facilitating a shared noticing, bracketing and labelling of significant aspects of the undifferentiated, unpredictable stream of a client's experience by an agent, where the interaction process is the empathic exchange. It may occur in the course of a consultation, over the period of a number of consultations or in interactions that are not specified consultations.

Participatory sensemaking (De Jaegher & Di Paolo, 2007, 2008) occurs when two autonomous agents partake in a process of coordinated sensemaking, such as is the case in conversation or in consultation directed towards acquiring meaning such as a therapeutic, coaching or mentorship relationship. Coordinated sensemaking takes place when there is an interactive coordination of creation of meaning between the agents. With absolute coordination there is a perfect synchrony between the agents in the interaction, with uncoordinated interaction there is a breakdown in the relatedness between the agents.

To reiterate, participatory sensemaking in the empathic exchange involves a recursive process by the agent of: (1) engaging or resuming coordinated interaction; (2) & (3) organizing the stream of experience, noticing and bracketing cues; (4) labelling and categorizing the stream of experience; and (5) engaging consciously chosen capacities of emoting, intending and urging to facilitate a new meaning for the client.

**Engaging or resuming coordinated interaction.** Step one of the participatory sensemaking process involves ensuring that there is an on-going coordinated engagement between the agent and the client. This includes the capacity to notice when coordination has been interrupted and to resume the coordination. The following discussion will illustrate, with elements from the results, where coordinated or uncoordinated interaction was evident.

***Coordinated interaction associated with empathic concern.*** Agents reporting on experiences of empathic concern engage in interactions with clients and colleagues in a coordinated manner. The experiences of coordination are motivated by actions and communications on the part of both the agents and the clients with whom they are interacting.

Agents from Organization 1, reporting on experiences of empathic concern in giving interactions with clients, describe experiences of synchrony with their clients as experiences of “opening to” and of “connection with” the clients. Furthermore, when the clients engage favourably with them, for example, with smiles, the agents are encouraged to continue their engagement with the client. Similarly, agents from Organization 2 report on overcoming reactions in themselves in response to the client’s behaviours borne of racial and cultural prejudices towards the agents so that they can continue to engage in a coordinated manner with the clients. These agents report on consciously exercising the capacity to build trust and to encourage communication between themselves and the clients to facilitate engagement and coordination. As with agents from Organization 1, these agents also describe that positive input from the clients affirms them to work more productively and to engage more empathically towards the clients.

Agents from Organization 4 also report on overcoming reactions in themselves to behaviours described by the clients in the consultation to facilitate the on-going coordinated interaction with the client. Furthermore, they describe a conscious and active awareness, identification and interpretation of tone of voice, facial expressions and bodily gestures to glean insight into

the feelings and experience of the client that augments the information provided by the client about their situation. These agents go on to identify and describe a synchrony of coordinated activity in the realm of affect experience that can be named a *shared affect experience*. They identify their own affect experience and identify the correspondence of that affect experience to the experience they perceive in the client. They, therefore, apply an awareness of their own affect experience as a way of reading the experience of the client, and reflect the insights gleaned from this awareness to the client to facilitate a new meaning for the client.

Thus one sees that the experience of empathic concern in interaction with clients who are suffering requires a coordinated interaction with the clients. The maintenance of the coordination occurs through verbal and non-verbal actions between the agent and client.

***Uncoordinated interaction associated with personal distress.*** Agents who report on experiences of personal distress report primarily on their own experiences of distress. In other words, in the interview, the main point of focus is the agent, with little reference to the clients. These distress responses reflect a self-oriented, coping response. The self-oriented nature of the response results in partial or complete breaking of the synchrony between the agents and the clients and the interaction becomes uncoordinated.

Agents from Organization 1 report primarily on the “hardness” of the work experience, and the persistence of the distress after the interaction has passed, as feeling overwhelmed, experiencing invasive thoughts of clients, and a persistent experience of stress. Agents from Organization 2 reporting on interactions with colleagues describe suppressing their authentic expression, which results in a “bubbling” inside and an experience of wanting to explode. This results in building of walls between themselves and the colleagues and withdrawal-behaviour from the colleagues, also resulting in a breakdown of coordination in the interaction. Agents from the same organization reporting on interactions with clients also report on mutual closing off that happens between themselves and the clients with whom they interact, with resultant experiences by the agents of being rejected. They perceive the clients to be closed to them, which distresses them and causes them to close in response to the clients.

Agents from Organization 3 describe an experience of distress that is provoked in them in response to the experiences of the clients, and that is aggravated since the situations of the

clients remind them of past experiences of suffering in their own families. The distress response provoked in them threatens to become overwhelming and so is suppressed and continues to be held in, threatening to erupt as an explosion. This also results in a need to retreat from the offending experience of the client.

Agents from Organization 4, in interaction with colleagues, report on experiences of overload and constant emotional demand from colleagues with resultant reactive behaviours welling up inside of them and threatening to spill over. This results in a need to create protective boundaries between the agent and the colleagues, described as a professional distance, and also to withdraw from the work environment by leaving the premises. Agents from this same organization, in interaction with clients, describe an experience of distress in response to client experiences that remind them of their own past experiences. When they feel let down by the clients, the agents describe experiences of panic accompanied by strong emotions of rage and aggression directed towards the clients. These agents describe needing to be constantly vigilant to impulsive, aggressive tendencies in themselves that they have to control while working with clients. The effort to control these tendencies requires a large portion of their effort, detracting focus from the client.

The experiences of personal distress are accompanied by internal experiences in the agents that determine that the coordination between themselves and the client becomes interrupted. Again these uncoordinated experiences are accompanied by non-verbal, internal experiences that are described, in these instances, to be of the nature of closing off.

During the interviews, the reports of the agents of experiences of empathic concern move fluidly between reporting on their own experiences in response to the clients experience and reporting on the client's experiences. The reports of the agents reporting on experiences of personal distress are directed significantly towards their own experiences and do not move in a coordinated manner between the experiences of them and the experiences of the clients or colleagues. The experiences of empathic concern are accompanied by experiences of shared affect, opening, connection. The experiences of personal distress are associated with experiences of internal agitation such as bubbling and exploding and accompanied by suppressive activities such as withdrawal and building of protective barriers.

**Organizing the stream of experience of the client; noticing and bracketing cues; and labelling and categorizing the stream of experience.** The discussion to this point identifies that sensemaking in the empathic exchange may incorporate any combination of automatic, instinctive activity and deliberately chosen, conscious activity. This occurs in the recursive sensemaking process within the empathizing agent of receiving inputs from the client and resulting in a response in the agent.

From an enactive, dynamical systems perspective various empathic components of emotion recognition and regulation, and cognitive flexibility and comprehension (Train & April, 2013) may be considered to be components of a circular, recursive process involved in the empathic exchange. Furthermore, from an enactive perspective, cognition is a recursive process of perception and action (Thompson, 2007; Varela et al., 1991). As an agent acts on the world, so they change the world, and correspondingly the world that they, in the next instant, perceive. Cognition may be interpreted as a recursive process including behavioural and affective components.

Agents from Organization 4, reporting on experiences of empathic concern in the giving interaction with clients, describe an internal process of applying multiple approaches, namely listening to the verbal account of the client, observing non-verbal cues from the client, reflecting on their own experiences and listening to expert opinions on various themes, to come to a *meaning description* of the clients relationship to their experiences of adversity. They then verbalize the *meaning description* to the client, and evaluate the accuracy of their interpretation as the *articulated meaning description* by observing the client's response to this description as either confirmation or rejection. This response is then incorporated to modify or expand the meaning, thus further informing the sensemaking process.

Thus, one identifies the recursive process of participatory sensemaking occurring intra-personally in the inner life of the agent, and inter-personally between the agent and the client, applying cognitive and affective capacities to organize the stream of client experience by noticing and bracketing cues, and labelling and categorizing these cues.

**Engaging consciously chosen capacities of emoting, intending and urging to facilitate a new meaning for the client.** Agents who experience empathic concern rather than personal distress display capacities of chosen, conscious activity directed towards the experiences of

the client's suffering. These are named, following *PMEA* as emoting, intending and urging (Tagar & Steele, 2008; Tagar, 1994).

**Emoting.** Agents who report on empathic concern in response to client's suffering report on recognizing and labelling complex emotions in their clients and of applying their own internal state of being and emotions to the participatory sensemaking process. These capacities are applied to regulate and maintain coordinated interaction between themselves and the client.

To enable a favourable mood for renewed sensemaking by the client, agents from Organization 3 describe attempting to create and maintain an internal experience that is open and respectful. They report on limited success in achieving this state of being. These limited attempts are accompanied by experiences of personal distress. In contrast, agents from Organization 4, reporting on experiences of empathic concern in giving interactions with clients, describe regulating their own internal state of being to create an environment for the client to experience safety in their presence, deemed to be necessary for the client to explore creatively their relationship to their adversity. They also create an internal emotional experience in themselves that expresses interest and care towards the client by regulating their eye contact, bodily gesture, choice of words and voice tone.

The capacity to identify and regulate the internal state of being and to identify complex emotional factors is identified as an important capacity leading the noticed suffering of the client into an experience of empathic concern in the agent.

**Intending** is the consciously chosen direction of one's thinking into expression. Cognition and thinking capacities are an important component of empathy. Some authors identify cognitive empathy as part of a continuum of empathic experience alongside affective empathy (de Vignemont, 2004). In cognitive empathy it is deemed that an agent has knowledge of the emotion of another but is detached from the experience of the emotion.

Agents, when reporting on experiences of empathic concern, report on applying thinking capacities to gain an understanding of the client and the meaning that the client has towards their adversity. Agents from Organization 2, experiencing empathic concern in the giving interaction with clients, report on thinking about the situation of the client and placing themselves in the situation of the client. This is to understand how the client must be

experiencing the situation. Similarly, agents from Organization 4, exhibit flexibility in their thinking when integrating knowledge from multiple sources, including formal knowledge acquisition such as reading and studying, consulting with other experts in the field, consulting with other non-experts who may have experience in a field and their own acquired knowledge through life experience.

Thus, cognitive skills, including thinking capacities, are applied as consciously chosen activities to understand the context of the client and the relationship that the client has to their adversity.

*Urging*, as the consciously chosen direction of one's motivation and determination, is directed towards the client's experience and the agent's own experience. The motivation and determination may be directed towards internal aspects such as engagement and attitudes or to external aspects such as encouraging communication, making a cup of tea or listening more intently. Urging is directed towards gaining a shared experience of the clients experience, understanding the client, acting in a manner that facilitates a chosen, conscious sensemaking in the client, and in undertaking physical actions directed towards the clients.

Agents from Organization 2, reporting on empathic concern in giving interactions with clients, describe directing their motivation towards encouraging clients to become more engaged in their healing process, to modulate their negative attitudes and to engage in open communication. They also direct their determination towards listening to the special requests of the clients and towards making arrangements for different food. In the cases that these agents report on, the clients initially display behaviours borne of cultural and racial preconceptions resulting in reactive behaviour on the part of the clients, including mistrust, refusing services and calling the agents stupid.

Agents from Organization 4, experiencing empathic concern in interaction with clients, report on applying their determination to how they come across to the client in the interaction, by modulating their tone of voice, facial and gestural expressions to encourage an experience of safety and trust in the client.

Agents from Organization 1 direct their motivation and determination towards giving to the clients when they perceive that the clients do not have basic resources for living, such as food or money.

