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***“I’M A BETTER MANAGER”***

A biographic narrative study of the impact of personal trauma on the  
professional lives of managers in the UK

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Doctor of Philosophy

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## Aston University

Thesis title: "*I'm a better manager*": A biographic narrative study of the impact of personal trauma on the professional lives of managers in the UK

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This doctoral study aims to understand how experiences of critical illness or bereavement affect the way managers view and approach their work and their relationships at work. This is an interpretative phenomenological study examining the subjective meanings of personal experience and is underpinned by biographic narratives from four participants and interviews with their nominated workplace witnesses (i.e. colleagues who worked alongside the individual at the time of their trauma).

As a consequence of the findings that have emerged across this study, three contributions to theory are presented. All four participants described their traumas as a professional growth experience for themselves as managers, which resulted in self-reported and observed behaviour change at work. Consequently, the first area of theoretical contribution is a suggested extension to the post-traumatic growth (PTG) framework (Calhoun & Tedeschi, 2006) with the addition of a new behavioural dimension called 'managerial growth', when applied to the context of 'ordinary' organizations.

The second area of theoretical contribution arose through the reflexive process that was created during data collection where participants and their witnesses remembered episodes of compassion interaction at work. The second area of contribution thus seeks to extend the existing model of compassion at work (Dutton, Worline, Frost and Lilius, 2006), by conceptualising compassion as a dyadic process between a compassion 'giver' and a compassion 'receiver' in which the compassion receiver 'trusts or 'mistrusts'; 'discloses' or 'withholds'; 'connects' or 'disconnects' with the compassion giver.

The third area of contribution is a new conceptualisation of reflexivity, 'three-dimensional reflexivity' (3DR) (Armstrong, Butler and Shaw, 2013). 3DR brings together three of the elements that have been missing from critically reflexive management research; by working with multiple variants of reflexivity in the same study; surfacing different reflexive voices to guard against the researcher's (potentially) solipsistic own; and remaining sensitive to the concept of reflexive time. In doing so, 3DR not only provides a deeper understanding of individual lived experience; it is also a vehicle in which self-insight is gained. Furthermore, by engaging in its practice, those involved in this study have developed both personally and professionally as a result.

Key words: Biographic Narratives; Critical Narrative Analysis; Reflexivity; Positive Organizational Scholarship

*"If you want to know me, then you must know my story, for my story defines who I am. And if I want to know myself, to gain insight into the meaning of my own life, then I, too must come to know my own story" (McAdams, 1993:11)*

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Contrary to most doctoral students whose PhD theses appear to weigh upon them like a mill stone, I am pleased that this thesis is six years in the making. In 2008, it began as a purpose, a way of channelling my suffering and my grief, but during these six years, my life has changed beyond recognition and the reasons for beginning this journey are not the same reasons for drawing it to its completion. I began this thesis for Andy and for our 18 month old daughter Anna. I complete it for my wonderful Col and an indomitable seven year old!

Someone once said to me, without experiencing darkness, it is difficult to appreciate beauty and light and without my experience of personal trauma, this journey would never have begun. If Andy were to be able to read this work today, I hope he would see how determined I have been to turn his premature death and the suffering it caused into something positive. Through my doctoral studies, I have grown personally and professionally and I have begun to use the knowledge gained in this work to support the development of others.

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## 1. INTRODUCTION

There are many ways in which an individual might suffer during the course of their personal lives and the difficulties that someone is facing is likely to have an impact on their work life given the 'whole person' goes to work (Ramarajan and Reid, 2013). This suffering 'overspill' has been found to have psychological, physiological and interpersonal implications for individuals at work (Frost, 2003), yet employers appear to know little about how to respond (Hall, Shucksmith and Russell, 2013; Hazen, 2008).