Thus one observes that agents who report on experiences of empathic concern express the capacity to direct their determination and motivation towards actions that are both internally and externally led.

To enable an experience of empathic concern in response to the suffering of clients requires directing a complex set of capacities towards participatory sensemaking. These include as a first step, ensuring coordinated interaction. Thereafter they include facilitating the noticing, bracketing, labelling and organizing of the undifferentiated stream of experience of the client and applying conscious activities of emoting, intending and urging directed towards the experiences of the client. Where the coordination of the interaction is interrupted by an unconscious, reactive response by the agent to the client's experience of suffering, this requires an individual sensemaking process in relation to the reaction.

#### INDIVIDUAL SENSEMAKING

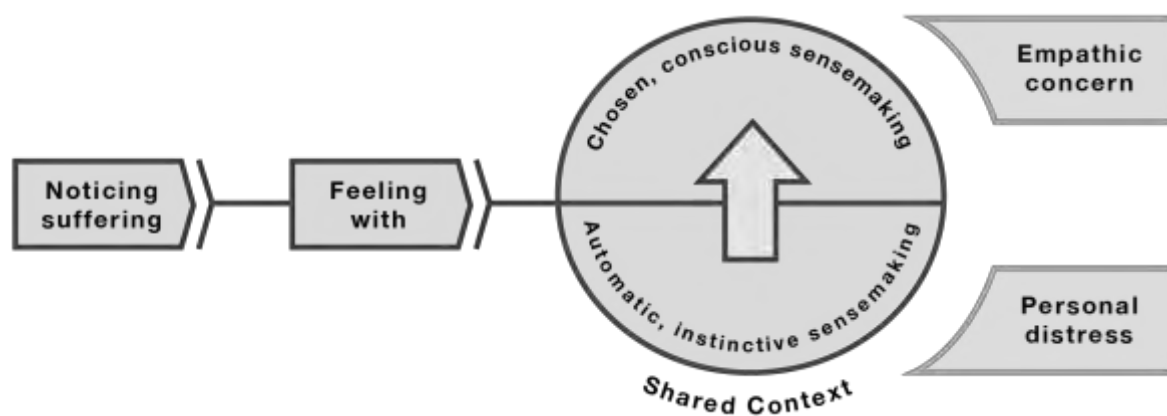
Agents, as sensemaking beings, create and maintain meaning in themselves, and with their clients, as an on-going recursive process. This enables, in the context of working empathically with people who are suffering, the maintenance of resources of energy and motivation and the sustainable practice of empathy and compassion.

The sensemaking agent is in relationship to, in interaction with, and adapting to (Thompson & Stapleton, 2008) clients and colleagues in the empathic exchange.

Recursive internal processes receive information from clients in the form of a verbal account of the story of their experienced suffering and non-verbal cues perceived by the agent, and from themselves in the form of non-verbal cues. This information is processed to maintain and generate meaningful activity. There is an active process of making meaning of their own world (Fuchs & de Jaegher, 2009) in relation to the story of the client, and of the world of the client. Clients, and ideas about the adversity of the clients, are not pre-given, but rather

created as a meaning-making process involving the perceptions and activities of the agents and the responses elicited by clients in response to those actions.

One observes two distinct processes involved in individual sensemaking. The one comes about as an automatic, instinctual, defensive response to the perceived suffering of the client. This instinctual, automatic, un-reflected response may be termed, following *PMEA*, a reaction. The other, resulting in empathic concern and an other-oriented act of compassion comes about in response to a consciously chosen, directed act of self-reflection and self-process in response to the initial experience of distress in relation to the client's experience of suffering. So long as the experience of the emotional response is not overwhelming, it becomes the messenger for a need for, and the impetus for, an individual process of sensemaking.



**Figure 10. Sensemaking as a Capacity Leading to Empathic Concern**

Source: Author

In individual sensemaking the agent applies self-oriented capacities of: (1) identifying reactions; (2) organizing the stream of experience; (3) noticing and bracketing cues leading to the reaction; (4) labelling and categorizing the stream of experience; and (5) engaging consciously chosen activities of emoting, intending and urging to create meaning of reaction triggers.

**Identifying reactions that interrupt coordination.** Whether the empathic agent experiences empathic concern or personal distress, is determined by the meaning made of the interaction with the client.

Agents who reported on experiences of personal distress in interaction with clients or colleagues responded with a reaction, this being an automatic, unconscious coping response that has the purpose of defending against a perceived threat. In each case, the suffering of the client reminded the participant of experiences of suffering in the agent's own life, either past or present. Agents from Organization 4, reporting on experiences of personal distress in giving interactions with clients, reported on a perception that the empathic response is a dysfunctional one, developed as a result of growing up in a traumatic environment. In this case, the initial response towards the client at the start of the empathic process was one of feeling responsible for the wellbeing of the client and of feeling compelled to provide the resources from within to enable the client to manage their situation better. This response drove the agents to work extended hours, to respond to calls at all hours of the night, and to pour their own emotional and energetic resources into the client, with resultant exhaustion. A further distress response accompanied by extreme anger and aggression directed towards the client, occurred later in the interaction when the agent felt let down by the client.

Agents from Organization 3 and 4 reported on choosing the line of work to aid them to make sense of, and heal their own past wounding as a result of past suffering in response to experiences of adversity in their own lives. Thus the meaning made of past experiences of adversity in the agents was reflected in the meaning made of client experiences, and the past experiences of suffering were mirrored in the present responses to the client's suffering.

It is noted that these patterns of meaningful activity are carried from one interaction with a client to another with the same client, as well as from one client to another, as is the case when this same agent from Organization 4 resolved to put up boundaries with future clients and to attend to these future clients with an inherent mistrust for the content of their circumstances. This was perceived by the agent to be a cynical approach to future clients. Furthermore, agents who reported on experiences of personal distress from Organizations 2 and 4 reported on the need to put up boundaries in the form of building walls of protection around themselves as a defence against a perceived invasion that the suffering of the clients provoked in them. These walls of defence also endured beyond the interaction being reported upon and so the meaning of a need for defence was carried into other interactions and other circumstances. The patterns of defence involved withdrawing emotionally and physically

from the client and from interactions with other clients and colleagues who happened to coincide in a time-wise fashion with the offending client.

In contrast, agents from Organizations 2 and 4, reporting on experiences of empathic concern in interactions with clients, described having an initial reaction to either the experience of the client or specific behaviours of the client associated with the suffering. They, however, describe identifying their reaction, and engaging activities to overcome the reaction in the moment. These activities will be described in the following paragraphs.

**Organizing the stream of experience.** Agents from Organization 4, who reported on experiences of empathic concern in relation to clients who were suffering, reported on undergoing a follow-on internal process of recreating of meaning of the initial experiences of distress. This involved an acknowledgement of the initial reactive, defensive response to the client and a reflection on the reminder of past experiences that this response elicited. Agents from Organizations 1, 2, 3 and 4 reported on regular practices of self-reflection and self-process where they identified and acknowledged their own reactions and applied techniques to reframe the meaning of their associated responses. Agents from Organization 4 reported, not only on reflecting on the experiences of the past adversity, but also on their own internal relationship to that adversity. The reflection process occurs when the agents are not in direct interaction with the clients. These remote reflective outcomes, however, inform the identification of the reaction and the capacity to reflection when in interaction with the clients.

Agents from Organization 1 report that the practice of self-reflection after a difficult and distressing event enables the transformation of the experience of personal distress. Agents from Organization 4 report that they acknowledge their judgment response, and the accompanying anger, to a client's account of their behaviour, reflect on this response and their own value judgments related to this response. This reflection process enables the overcoming of the judgment response and facilitates the maintenance of an open communication with the client. They assess that if they were to perpetuate the judgment response, this would inhibit the open communication with the client. Agents from Organization 2, reporting on empathic concern in giving interactions with clients, also reported on actively creating channels for communication to facilitate a transformation of the meaning response for the client of their attitude towards their adversity.

**Noticing and bracketing verbal and non-verbal cues leading to reaction.** The meaning given to the suffering of a client or colleague in the organizational context is not pre-given. It is dependent upon many factors in the inner and outer world of the agent and the client. The cues that are extracted from the undifferentiated stream of experience are guided by preconceptions acquired during vocational and life experience (Weick et al., 2005). As the discussion above illustrates, sensemaking may be an automatic, instinctive reaction or a chosen, conscious activity in response to the perceived interpretation of the event, context and response of the client towards their adversity.

*Context, culture and history as life experience.* Cultural influences determine how much an individual perceives the self as connected with, or interdependent from, others, and correspondingly have consequences for the capacity for empathy (Meyer et al., 2014). People who share a common culture are deemed to be more likely to understand the context and situations of each other (Soto & Levenson, 2009), leading to a response of positivity towards ‘in-groups’ and negativity towards ‘out-groups’ (Meyer et al., 2014).

The tendency towards positive responses to ‘in-groups’ and negative responses to ‘out-groups’ is observed in the interviews with agents from Organization 2, recorded in the unit of description: empathic concern and personal distress experienced in giving interactions with colleagues. Here the agents report on responding differently to colleagues experiencing distress who are perceived to be “friends” than to those who are not perceived to be “friends”. The “friend” colleagues, when expressing their distress are listened to, or pacified with compassionate acts such as making a cup of tea. “Non friend” colleagues evoke further distress, in the form of irritation, in the agent when they express their distress.

Agents from Organization 3, reporting on personal distress experienced in giving interactions with clients, determine that they experience more acute distress in response to the distress of family and close community members when they share a common experience of adversity. The acute distress results in a compulsion to assist the “close” community members in a manner that compromises their own wellbeing, leading to exhaustion and explosive behaviour.

***When context challenges.*** The initial stage of the compassion as well as the empathy process, namely noticing the other's suffering, occurs through various mechanisms, and results in an experience of affect in the empathic agent (Lamm et al., 2007). These mechanisms will be discussed in greater detail in the section on embodied experience in sensemaking below.

While there are some marked differences in specific definition between the various terms, they are deemed, for the purposes of this study, to be sufficiently synonymous with the affect sharing experience of empathy. The shared affect experience may mirror the person being observed, or complement the person being observed. For example a person may laugh when observing another laugh, or they may respond with fear when observing another person express rage (Hatfield et al., 1994). An interpretative process occurs in the agent between the affect experience, of feeling with the client, and the response of either empathic concern or personal distress. In the units of description one observes that the past experiences of suffering of the empathic agent determines the response that the client has to the suffering of the client (Decety & Meyer, 2008). It past experience may be seen as a filter through which the agent observes their world, and the people in the world with whom they are offering a service.

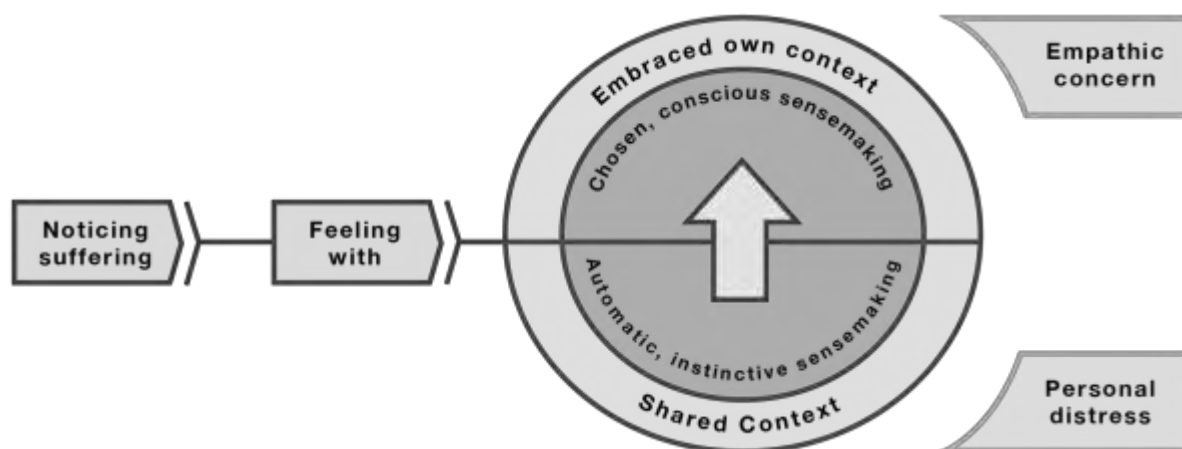
**Labelling and categorizing the stream of experience.** In eliciting an instinctive, automatic reaction to a suffering client, an agent may respond with: (1) identifying with the experiences of the other; or (2) by cutting off from both their own and the other's experiences (Tagar, 2007).

Firstly, identification with the suffering of the adverse experience of the client, and the provoked reminder of their own suffering and adversity, results in a compulsion in the agent to help the client to improve their situation that results in behaviours in the agent that compromises their own wellbeing. To revert to the referee from Organization 4, personal distress experienced in giving interactions with clients, the agent's outpouring of their own energy in an attempt to prop up the clients speaks to such a case. In this instance, the agents report on a compulsion to provide the support to the clients that they experienced to be lacking in their own abusive upbringing. Similarly, the agents in Organization 3 forsake personal time in response to a compulsion to be supportive of members of the community and improve the conditions in the community. This lack of personal time results, at other times, in outbursts of emotional distress from the agents. This is seen again in agents from

Organization 4 where personal distress is experienced in giving interactions with colleagues and memories of the agent's own experiences of suffering in reaction to abuse experienced in childhood are provoked in supervisory interaction with colleagues. This, furthermore, results in a compulsion to support the colleagues to support the clients in the organization, again in compromise of the wellbeing of the agent.

Secondly, references are made repeatedly by agents to an automatic tendency to cut off from the affect experience provoked in themselves in response to the affect experience of the clients. This is reported on by, for example, agents from Organization 1 and 3 suppressing the affect experiences brought up, and by the use of numbing defence mechanisms such as over-eating and sleeping to avoid the over-arousal experiences. The suppression is deemed to be an ineffective response since it is short-lived, with the affect experiences either re-emerging as outburst later, resulting in pain in the body such as sore shoulders, necks and headaches, or re-experienced as distress when the numbing mechanism has worn off. The suppressive responses also include emotional or physical withdrawal from the offending clients or colleagues as is the case with agents from all organizations, and indeed other clients and colleagues in an attempt to escape any further affect stimulation. Emotional withdrawal includes behaviours such as building emotional barriers or walls or cutting off by ignoring the offending colleague, and physical withdrawal such as leaving the room or place of work for extended periods.

In the empathic concern experience, the empathic agents apply self-reflection techniques to gain insight into their own experiences and apply the knowledge gleaned to understand the experiences of the clients with whom they offer a service. This requires capacities of self-awareness associated with ego maturity (April et al., 2013), resulting in a capacity to recognize the experiences of self in relation to the experiences of other, with consequent actions that are directed towards the sufferer rather than a need to avoid the challenging arousal.



**Figure 11. Relationship to Own and Shared Context in Empathic Concern**

Source: Author

From the PME position of beholding, with a chosen, conscious process of inwardly observing one's own experience, agents identify a deeper layer of their own experience underneath the reaction. The act of beholding, as a chosen, activity, enables the deeper layer of experience to emerge to awareness and to be named. For example, agents from Organization 2, reporting on experiences of empathic concern and personal distress in interaction with colleagues, identify an experience of frustration and powerlessness in what is initially experienced as "upset". This labelling of the underlying experience enables them to identify their own needs in the situation.

Agents from Organization 3 identify an awareness of the value of inwardly observing their own experience to identify where they suppress their own experiences as a first step in learning to allow, and deal with, their experiences of distress. Agents from Organization 4, when reporting on experiences of empathic concern, report on taking the reflecting and beholding activity a step further to ascertain the internal relationship they have to their past experiences to gain a deeper understanding of the experience as a broader, humanly-relevant phenomenon. In other words, they do not only reflect on the content of the experiences but also on the internal experience of the experiences. They, furthermore reflect on their personal experience in a manner that attempts to identify universal principles implicit in their personal experience. This can be likened to the adoption of the phenomenological attitude in comparison with the adoption of the natural attitude.

**Engaging consciously chosen activities of beholding, emoting, intending and urging.**

Agents who experience empathic concern rather than personal distress display capacities of chosen, conscious affective, cognitive and behavioural activity as emoting, intending and urging (Tagar & Steele, 2008; Tagar, 1994), directed towards their own experience in response to the suffering of the client..

*Emoting*, as the consciously chosen direction of one's feelings and emotions, is identified in the agents' capacities of emotion recognition and regulation. Common to agents who report on empathic concern are capacities of recognizing and naming multiple and complex emotions in themselves. In the giving interaction with clients, agents from Organization 1 describe recognizing an experience of shyness accompanied by an experience of deep connection with clients. This elicits a sense of satisfaction in the agents. Agents from Organization 2, who wished for an expression of compassion from colleagues when they were in distress, experienced the responses from managers to their distress to be inauthentic and non-caring, compounding the sense of distress. They wished for a more authentic expression of care from managers and colleagues.

Agents who experienced empathic concern also reported on a capacity of emotion regulation. The emotion regulation is applied, on the one hand, to regulate the agent's sense of wellbeing, and on the other hand to exude a state of being that facilitates a favourable response from the client. As a regulation of the agent's sense of wellbeing, agents from Organization 1 report on applying various techniques such as feeling themselves down, or calming themselves down.

Thus one identifies an acknowledgement of the importance of the conscious choice to reflect on, become aware of, identify and regulate emotions as capacities in experiencing empathic concern.

*Intending*, as the consciously directed application of one's thinking into expression, is an essential component of individual sensemaking. Agents from Organization 4, reporting on experiences of empathic concern in interaction with clients, report on thinking about their own experiences, their own and the client's biography, archetypal themes related to gender and culture and theoretical interpretations that they have studied.

Agents from Organization 2 also report that when they experience challenge in relation to clients they apply their thinking skills to invoke pleasant thoughts with the express purpose of regulating their internal state of being.

Thus, cognitive skills including thinking capacities are applied as consciously chosen activities to understand the agent's relationship to their own context and to regulate their state of being.

*Urging*, as the consciously chosen direction of one's motivation and determination, is directed towards the agent's own experience. The motivation and determination may be directed towards internal aspects such as intensifying awareness, deciding to make an internal change, doing something differently, or to external aspects such as seeking self-care from an outside source or attending a supervision session. Towards the agent's experience, it is directed towards reflecting on, becoming aware of, identifying and regulating emotions, thoughts and actions.

Agents from Organization 4, reporting on empathic concern experienced in giving interactions with clients, describe directing their determination, following from making an internal choice to do so, to overcoming experiences of judgment directed towards the client. Agents from Organization 2, reporting on personal distress in giving interactions with colleagues, report on an awareness of the need to direct their motivation towards regulating emotional responses but acknowledge that they do not manage to achieve the desired regulated emotions.

Agents from Organization 4 elaborate on using gestural modification as a regulatory mechanism. These they describe in the interviews by enacting them with bodily movements. Agents from Organization 2, following an initial experience of hurt and anger, choose to direct their determination to engage an experience in themselves of trust and openness towards the clients. Agents from Organization 4 also report on applying their determination towards invoking experiences of trust towards clients and correspondingly to engaging levels of trust in response from the client.

Capacities of urging are applied by the agent where the principal focus is on both the agent and on the client or colleague. Determination and motivation is applied to both internal and external actions and is consciously chosen and executed.

As we have seen from the discussions above, the reports of the agents refer frequently to the body as a source of information about clients and colleagues. The body, as well as movements of the body in space and as gestural or postural positioning, are integral to the sensemaking process as a result of information gleaned through physical engagement of the individual with the environment (De Jaegher & Di Paolo, 2007). The following discussion illustrates the application of this assessment in the light of the results laid out in the units of description in the results section above.

#### EMBODIED EXPERIENCE IN SENSEMAKING: NON-VERBAL CUES

The cognitive scientific literature on empathy emphasizes the role of the nervous system, as a function of the body, from a third-person perspective, in the shared affect aspect of empathy. This does not, however, record a first-person account of the experience in the words of the empathizer. It is interesting to note the direct experience of agents working in organizations in the practice of empathy. Agents reporting on experiences of empathic concern describe making use of the expressive body to facilitate awareness of their own and their client's experiences in the sensemaking process. They describe making use of their perceptions of the client's eye and facial expressions, gestural and postural positioning and tone of voice to augment the verbal account of the client to glean an understanding of the client's situation, context and interpretation in relation to their experience of suffering. They, furthermore, describe, when they sense a contradiction between a client's verbal account of their experience and the perceived facial, vocal or postural expression, that they place greater trust in the account of the non-verbal expression. Non-verbal cues, picked up through embodied experience from the self and the other, are applied in: (1) noticing and bracketing of cues in experience; (2) coordination and synchrony in the participatory sensemaking process; and (3) as a foundation for labelling and categorizing in the creation of new meaning.

**Noticing and bracketing non-verbal cues as embodied experience in oneself and other.**

Agents report on making use of their perceptions of the bodies of their clients to notice cues of the aspects of the clients experience relevant to gaining an understanding of the nature and extent of their suffering. They also seek cues that indicate the internal relationship they have to their suffering and a potential intention for that internal relationship. They, furthermore, describe noticing aspects of their own experience that are relevant to their response to the client, in an endeavour to understand the client more adequately.

*Creating awareness through the lived body.* Pre-reflective bodily self-consciousness is relevant to this discussion, and is described as a bodily experience that occurs in the interval between perception and action (Legrand, 2006). Being pre-reflective, it manifests as a vague affect experience and forms part of the on-going, amorphous, unpredictable stream of experience as fleeting sense-impressions.

Agents who experience empathic concern describe being consciously aware of bodily cues in themselves and in their clients. The awareness of self is initiated by mindfully observing postural and gestural muscle tension, and other micro-movements such as changes breathing and heart rate. Awareness of the client is initiated by the observation of verbal and non-verbal cues as vocal, postural and facial expressions of the client. These may be passively sensed, where the agent is unconsciously influenced by the world, or actively sensed (Tagar, 1994; Thompson, 2007) where the agent consciously chooses to explore the world. In this way, the agent is able to become aware of a sequence of gestural tensions and sensations associated with reactions and responses.

*Experiencing the lived body through affect, and affect through the lived body.* Bodily regulatory mechanisms, such as vitality and fatigue are experienced as self-affect. They are brought about by sensorimotor system, are expressed in perception, emotion and action (Colombetti & Thompson, 2007; Thompson, 2007), and provide information about the world, while determining action in the world (Thompson, 2005, 2007). Furthermore, the inter-subjective interaction, experienced as affect sharing, occurs in the coordinated coupling of self and other.