We are all likely to experience bereavement during the course of our lives. If mortality rates in England grow by the estimated 15% that is suggested by the ONS (2011) between now and 2035, and if each death leaves five people bereaved (Shear, Frank, Houck and Reynolds, 2005), the number of people affected by bereavement is likely to increase in the next two decades. In their survey of 4038 adults in the UK, Penny, Chapman and Levenson (2014) found that 32% of people who had been bereaved within the past five years and who were in a job at the time did not feel they had been treated with compassion by their employer. 56% of those surveyed saying that they would consider leaving their job if they were not treated compassionately.

In this regard, scholars within the field of positive organizational scholarship (Cameron, Dutton and Quinn, 2003), which focuses on the positive human processes in organizations, have been suggesting for some time that compassion at work is central to employee well-being (Dutton, Worline, Frost and Lilius, 2006; Frost, 1999; Kanov, Maitlis, Worline, Dutton, Frost and Lilius, 2004; Lilius, Worline, Maitlis, Kanov, Dutton and Frost, 2008; Lilius, Worline, Dutton, Kanov and Maitlis, 2011; Pace, 2010). Research has shown that compassion is linked to organizational commitment (Lilius et al, 2008) and that caring managers and caring colleagues are two of the most important predictors of organizational performance (Harter, Schmidt and Haynes, 2002). Furthermore, compassion at work builds relationships (Kanov et al, 2004) and creates connection and trust among colleagues (Dutton et al, 2006).

During our working life, individuals may also face experiences of critical illness. MacMillan UK ([www.macmillan.org.uk](http://www.macmillan.org.uk)) estimates that 1 in 3 people will develop some form of cancer within their lifetime, so the way in which employers respond to illness of this kind is another pressing concern for organizations in the UK.

Despite their suffering, some individuals see their trauma experiences as a catalyst for growth, learning and positive change. The idea that people can triumph over tragedy is not a new concept. Stories of individuals overcoming adversity have been well-documented in literature (e.g. Frankl, 2004). However, systematic academic studies of growth through trauma have only emerged within the past 20 years.

### **1.1 Ideas of growth through trauma**

In 1999, the first Positive Psychology conference was held in the US. This movement was spearheaded by Martin Seligman and involved other leading scholars such as Ed Diener and Rick Snyder. The aim of the positive psychology movement, as articulated by Luthans (2002), is:

*“To shift the emphasis away from what is wrong with people to what is right with people – to focus on strengths (as opposed to weaknesses), to be interested in resilience (as opposed to vulnerability), and to be concerned with enhancing and developing wellness, prosperity and the good life (as opposed to the remediation of pathology).” (2002:697)*

Within this movement, empirical studies of growth through trauma began in the 1990s, with many labels being used to describe self-reported positive individual change in the face of suffering. These terms (in chronological order) include; ‘post-traumatic growth’ (Tedeschi and Calhoun, 1996); ‘benefit-finding’ (Affleck and Tennen, 1996); stress-related growth’ (Park, Cohen, and Murch, 1996); ‘thriving’ (Carver, 1998; O’Leary, 1998; Saakvitne, Tennen and Affleck, 1998); ‘meaning as outcome,’ (Bower, Kemeny, Taylor and Fahey, 1998); flourishing’ (Keyes and Haidt, 2003); and ‘adversarial growth,’ (Linley and Joseph, 2004).

Empirical studies of growth through trauma within the field of positive psychology have taken place among multiple trauma types. Studies of critical illness include cancer, heart attack, brain injury, spinal cord injury, HIV/AIDS, rheumatoid arthritis and multiple sclerosis (see Linley and Joseph, 2004 for a review). Studies of traumatic life experiences include bereavement; divorce; and immigration (see Joseph, 2009 for a review).

Within positive psychology, three concepts relating to individual growth through trauma have emerged as the most cited theoretical constructs in the literature. These are stress-related growth (SRG) (Park, Cohen and Murch, 1996); benefit-finding and growth (BFG) (Lechner, Tennen and Affleck, 2009) and post-traumatic growth (PTG) (Calhoun and Tedeschi, 2006; Tedeschi and Calhoun, 1996) (see Figure 1.1.).