There is a reciprocal relationship between the expressive body and the emotions (Krueger, 2009). There is evidence to suggest that the body, specifically the gesture that one assumes,

provides information to cognition as perception, emotional experience, discernment and the awareness of the self and other (Gallagher, 2005).

Agents experience their own affect through their bodies, giving an experiential indication of the degree, or lack thereof, of coordination of the interaction between themselves and the clients. Agents from Organization 1, reporting on experiences of empathic concern in interaction with clients describe having experiences of “opening” and of “connection” towards clients. Agents from this organization, in experiencing personal distress, also experience distress as stress and body pain, particularly pain in the shoulders, neck and head.

Agents also gain an awareness of the affect of the client or colleague through the perception of the lived body of the other. Agents from Organization 2, in interaction with colleagues, identify the changing moods of the colleagues by observing their body language. Agents from Organization 4, in empathic interaction with clients, report on applying the principle that the body is able to communicate more information about affect experience more accurately than words.

Thus, one sees that an enhanced awareness of body enables the agent to notice cues that would otherwise blend into an amorphous, on-going stream of sense impressions.

**Coordination and synchrony through the lived body.** Agents who experience empathic concern display an enhanced self-awareness through an active experience of their bodies. This facilitates them to sense the affect of the client, becoming aware of a shared affect in self and regulate their own affect as well as the external expression of that affect.

Affect sharing, observed in the second phase of the compassion process, has been ascribed to various mechanisms: namely congruence (King, 2011) and emotion replication (Marshall et al., 1995). These have been ascribed to the mechanisms of emotional contagion (Hatfield et al., 1994) and physiologic linkage (Levenson & Ruef, 1992; Soto, Levenson, & Ebling, 2005; Soto & Levenson, 2009). Emotional contagion becomes manifest in an agent as bodily and emotional responses (Hatfield et al., 1994). Physiological linkage is accompanied by common emotional reactions, as well as the physiological and somatic markers associated with those emotions, and occurs between an agent and a client (Levenson & Gottman, 1983; Levenson & Ruef, 1992; Soto et al., 2005) in close proximity.

The precise mechanism of this sharing of affect is still under intense debate and is one of philosophical or scientific concern rather than organizational concern. To take the reader back to the discussion in the literature review, these mechanisms may occur as knowledge inferred through the mediation of memory (Eisenberg & Strayer, 1987), or by placing oneself into the mind the other which may occur through mirror neurons (Gallese & Goldman, 1998), shared neural substrates (Decety & Grèzes, 2006), or enactment imagination (de Vignemont & Jacob, 2012). Or indeed by direct perception (Gallagher, 2005) or coordination as a “non-accidental correlation” (De Jaegher & Di Paolo, 2008, p. 5). What is relevant here is that there is a shared experience that occurs between people, available to first-person experience of both parties in the interaction if they are awake to it, and that requires some conscious active process to bring it to awareness and to create meaning of it.

In the inter-subjective interaction agents display automatic tendencies to synchronize with, or mimic, vocal, postural and facial gestures (Blair, 2005; Oberman & Ramachandran, 2007) with their clients. Empathy is dependent upon the expression of emotions transmitted through the expressive body and communicated in micro-facial movement (Cole, 2001).

One observes that this phenomenon is consciously and actively applied by agents who display capacities of empathic concern and is expressed through the mechanisms of actively sensing the client’s affect, actively sensing a shared affect and actively regulating the agent’s affect in order to impact upon the client’s affect.

*Actively sensing the client’s affect.* Agents from Organization 2, in interaction with colleagues, describe having an ability to sense the internal state of being of their colleagues which guides their response to the colleague, either pre-empting a compassionate act in the case of colleagues perceived to be friends, or triggering distress in the agent in response to in colleagues with whom the agent does not experience a closeness. This ability is described as sensitivity.

Agents from Organization 4, reporting on empathic concern in interaction with clients, report on perceiving additional information about the client by observing the progressive tone of voice, facial expressions and bodily gestures expressed by the client, and accompanying the verbal account of the experience by the client. These non-verbal expressions are observed to

gain deeper insight into the feelings underlying the experience. Furthermore, the non-verbal expressions are given greater emphasis when there is a contradiction between the verbal account and the observed non-verbal account.

In addition to perceiving the client through observation, agents from Organization 4 describe an experience of *sensing*, indicated as an internal experience, of the precise affect experience of the client.

***Sensing a shared affect experience.*** Agents also report on having a shared experience with the client. Agents from Organization 2, reporting on experiences of empathic concern in interaction with clients, report on an experience of hurt, indicated with a hand on the heart, and described further as a feeling of breaking inside the heart, in response to the sadness of the client. This experience, experienced by the agent in response to the client, enables the agent to identify, and label, the experience of the client. These shared affects experienced as heart pain in the agent, may be overwhelming, as reported by agents from Organization 2 as experiences of personal distress in response to clients. This overwhelming shared affect experience requires the agent to close off from the client in protection against the stimulated shared experience of pain.

Agents from Organization 4, in empathic concern with clients, describe a shared affect experience that they know not to be their own experience, but experienced inside of them all the same. They determine that the client must be having the same experience at the same time.

Thus a shared affect experience that occurs between the agents and clients may be overwhelming for the agent precipitating a defensive, self-protective response, or used as a cue to inform the agent about the experience of the client.

***Regulating the self through affect and the lived body.*** Furthermore, the agents apply capacities of regulating their own internal affect experience as well as the external expression of that experience to facilitate the continued coordination of the interaction. Agents from Organization 2 describe modulating their tone of voice to express warmth and softness. They recognize the importance of how they come across to the client.

Agents from Organization 4, reporting on empathic concern in interaction with clients, describe consciously using their own body to communicate their chosen, intended affect to the client by regulating their eye expression, facial expression, voice and body gesture or position.

***Uncoordinated interaction through affect and the lived body.*** Reactive experiences that emerge in an agent in response to a client or colleague have the effect of breaking the coordination in the interaction. Agents from Organization 2, reporting on personal distress in response to clients, describe an experience of frustration when facing clients who are perceived to be uncooperative. The experience of frustration is accompanied by a gesture of closing off, which when intensified, results in the hands being brought up in front of the body and face. The hands denote a protective wall that serves to protect the agents from the perceived suffering of the clients. As with any barrier built between two persons, this has the effect of breaking the synchrony.

**Labelling and categorizing the stream of experience through the lived body.** Agents apply awareness of embodied experience to facilitate the creation of new meaning of suffering in response to adversity. This is achieved for the client by facilitating a process of participatory sensemaking. For their own experience of distress in response to the suffering of the client, the agents undergo a process of individual sensemaking. In the retrospective, developmental sensemaking process information is gleaned about the respective experiences of client and self by noticing and bracketing non-verbal cues as discussed in the section above. Following the noticing and bracketing, agents apply a process of labelling and categorizing the cues for a deeper understanding of the experience.

***Facilitating a created meaning of the client's experience in participatory sensemaking.*** Agents from Organization 4 report that they apply multiple techniques to understand the unique relationship that the clients have to their experience of suffering, one of which is the observation and interpretation of non-verbal cues. Following the noticing and bracketing of the clues, the agents report on integrating these cues into an interpretation gleaned from the amalgamation of other cues noticed and bracketed from the verbal account of the client. The interpretation as a meaning response is reflecting back to the client in an on-going, recursive process of creating meaning.

These agents also determine that they have a shared affect experience with a client when they consciously and actively mimic the gesture of a client and then direct their awareness to their inner experience of this mimicked gesture. This is described to be a consciously chosen activity done with the express purpose of trying to understand the client more effectively. This is described in the interview as a process of remembering and re-imagining the position of the client, by placing their own body in the position of the re-imagined position of the client and then recounting the thinking process that occurs following from their own experience of being in that enacted postural position. And forming a judgment about how they would experience being in that position. This judgment informs the agent on how to respond to the client, illustrating to the client that the agent has a deeper understanding of the experience of the client.

This iterative process is aimed at changing the relationship the client has to their experience of adversity with the objective that the new internal experiential relationship that the client has to their adversity will enable them to act in a manner that improves their situation.

***Creating meaning of the reaction in individual sensemaking.*** For the purposes of this paragraph, the discussion on key findings will refer to the results recorded for the experiences of personal distress experienced in interactions with clients and colleagues from Organization 5 during the first set of interviews. This will be discussed as a separate section under PMEA in Facilitated Individual Sensemaking below.

In conclusion of this section, the analysis of the meanings of the lived experiences of agents in interaction with clients and colleagues reveals that agents who express unique capacities for empathic concern in interaction with others who are suffering display capacities for participatory and individual sensemaking. They are able to undergo processes of participatory sensemaking in coordinated interaction with the clients or colleagues to enable the creation of a new meaning alongside the client or colleague. This new meaning becomes the kickstand for action for the client or colleague. They, furthermore, exhibit capacities for individual sensemaking related to the reactions stimulated in themselves in response to the suffering of the client or colleague and also to the unassimilated past experiences evoked in themselves in response to the suffering of the client or colleague.

In assessment of the unique variations in adapting to conditions in the various organizations, it should be noted that agents from Organization 4, an NGO where counsellors provide social services to victims of abuse, exhibited remarkable skills in individual and participatory sensemaking. What is notable in this organization is that the agents, as an adjunct to their training, undergo significant processes of personal development and also report on a strong inclination to understand their own previous suffering as a result of trauma in their own lives. These agents have all undergone tertiary education. The personal development is, however, not a component of the formal tertiary education but forms a part of the training in trauma counselling courses. Agents from Organization 2, a private healthcare provider, where agents have also undergone tertiary education as healthcare practitioners, exhibit significant cultural awareness and also reflective capacities related to cultural diversity. It is not reported from where these capacities are acquired. Agents from Organization 1, also working in an NGO, who have not undergone tertiary education, exhibit limited self-reflective capacities.

### **PMEA in Facilitated Individual Sensemaking**

This section speaks to the third research objective:

- To assess whether awareness of experience facilitated by body awareness, and facilitated by the interviewer with PMEA as an interview technique, enables individual sensemaking in the empathic exchange.

In the first interviews with agents from Organization 5, the interviewer explicitly engaged PMEA as a technique. This was with the express objective of assessing whether it would facilitate an introspective process of guided individual sensemaking. This was to determine whether the following aspects of the retrospective sensemaking process would be facilitated by: (1) identifying the position of reaction of the agent in response to the client's experience and reflecting the awareness to the agent; (2) facilitating the agent to organize the stream of experience in themselves and notice and bracket cues, with active sensing of non-verbal cues; (3) facilitating the agent to label and categorize the stream of experience into interdependent events to gain new understanding thereof; and (4) facilitating the agent to engage consciously chosen activities of emoting, intending and urging to create new meaning of the triggers that provoked the reaction.

In the reports of interviews with agents from Organization 5, the experiences of personal distress in interactions with colleagues were experienced when the agents, having an experience of suffering as a result of difficulties experienced in the work context, experienced that the response to their suffering by colleagues was lacking in compassion. This aggravated their experience of distress. The agents, in reporting on their experiences, described their distress following from the interaction with the colleagues.

The experiences of personal distress in interaction with clients recorded instances when the agent would have wished to experience empathic concern towards the clients but the nature of the client's suffering stimulated experiences of distress and self-oriented reactions in the agents.

The following discussion of the key elements of the individual sensemaking process illustrate that PME applied by the interviewer facilitates an introspective process of creating meaning of the initial reaction associated with personal distress by facilitating the identification of cues that can be labelled and categorized as a basis for intending a new response upon future interactions.

#### IDENTIFYING AND REFLECTING AWARENESS OF REACTION

Engaging the *psychophonic methodology of experience awareness*, the interviewer observed the position of the agents to their experience by observing eye and facial expressions, gestural positioning and tone of voice. When these cues gave an indication of agitation, the interviewer reflected this observation to the agents and suggested that the agents sense, actively, the sensations of the body.

#### FACILITATE ORGANIZING EXPERIENCE, NOTICING AND BRACKETING CUES

Following from the active sensing, and as a result of an acknowledged awareness of the reactive experience, agents became aware of an internal *gestural or postural tension* in their body as an entry point for awareness into experience, providing the opportunity for potential cues to the reactive state to be noticed and bracketed. In this way the pre-reflective self-

consciousness (Gallagher & Zahavi, 2008; Legrand, 2006, 2007) was brought to reflective consciousness. This *gestural tension* was intensified and expressed, as though one were acting it out on a stage. Following from this intensification, the agent was able to form an imagination of the gesture, as though seeing it from the outside, and then label the gesture. This gave the agent a conscious awareness of what was previously a pre-reflective self-consciousness, or merely a vague experience of dis-ease in the body.

Agents from Organization 5, reporting on experiences of personal distress in receiving interactions with colleagues and with giving interactions with clients, while describing their distress responses in the interviews, begin to make externally visible micro-movements of their body, perceived by the interviewer to be expressing internal agitation. Upon a prompt, which alerted the agents to their body, and a request to describe what was happening in their body, the agents reported that there was a feeling. This acknowledgement of the feeling precipitated an awareness of a bodily experience, which, following an *active gesturing* of the *internal gestural tension* was described by one agent as a collapsing inside, as a result of an experience of being crushed, clogged up and the throat closing. An experience was described by another agent as an experience of pain, squeezing or constriction of the heart.

Upon a further prompt to *behold* the gestural tension, by creating an internal imagination of the *active gesture* that they had enacted, they describe becoming aware of a split in themselves, one part of them responding to the colleague or client, the other part becoming preoccupied and thinking about something else. In the case of the agent describing an experience of personal distress in response to a perceived lack of compassion from a colleague, the preoccupied aspect of themselves was described as a smaller, younger part of themselves. Upon further prompting, it was identified that the colleague or client had stimulated in them a distress response, which inhibited a productive engagement with that person.

The agents identified that these patterns of response originated from their cultural and familial upbringing. In the case of the agent reporting on a distress response to a colleague this was in response to a cultural perception that one should have respect for authority at all costs. In the case of the agent reporting on an experience with a client, this was a response of the father towards the young child that gave the child the perception that the father thought the child stupid. The agents identified that these patterns then became the default perception through

which the agents interacted with other people who reminded them of the previous offending person. Thus, the original response from the senior colleague, perceived to represent a lack of compassion was viewed through the lens of a suppressive authority figure and the cues noticed from a continuous stream of experience were those of the suppressive non-compassionate authority.

#### FACILITATE LABELLING AND CATEGORIZING THE STREAM OF EXPERIENCE

Agents from Organizations 2, 3 and 4, when struggling to find words to describe their experiences in the interview make use of gesture to facilitate the communication. The interviewer, applying the techniques of *PMEA*, highlights the pre-reflective bodily self-consciousness by instructing the agent to actively sense the gestural or postural tension in their bodies, and to enact it by intensifying the experience into a visible gestural conformation, then to behold the gestural conformation as an imagination, and to name it. This facilitates a labelling of the cue of the experience that has been noticed.

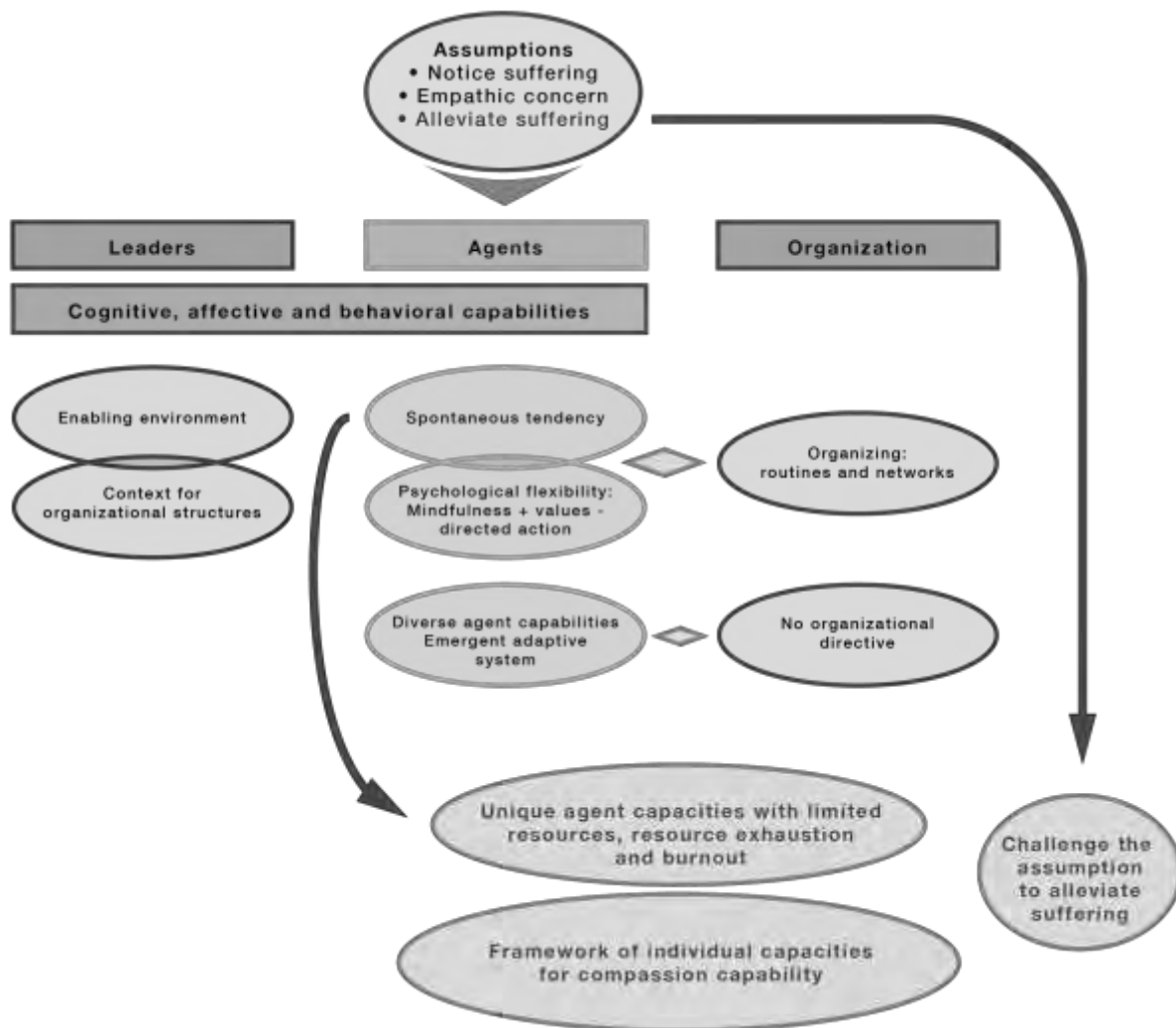
Noticing the suffering of the client starts with perception, and is the initial phase of the empathic process (Proctor & Beail, 2007). Whether an agent identifies, and is able to overcome an initial reaction stimulated in response to the experiences of suffering of a client is facilitated by an individual sensemaking process of making meaning of the stream of experiences stimulated in response to the suffering of the client.

In interaction with a client, an agent may unconsciously experience the affective state of the client and the response it invokes, or they may choose to become aware of the reactive state, organize the stream of experience surrounding the reaction, notice and bracket cues that are relevant to why they respond in this manner, and label and organize the bracketed cues to create a meaningful interpretation thereof. This meaningful interpretation provides the kickstand for them to direct their conscious, chosen activities of emoting, intending and urging in a manner that regulates the reactive state. Actively sensing the original reactive affective state provides an entry point of awareness to the reactive self, and a presence to initiate the retrospective sensemaking activity.

## Chapter 12 Contribution to Theory, Concluding Reflections, Limitations and Recommendations

### Contribution to Theory

The author’s contribution to theory will be threefold. Firstly to the literature on compassion in organizations it will challenge the assumption that compassion in organizations is dependent upon an agent’s intentions to alleviate the suffering of individuals. In this context it aims to argue that the reliance of on-going acts of agent compassion in a society challenged by high levels of socio-economic and psycho-social challenge and consequent resource limitations is pointless given an assumption that compassion intends to alleviate suffering.



**Figure 12. Contribution to Theory**

*Source.* Author

This is deemed to be significant in countries like South Africa where socio-economic conditions are such that suffering is widespread, and where agents in an organization may represent significantly differing familial and cultural contexts, and where levels of burnout (Roussouw et al., 2013; Stodel & Stewart-Smith, 2011; Train & Butler, 2013) and occupational stress (van Dyk, 2007) are high amongst human service practitioners. It will examine the unique agent capacities required in the relational interaction between the agent and clients and the agent and colleagues given organizational context of limited resources and resource exhaustion and burnout.

Secondly, it aims to advance a framework of individual capacities for compassion capability as a foundation for professional development and supervision of agents working in the human service organization. This will be based upon current philosophical, social psychological and cognitive scientific research, and interpreted through the lens of enaction (Varela et al., 1991), applying the inter-related fundamentals of autonomy, emergence, sensemaking, experience and embodiment (Thompson, 2007). It will apply sensemaking including participatory sensemaking and embodied experience to the construct of empathy as practiced by human service agents in organizations. It aims to identify the challenges of agents working in organizations facing resource limitation and the unique capacities required for the experience of empathic concern rather than personal distress. The study links the current thinking in organizational theory about compassion with empathy and embodied cognition.

The third contribution will be the application of *PMEA* as an interview as well as data analysis technique pertinent to the *phenomenological human scientific method in organizations*, enabling the participant to access a level of pre-reflective self-consciousness (Gallagher & Zahavi, 2008; Legrand, 2006, 2007). Details of this technique will be explicated in the section under interviews below.

## **Concluding Reflections**

The impetus for this research emerged in the researcher partly as an academic endeavour, but also through the personal experience of growing up, living and working in a country such as South Africa. The experience of being a child, teenager and young adult in a society formally divided across racial, cultural and particularly economic lines, then passing through a vortex, as a young adult with small children, of a political opening into a new democracy, and thereafter being a part of the joys, challenges, opportunities and pitfalls of the potential for racial, cultural and economic integration, opens ones' eyes and touches one's heart in a unique way. In one's personal life, one comes into contact on a daily basis with people who are clearly suffering, and to whom an act of compassion such as providing food or shelter, offering a casual opportunity for work, or engaging in a story would bring some short-term relief to the receiver and some feel-good relief to the giver. But the next day the same need would be there, either in the same person, or in many others. There isn't a single traffic light that one is stopped at, at which at least a handful of jobless and homeless people look pleadingly into the car for a hand-up. To notice and to experience the suffering of people in one's environment on an on-going basis takes its toll. One notices a tendency to stop giving because to be constantly giving is tiring. One notices, too, an experience of guilt for not giving, and that becomes unbearable. And so it feels that the only option is to shut it out, to not notice, to harden one's heart. But that also does not feel comfortable.

The initial stage of the journey within organizations began while completing an internship as a healthcare practitioner in a day clinic in one of the informal housing settlements of Cape Town. The experience of looking out into the crowded waiting room is as fresh now as it was all those years ago. Hundreds of people sat for many, many hours on hard wooden benches, or stood at the back because there weren't enough seats to accommodate all the sick people waiting for their prescriptions to be filled. Many of them were turned away when they got to the front of the queue because the stocks for their regular medicines had run out. One could feel the despair.

Another significant moment occurred while conducting workshops with participants working in an NGO providing care to patients suffering from HIV/AIDS. These participants were confronting death on a regular basis with their patients. One participant had lost five family members to illness during the previous six months. Again, the despair and bewilderment was palpable.

And another when a workshop participant, working in a medium sized hospital in the city, arrived at the workshop in terror. The participant had been receiving ‘visits’ from gang members undergoing initiatory rites at the home at three o’clock in the morning for a number of nights in a row. The initiatory rites involved, on the one hand, killing people and on the other, in recruiting new members, one of which was potentially the son of this participant. And yet another when a workshop participant, providing care, at a youth care facility in the city, to youth who had been abandoned or lost their parents to HIV/AIDS, recounted stories of being abandoned to the same facility by a parent who was alcoholic and abusive.

It was then that the impetus came to strive to understand the role that organizations can play to support these people who set out to care for others and yet live with such suffering and adversity in their own lives. As the results of the research confirm, the cycles of suffering, trauma, abuse and adversity repeat themselves, perhaps clothed in different garb, but suffering all the same.

In response to the research question of “What is the lived experience of agents working in human service organizations in South Africa, with regard to the practice of compassion within the relational aspect of the interaction between themselves and clients, and between themselves and other agents in the organization?” and the objectives of the research the following can be concluded: The lived experiences of empathic concern and personal distress, and the meaning thereof reported on by agents during descriptive phenomenological interviews from the organizations under study have been recorded in full as units of description. In organizations where there is resource limitation, agents are more likely to experience distress, leading to individual resource limitation, with none of the organizations under study exhibiting compassion capability.

The overcoming of personal distress into empathic concern requires agent unique capacities of individual and participatory sense making: identifying reaction, identifying non-verbal cues

in self and other; engaging capacities of emoting, intending and urging. Another key finding is that sustainable practice of compassion is characterized by the intention to facilitate new sense making of the experience of the suffering, witnessing the suffering as well as the alleviation of suffering.

The application of PMEAs as an interview technique enables individual sensemaking in the empathic exchange by facilitating an introspective process of creating meaning of the initial reaction associated with personal distress by facilitating the identification of cues through sensing, feeling and beholding as a foundation for organizing, labelling and categorizing the stream of experience.

The practice of compassion in organizations such as these represented in the sample organizations is indeed complex, with a unique range of limitations and risks. There is a strong indication that agents who choose to work in these organizations providing support and care to others who face extreme adversity have experienced significant suffering and adversity in their own lives. Furthermore, agents working in these organizations, where there are limited resources in terms of funding also experience resource limitations in their own lives. They are also working with people living with extreme resource limitations. To help ease the suffering of a person by giving material resources, giving time for the person to attend to their suffering or holding a hand and listening while a person recounts their experience of suffering may provide short term relief. But given the nature of the resource limitations experienced by organizations, agents and service recipients, this is indeed short lived. It was, therefore, extremely heartening to hear agents who reported on experiences of empathic concern refer to an intention to encourage a new meaning of the attitude that the clients have towards their experience of adversity, and to encourage them to take action from that new meaning in a manner that transforms their life in some way. One agent referred to this insight as a “key to their freedom”.

Agents, who reported on experiences of empathic concern, and described these sensemaking processes in interaction with their clients, spoke in great depth about the internal processes in themselves that were stimulated, not just by the interaction that they were referring to, but also by the work as a whole. These individual sensemaking journeys had become a way of life, undertaken whenever they identified a trigger in themselves and involved getting to know and understand self more deeply.

These agents also described having an astute awareness of a complex array of cues, verbal, and more significantly non-verbal, that guided them to understand the unique plight of the client and the relationship they had to their adversity and suffering. This awareness of the relationship that the client had to their adversity was deemed to be an essential key to understanding the nature of the suffering, and to being a kickstand to creating new meaning of the adversity and suffering, and correspondingly to taking action in their lives to make changes to ease or alleviate the suffering. This factor is deemed to augment the primary assumptions of compassion capability and compassion organizing of a collective capacity to notice, feel and respond to a person suffering with an action that is directed towards easing or alleviating the pain of the suffering person. An action, undertaken by an agent, directed towards a person who is suffering which has the intention to empower the suffering person to move through their suffering, and to take actions in their own life to moderate their suffering, is considered by this researcher to be a valuable insight towards encouraging meaningful change given the current socio-economic and psycho-social challenges in the South African society and the pressures that these challenges exert on societies, organizations and government resources.

The application of the *psychophonic methodology of experience awareness* as an interview technique, applied by the interviewer to enable an introspective process, facilitated the participants to reflect on the internal structures of their experience. By drawing attention to the micro-movements of the body and by facilitating the exploration of these micro-movements through active sensing and beholding, this led to a guided reflective process in the agents that enabled them to access information about their own responses that would have remained in a pre-reflective self-consciousness. The application of this technique enabled some of the pre-reflective, automatic responses to be reflected upon and to be brought to greater awareness. An unintended outcome of this process was that the participants moved from observing their challenges in the work environment from a position in which they find themselves immersed in the world, and at the mercy of the world, to a more reflective attitude of observing what their perceptions and preconceptions contribute to their experience of the world. Thus, the application of PMEAs, as an interview technique facilitates a move in the interviewees, in phenomenological terms, from a natural attitude to a phenomenological attitude. This reflective attitude enabled the agents to identify aspects of themselves that

required integration so that they could be more present to the needs and suffering of the clients and to be able to bear an internal experience of the suffering of the clients.

It is the perception of the researcher, having undertaken this research process, and in echo of a reflection as an outcome of another researcher in a similar field (van Dyk, 2007), that the people who provide support and care to others who are suffering in this country, require support themselves. Those in organizations who could potentially provide that support would benefit from an understanding of the unique risks and limitations of compassion organizing in a context where there is resource limitation. Compassion capability given these conditions cannot be relied upon as a spontaneous outcome, but rather requires organizational support directed towards professional development and supervision where agents are encouraged to engage individual and participatory sensemaking capacities.

In final reflection, to have the opportunity to conduct this research process has been a deep joy and privilege. To be granted access to the private, inner world of the research participants, very often to their pain and suffering is an experience that brings one closer to the essence of life itself, and brings with it a sense of gratitude and humility, of one's greatness in the universe and also one's smallness, one's significance and also one's insignificance. One experiences, in that place of vulnerability, the seed and potential of strength and resilience. One observes that in bearing witness to the facing, in others, of the thing that one fears or abhors, one realizes that one is larger than it, and thus finds, and grasps hold of, one's potential.

The conducting of the interviews were deeply gratifying and provided insights of a capacity for enabling participants to access aspects of themselves for their own sake within the safety of the interview space. This fact, reported on by two of the participants, further confirmed the need for supervisory spaces in organizations for agents to express their experiences as well as the emotions associated with those experiences. And for supervisors to also exhibit compassion capability and the capacity to witness, to make new meaning of, or help alleviate the suffering of the agents to whom they provide the supervisory service.

From a personal developmental perspective, the engagement with a project of this magnitude and conceptual complexity has been immensely challenging and has reaped immense rewards

in terms of exercising thought as a muscle, encouraging vigilance to fine detail and opening up possibilities for accountable word and action.

The space that is occupied by me now towards those who are suffering is inhabited by a commitment to encouraging a climate of compassion, to a knowledge that one cannot necessarily alleviate the suffering of others, and one can sometimes take the time to facilitate a new meaning of the suffering of others that may enable them to move through their suffering. And for the rest, there is an on-going striving to grow a place inside that is comfortable, where one is not able to facilitate change, to accept, and to bear witness to, the suffering. There is also an awareness that this is not a final resting place, but a place of growth, of future, and of potential, the potential to become ever more human.

## **Research Limitations**

This research project addresses but one very small tip of a very large iceberg. The choice of sample organizations has concentrated on a limited sector of the human service industry. And indeed these are industries where the practice of empathy is established as a professional capacity. The legal services, police services, correctional services and educational services, all of which give indications of dire needs for addressing inter- and intra-personal dynamics, have not been addressed by the research.

The choice of method: Giorgi's descriptive phenomenological method in psychology addresses the topic from the first-person perspective and is a description of the internal environment of the research participants. Any inter-personal interaction involves two people and the unique perceptions of each of those people. It is acknowledged that this research records, therefore, one perspective of a dual perspective. A more thorough understanding of the description and the meaning of the interactions would be gleaned were it to engage the perspectives of both parties in the giving and receiving interactions. Furthermore, an observation of the behaviours exhibited by the agents from an external perspective would further augment an understanding of these behaviours. Therefore, the research design and choice of method, while valuable to gain insight into the individual first-person perspective of the lived experience, is limited in gaining a more global perspective on this important topic. Furthermore, the choice of methodology as a phenomenological one determined that the unit

of analysis was the internal environment or lived experience of the individual within the organizational context. Since the ontological lens according to which the research was applied placed significant focus on lived experience and embodiment, this became the sole focus of the research. As a result the analysis concentrated on this aspect of the individual, leaving out the external or behavioural aspects that are deemed to be equally important.

The research makes use of a qualitative methodology, recording the meanings of the lived experiences of the agents. It was deemed relevant to the discussion of unique capacities of agents for experiences of empathic concern to draw attention to the predominant experiences of personal distress amongst the sample population. However, since the research is not of a quantitative nature, this aspect of the research was not addressed in a quantitative and statistical manner. This is seen to be a limitation of the research and is deemed to be an important shortcoming to be addressed for a fuller understanding of this phenomenon.

The application of the PMEAs as an interview technique in Giorgi's descriptive phenomenological method in psychology is a preliminary exploration and requires a more thorough articulation of its application as well as further analysis to be of significant value. The results of this study provide adequate indication that it is useful as a foundation for further exploration.

Data from Organization 5, in which multiple interviews were conducted with some of the participants, showed a shift in the Categorization of Reported Experiences from only personal distress during the first interview to an emergence of reported experiences of empathic concern in the second and third interviews. No explicit conclusions have been drawn from these results since the methods do not prepare a foundation for an experimental or quasi-experimental approach. In hindsight, this aspect of the research could have applied an action research methodology. In which case the PMEAs implementation could have been viewed as an intervention and the outcomes analysed accordingly.

Finally, a limitation is recognized in the extent of the analysis of the results. The analysis sought commonalities amongst the units of description from the participant organizations. There is a rich, untapped source of data that requires a comparative analysis of the unique differences amongst the various organizations.

## **Implications for Practice**

This study significantly improves academic knowledge about agent capabilities required for service deliver in organizations facing resource limitation. From an agent perspective this has implications for professional development potentially brought about through skills development and training, both at primary training level and for continuing professional development. The awareness of the implications of ongoing reminders of agent's own adversity and associated suffering as a result of the nature of the work highlights the importance of an organizational structure that provides for clinical supervision of agents. Furthermore, the implications of the cyclical nature of vicarious traumatization that cycles from clients to agents and then amongst agents in an organization provides indications for management skills to facilitate the harnessing of the effects of the vicarious sharing of affect. An example of a way to harness the effect would be through the application of coaching and supervision skills for managers. And finally, the results of the research provide ample evidence for the need for social support and a culture of compassion and support within organizations providing human services in resource limited climates. This could take the form of education for culture shifts in organizations towards a culture of compassion, leaders and managers engaging skills in compassion capability and providing skills development to agents on compassion capability.

## **Recommendations for Further Research**

The results of this research provide a compelling argument for a unique set of challenges that organizations face for the practice of compassion organizing in resource-limited organizations. This research has fulfilled one of the primary objectives of proposing the Framework of Individual Capacities for Compassion Capability. More research is needed to extend and confirm the proposed details of the framework.

A further avenue for research would be to extend the framework to other human service organizations as well as to non-human service industries.

As discussed in the limitations of the research, this study gave indication to the lack of compassion capability in each of these organizations. This, was not, however, quantified. A

useful area of research would be to conduct a quantitative study on the extent of compassion capability in organizations where there is endemic socio-economic challenge leading to high levels of resource limitations and resource fatigue.

A fourth avenue of research could be a qualitative analysis of the receiving of compassion from the perspective of the clients to gain an understanding of the types of acts that the clients would wish to receive in view of their suffering. It would also be useful to do a comparative analysis of the perceived nature of compassionate acts from the perspective of the giver and the receiver in the interaction.

And finally, agents, reporting on experiences of empathic concern in giving interactions with clients, gave some indication of the need to undergo a personal process of acknowledging the responses in themselves that the client's suffering stimulated: identifying the response and identifying their own needs in the interaction related to their own past experiences of suffering. This gives indications to a process of self-compassion by the agents. This phenomenon of self-care and self-compassion is deemed to be an essential future avenue of research.

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## Appendices

### Appendix 1: Ethics approval – Graduate School of Business



Ralph Hamann  
Professor & Research Director  
T: +27 (0)21 406 1503  
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Cape Town, 13 March 2014

Dear Katherine Train,

**Re: Ethics approval for your research**

Thank you for submitting your ethical clearance application for your PhD research on “Compassion in organisations: Sense-making and embodied experience in emergent relational capabilities.” We received your application on 14 February.

This is to confirm that your application has been assessed by the GSB’s Ethics in Research Committee according to the rules and norms of the University and Commerce Faculty, and that it has been accepted.

We wish you all the best for your research. (I also want to apologise for this process taking longer than normal in this instance.)

Kind regards,



## Appendix 2: Informed Consent Form



### Informed Consent Form

Principal Researcher:

Katherine Train

Project Title:

Compassion in Organizations: Sensemaking and Embodied Experience in Emergent Relational Capability

Brief overview of the project and its purpose, and what is expected from the respondents

The research will attempt to gain insight into how you, as a practitioner, providing services to people who may be experiencing adversity, experience the interaction between yourself and the person to whom you are offering a caring service, and how you experience interactions between yourself and other employees in the organization. It will be assessing whether you experience the giving and receiving of empathy and compassion between yourself and clients and amongst employees in the organization. Furthermore, it will assess how you experience the shared affect of adversity in these relationships, how those experiences may impact on any follow-up decisions or actions you make, and factors, in yourself and within the organization, that may inhibit or facilitate this interaction.

The research has been approved by the Commerce Faculty Ethics in Research Committee.

The research will apply individual, in-depth interviews to record how you experience yourself in relation to the people you are working with, and to assess those experiences as they are felt in your body and associated with working with people facing adversity.

You will be required to attend a one-hour interview session three times during one year, preferably once a month.

The researcher will need to follow what you say in the interviews so will need to know and record your names. The researcher promises to keep any notes away from other people and

promises not to share any of the details that can be identified with any person with anyone else.

The researcher will require the use of an auditory tape recorder to record the interviews. These will be listened to, and transcribed, only by the researcher or one typist, and will be kept safe from anyone else. Notes, audio recordings and transcriptions will be locked away when the researcher is not working with them.

Should you have any questions regarding the research please feel free to contact the researcher on email [info@katherinetrain.co.za](mailto:info@katherinetrain.co.za) or phone 073 130 1625.

The final research will be available to people within the university and within the organizations hosting the research and to anyone else who may be interested in the research.

#### Anticipated risks

There are no known risks or dangers to you associated with this study. The researcher will not identify you with your responses in the interviews, to name you as a participant in the study, nor will they facilitate anyone else's doing so.

.....

I have explained the procedure for completing the questionnaire and interview. Questions raised regarding the procedure have been answered to the best of my ability.

Date:

Researcher:

.....

I acknowledge that I am participating in this study of my own free will. I understand that I may refuse to participate or stop participating at any time without penalty. I acknowledge that the researcher will use an auditory recording device to record the interview sessions. If I wish, I will be given a copy of the consent form.

Date:

Research Participant:

### Appendix 3: Research Interview Protocol

Phenomenological interviews are to be conducted as follows:

#### Preparation

Label notes and tapes:

- Notes and tapes are labelled with a code, date and number of interview.

Interview strategy:

- The researcher and participants are to meet at a mutually agreed time and place for an hour-long, semi-structured, interview, or until the conversation comes to a natural conclusion, once a month for three months.
- The main purpose of the interviews is to allow each participant, as an agent working in a human service organization in South Africa, to describe their lived experience with regard to the relational aspect of an interaction between themselves and clients, or between themselves and other agents in the organization. Furthermore, the interviews aim to focus on the capacity of the participant for achieving a quality of attention that is conducive to empathic concern and consequent compassionate acts; personal and organizational factors experienced by the agent that may inhibit or facilitate this interaction; and the perceived nature of compassionate acts that aim to encourage the individual to manage the suffering.

#### Preparation

- *Initial introduction:* Rapport building, review of confidentiality, risks, tape consent and consent form signed, reminder of freedom to end interview or to stop tape at any time.
- *General background enquiry:* How do you usually experience yourself relating to your work and the clients that you are serving? What is your understanding of compassion, empathy, empathic distress and empathic concern?

Interview no 1, 2 or 3: Awareness of experience and deepening of awareness of experience of relational aspect of an interaction.

*Main questions:* Describe in as much detail as possible how you experience yourself in interaction with either another member of staff in your organization or with a client or client where you experienced either the giving or receiving, or withholding, of compassion.

*Prompting questions (use only if needed):*

- Describe an experience of an interaction, either with another member of staff or with a client or client, where you experienced either the giving or receiving, or withholding of compassion that you experienced as either encouraging, or not encouraging, yourself or the other person to manage their suffering.
- Start with a short description of the outer events and describe what happened in the interaction.
- Turn your attention to your inner experience and describe how you experienced the interaction in your own inner life.
- It may be helpful to notice if there are any bodily sensations experienced in response to the memory and to describe these sensations.
- Describe the tone or inner feelings of the experience.
- Describe how these inner experiences compare with how the other person seems to be feeling.
- Describe your understanding of the other person's situation in relation to the experiences that are brought up in you.
- The inner experiences may remind you of other things in your life? If so, please describe them.
- Describe how, if at all, the inner experiences inform your decision and follow-up action either towards yourself or towards the colleague/client/client?

## Appendix 4: Questionnaire



Interviewee Code: \_\_\_\_\_

### Personal Details

#### Gender

Male	
Female	

#### Age

Under 25 years	
25 – 35 years	
36 – 45 years	
46 – 55 years	
56 – 65 years	
Over 65	
Prefer not to say	

#### Highest qualification

Pre-matric	
Matric	
Post-matric certificate	
Post-matric diploma	
Post-matric degree	
Post-graduate degree	

#### Total annual household income

Under R72 000	
R72 000 – R150 000	
R150 000 – R480 000	
Over R 480 000	

### Organization

Position held in organization \_\_\_\_\_

#### Type of organization

NGO	
Public sector	
Private sector	

#### Total number of employees

< 25 employees	
25 -100 employees	
> 100 employees	

#### Primary service offered

Counselling	
Health care	
Education	
Social services	

#### Number of years in current employment

< 2 years	
2 – 5 years	
> 5 years	

**Appendix 5: Participant Details**

	Gender		Age				Years employed			Qualification				
	M	F	<25	25-35	36-45	46-55		<5	5-15 y	>15 y	matr	cert	dipl	deg
OR501		x		x				x			x			
OR502		x		x				x			x			
OR503		x		x				x			x			
OR504		x		x				x			x			
OR505		x		x				x			x			
OR506		x		x				x			x			
OR507		x			x			x			x			
OR509		x		x				x			x			
OR511		x		x				x			x			
OR512		x		x				x			x			
OR513		x		x				x			x			
OR501		x		x				x						x
OR502	x			x				x						x
OR503		x		x				x						x
OR504		x		x				x						x
OR505		x		x				x						x
OR506	x			x				x						x
OR507	x			x				x						x
OR508	x			x				x						x
OR509	x			x				x						x
OR510		x		x				x						x
OR511	x			x				x						x
OR512		x		x				x						x
OR513		x		x				x						x
OR402	x				x									x
OR405		x				x				x			x	
OR403		x				x						x		
OR401	x				x									x
OR404		x				x					x			
OR201		x		x					x				x	
OR202		x		x				x				x		
OR203		x		x					x			x		
OR204		x			x				x		x			
OR301		x				x	x							
OR302		x				x	x				x			

## Appendix 6: Code List and Code Families

The following table lists the codes generated during the analysis process. Open codes were assigned to text segments on the texts as interview transcriptions. The open codes were assigned to code families to facilitate the organization of a large amount of data for the processing of the units of description. The code families are organized according to four main frames of reference, namely, responses of the agents to the client's were assigned as empathic concern and compassionate act or personal distress; experiences of the agents were assigned according to the framework of *PMEA* as reaction, sensing, beholding, feeling, emoting, intending and urging; participants were grouped according to organization; and agent and client context indicated the cause of the suffering or adversity experienced by the agent and client respectively.

Code Group	Codes
Agent context	<ul style="list-style-type: none"> <li>• preconceptions</li> <li>• aa: dysfunctional upbringing</li> <li>• volunteers</li> <li>• aa: inexperience</li> <li>• referral</li> <li>• motivation</li> <li>• aa: abandonment</li> <li>• aa: abuse</li> <li>• aa: perpetrators of violence</li> <li>• lack of support</li> <li>• aa: alcoholism</li> <li>• persistence</li> <li>• language</li> <li>• aa: alienation from children</li> <li>• long hours</li> <li>• common context</li> <li>• aa: criticism</li> <li>• lonely</li> <li>• wanted</li> <li>• aa: death</li> <li>• own trauma reminder</li> <li>• unethical behaviour</li> </ul>

	<ul style="list-style-type: none"> <li>• aa: divorce</li> </ul>
Client context	<ul style="list-style-type: none"> <li>• cc: suffering</li> <li>• lack of care</li> <li>• cc: aggression</li> <li>• cc: conflict</li> <li>• cc: dying</li> <li>• cc: mistrustful</li> <li>• cc: uncooperative</li> <li>• cc: sadness</li> <li>• cc: administrative matters</li> <li>• cc: closed</li> <li>• cc: don't care</li> <li>• cc: marriage problems</li> <li>• cc: TB</li> <li>• cc: addiction</li> <li>• cc: cancer</li> <li>• cc: demanding</li> <li>• cc: irresponsible behaviour</li> <li>• cc: opening up</li> <li>• cc: surgical procedures</li> <li>• cc: reaction</li> <li>• cc: HIV</li> <li>• cc: non-compliance</li> <li>• cc: abuse</li> <li>• cc: bullying</li> <li>• cc: defensive</li> <li>• cc: helpless</li> <li>• cc: no food</li> <li>• cc: suicidal</li> <li>• cc: volatile</li> <li>• coordinate community</li> <li>• cc: perpetrators of violence</li> <li>• superficiality</li> <li>• cc: ridicule</li> <li>• cc: rude</li> <li>• cc: anger</li> <li>• cc: improvement</li> <li>• cc: gang rape</li> <li>• cc: crying</li> <li>• cc: sick</li> <li>• cc: negative</li> <li>• cc: violence</li> </ul>
Compassion	<ul style="list-style-type: none"> <li>• enable client solution</li> <li>• connection</li> <li>• noticing</li> <li>• enduring</li> <li>• transformation</li> <li>• compassionate act</li> <li>• love</li> <li>• helpful</li> <li>• giving truth</li> <li>• sympathy</li> <li>• give advice</li> </ul>

	<ul style="list-style-type: none"> <li>• perceptive empathy</li> <li>• loyalty</li> </ul>
Concern	<ul style="list-style-type: none"> <li>• bonding</li> <li>• perceptive empathy</li> <li>• concern</li> <li>• understand client</li> </ul>
Coping mechanisms	<ul style="list-style-type: none"> <li>• supervision</li> <li>• coping</li> <li>• duty</li> <li>• higher presence</li> <li>• resolve to overcome adversity</li> <li>• professional distance</li> <li>• breathing techniques</li> <li>• nature as healing resource</li> <li>• boundaries</li> <li>• support system</li> <li>• matter of fact</li> <li>• organization support</li> <li>• casual debriefing</li> </ul>
Empathy	<ul style="list-style-type: none"> <li>• instinct</li> <li>• intention to put self aside</li> <li>• automatic empathy</li> <li>• management empathy</li> <li>• sensitive</li> </ul>
Interview prompts	<ul style="list-style-type: none"> <li>• encourage invocation</li> <li>• interview prompt</li> </ul>
LOE Beholding	<ul style="list-style-type: none"> <li>• reflective skills</li> <li>• beholding</li> </ul>
LOE Emoting	<ul style="list-style-type: none"> <li>• attitude</li> <li>• shyness</li> <li>• power</li> <li>• passivity</li> <li>• enduring</li> <li>• affect identification</li> <li>• openness</li> <li>• curiosity</li> <li>• embrace authenticity</li> <li>• disappointed</li> <li>• energetic</li> <li>• patience</li> <li>• inner strength</li> <li>• emoting</li> <li>• satisfaction</li> <li>• frustrated</li> <li>• excitement</li> <li>• affect response</li> <li>• equanimity</li> <li>• passion</li> </ul>

	<ul style="list-style-type: none"> <li>• respect</li> <li>• failure</li> </ul>
LOE Feeling	<ul style="list-style-type: none"> <li>• feeling</li> <li>• shared affect experience</li> </ul>
LOE Intend self	
LOE Intending	<ul style="list-style-type: none"> <li>• children as resource</li> <li>• sense making</li> <li>• participatory sense-making</li> <li>• identify contradictions</li> <li>• evaluating anticipated actions</li> <li>• acknowledging stuckness</li> <li>• biographical: overview</li> <li>• recognize perceptions</li> <li>• biographical: meaning</li> <li>• nature as metaphor</li> <li>• cultural preconceptions</li> <li>• cultural understanding</li> <li>• inquiry</li> <li>• choice</li> <li>• evaluating meaning to other</li> <li>• acknowledging own experience</li> <li>• imagination</li> <li>• gender knowledge</li> <li>• universal principles</li> <li>• acknowledge judgment</li> <li>• evaluating magnitude of affect</li> <li>• specialist experience</li> <li>• cultural diversity</li> <li>• curiosity</li> <li>• applying multiple sources</li> <li>• thinking</li> <li>• evaluating other against expectations</li> <li>• biographical: development</li> <li>• identify core issue</li> <li>• internal: dynamic layers</li> <li>• recognize interpretation of reality</li> <li>• gesture word contradiction</li> <li>• internal: authority</li> <li>• avoid preconceptions</li> <li>• evaluating process</li> <li>• theoretical knowledge</li> <li>• identify self protective mechanisms</li> <li>• describe observation</li> <li>• intending</li> <li>• liberation</li> <li>• evaluating accuracy</li> <li>• evaluating word choice</li> <li>• evaluating own value judgments</li> <li>• evaluating own experiences</li> <li>• evaluating personal relevance</li> </ul>
LOE Reaction	<ul style="list-style-type: none"> <li>• aggression</li> </ul>

- cynicism
- self control
- pacify
- affect suppressed
- avoid conflict
- repetitive pattern
- suppress thoughts
- deceit
- overwhelmed
- run away
- blocked speaking
- anxiety
- modulate patient response
- reaction
- despondent
- regression
- avoid punishment
- withdrawal
- anger
- self evaluation
- diminished
- impatience
- self doubt
- responsibility
- de-sensitized
- loose control
- self judgment
- agent's will
- client rescue
- need to affirm client
- flip
- persistent distress
- shut down
- submission to authority

## LOE Self

- taking responsibility
- vocation

## LOE Sensing

- sensing other
- heart broken
- observing gesture
- heart pain
- voice tone
- observing facial expression
- observing behaviours
- heart squeezed
- body experience
- gesture to communicate
- observing client response
- sensing self
- observing feelings
- sensing challenge
- gesture to regulate
- gesture of affect

<p>LOE Urging</p>	<ul style="list-style-type: none"> <li>• regulate behaviour</li> <li>• communication</li> <li>• vision for change</li> <li>• adaptability</li> <li>• body language</li> <li>• creating safety</li> <li>• prioritizing</li> <li>• focused</li> <li>• urging</li> <li>• follow through</li> <li>• commitment</li> <li>• contribution to world</li> <li>• affect regulation</li> <li>• mimics gesture</li> <li>• purposeful use of silence</li> <li>• agent of change</li> <li>• perspective taking</li> <li>• organizing skills</li> <li>• proactivity</li> <li>• creating space for other</li> <li>• engagement</li> <li>• listening</li> <li>• building trust</li> <li>• speaking</li> <li>• assertive</li> <li>• slowing self down</li> <li>• adjustment</li> <li>• resilience</li> </ul>
<p>LOE Z Intuition</p>	<ul style="list-style-type: none"> <li>• intuition</li> <li>• intuition confirmation</li> <li>• unconscious</li> <li>• time space</li> <li>• spiritual worldview</li> <li>• spiritual awareness</li> </ul>
<p>Org 1</p>	<ul style="list-style-type: none"> <li>• OR504</li> <li>• OR512</li> <li>• OR503</li> <li>• OR507</li> <li>• OR509</li> <li>• OR506</li> <li>• OR511</li> <li>• OR505</li> <li>• OR502</li> <li>• OR501</li> </ul>
<p>Org 2</p>	<ul style="list-style-type: none"> <li>• OR201</li> <li>• OR202</li> <li>• OR203</li> <li>• OR204</li> </ul>
<p>Org 3</p>	<ul style="list-style-type: none"> <li>• OR302</li> </ul>

	<ul style="list-style-type: none"><li>• OR301</li></ul>
Org 4	<ul style="list-style-type: none"><li>• OR401.2</li><li>• OR405.2</li><li>• OR405.1</li><li>• OR402</li><li>• OR403</li><li>• OR404</li><li>• OR401.1</li><li>• OR406.2</li><li>• OR404.2</li><li>• OR406.1</li></ul>
Org 5	<ul style="list-style-type: none"><li>• OR511.3</li><li>• OR506.2</li><li>• OR512.1</li><li>• OR503.1</li><li>• OR511.1</li><li>• OR504.1</li><li>• OR513.2</li><li>• OR509.1</li><li>• OR502.1</li><li>• OR511.2</li><li>• OR508.2</li><li>• OR507.1</li><li>• OR510.2</li><li>• OR501.2</li><li>• OR506.1</li><li>• OR501.3</li><li>• OR504.2</li><li>• OR501.1</li><li>• OR513.3</li><li>• OR503.2</li><li>• OR513.1</li><li>• OR509.2</li><li>• OR510.1</li><li>• OR508.1</li></ul>
Personal distress	<ul style="list-style-type: none"><li>• cynicism</li><li>• guilt</li><li>• undermining</li><li>• destroyed</li><li>• incompetent</li><li>• hurt</li><li>• judgment</li><li>• shattered</li><li>• unworthy</li><li>• panic attack</li><li>• group impact</li><li>• invasive thought</li><li>• misunderstood</li><li>• rejection</li><li>• overwhelmed</li><li>• disbelief</li><li>• stupid</li></ul>

- emptiness
- discouraged
- horrified
- giving energy
- Disciplining
- distress
- despondent
- shock
- stuck
- unfairness
- persistent demands
- anger
- disgust
- embarrassed
- diminished
- expectations
- helpless
- unsuited to work
- fatigued
- powerlessness
- constant demands
- stress
- fear
- personal time
- scared
- irresponsible
- crying
- hard
- overloaded
- challenge
- split
- system distress

**Appendix 7: Schedule of Interviews**

Organization	Code	1st interview	2nd interview	3rd interview
Org 1	OR101	2010/02/10		
	OR102	2010/02/10		
	OR103	2010/02/10		
	OR104	2010/02/10		
	OR105	2010/03/11		
	OR106	2010/03/11		
	OR107	2010/03/11		
	OR108	2010/03/18		
	OR109	2010/03/18		
	OR110	2010/02/17		
	OR111	2010/02/17		
	OR112	2010/02/17		
	OR113	2010/02/17		
Org 5	OR501	2011/03/16	2011/05/15	2011/09/01
	OR502	2011/03/16		
	OR503	2011/03/16	2011/05/15	
	OR504	2011/03/16	2011/05/15	
	OR505	2011/03/18		
	OR506	2011/03/18	2011/05/12	
	OR507	2011/03/18		
	OR508	2011/03/20	2011/05/15	
	OR509	2011/03/24		2011/09/01
	OR510	2011/03/24		2011/09/01
	OR511	2011/03/24	2011/05/12	2011/09/03
	OR512	2011/03/26		
	OR513	2011/03/26	2011/05/12	2011/09/03
Org 4	OR402	14/05/19		
	OR405	14/06/11 and 14/06/28		
	OR403	14/05/22		
	OR401	14/05/19		14/06/11
	OR404	14/05/27		
	OR406	14/07/13		
Org 2	OR201	14/06/13		
	OR202	14/06/13		
	OR203	14/06/13		
	OR204	14/06/13		
Org 3	OR301	14/07/10		
	OR302	14/07/10		