The concept of stress-related growth (SRG) is linked to earlier research into 'cognitive adaptation' following stressful events (e.g. Taylor, 1983). SRG is a construct that aims to capture shifts in an individual's thinking and behaviour following a stressful situation. Benefit-finding and growth (BFG) has a similar aim, but was specifically developed for studies of growth through cancer, and like stress-related growth, has been found to have trait-based predictors e.g. optimism (Sears, Stanton and Danoff-Burg, 2003). BFG as a construct, however, appears to have problems in its conceptualisation, since some scholars challenge whether it is a coping process or an outcome of positive change. Some scholars assert that those who use benefit-finding as an underlying theory base rarely distinguish between the processes and outcomes of growth (Park and Helgeson, 2006).

Post-traumatic growth (PTG) on the other hand is described as a construct that explores growth processes and outcomes (Calhoun and Tedeschi, 2006) which results in cognitive transformation, learning and wisdom for the people who report growth following trauma. PTG, unlike the other two constructs described above, does not necessarily have trait-based predictors (Sears et al, 2003), and, if combined with doing something different as a result of trauma, PTG has been found to have different outcomes in terms of changed thinking and behaviours (Hobfoll, Hall, Canetti-Nisim, Galea, Johnson and Palmieri, 2007). That is to say, there is research that connects PTG with increased levels of distress unless actions ensue as a result of the coping process in order to mobilise the individual to achieve growth (e.g. Solomon and Dekel, 2007). This has been called 'action-focused growth' and has been suggested as a way to understand genuine post-traumatic growth (Hobfoll et al 2007).

Figure 1.1: Post-traumatic growth (PTG) framework (Calhoun and Tedeschi, 2006)



This study focuses on PTG as an underlying theory base, since it is cited as the most dominant construct in the literature (Ramos and Leal, 2013). Furthermore, with recent calls for the framework to be extended to include explorations of behaviour change (Shakespeare-Finch and Barrington, 2012), it appears to be the most comprehensive framework within which to explore individual growth through trauma.

Research on post-traumatic growth has burgeoned in recent years, therefore it is surprising that very few studies have taken place within organizational contexts, and those that have, focus on professionals in 'extremis' settings (Kolditz and Brazil, 2005) where exposure to trauma is commonplace, such as disaster recovery workers, counsellors, emergency services personnel or the military. (For a review, see Cohen and Collins, 2012; Linley and Joseph, 2006; Paton, 2005; 2006.) Scholars within the field of positive organizational scholarship have called post-traumatic growth "a missed opportunity" (Maitlis, 2012:909) since little has been done to explore growth within everyday workplace contexts. As Maitlis argues:

*"The richest opportunities lie in studies of growth in work settings not normally associated with trauma...given the sad inevitability of such experiences at work, POS [Positive Organizational Scholarship] can make a major contribution to the field of organizational behaviour by increasing our understanding of how and when growth can emerge out of such traumas" (2012:918-919)*

The present study aims to exploit the missed opportunity that Maitlis (2012) speaks of by exploring experiences of personal trauma among managers working in 'everyday' organizations in the UK.

## **1.2 Study aims and research question**

This study seeks to understand the impact of personal trauma on the professional lives of managers working in 'everyday' workplace contexts in the UK; that is to say, organizations in which experiences of trauma are not commonplace. The research question that this study seeks to address is:

*How does the experience of personal trauma affect the way managers view and approach their work and their relationships at work?*

This study sits within interpretative phenomenology, (e.g. Van Manen, 1990) where the researcher seeks to understand the subjective meanings of individual experience (Konrad,

2006). The present study is underpinned by biographic narratives, which are the individual trauma stories that are told. Within interpretative phenomenology, personal experience narratives are seen as connecting the inner and outer worlds of consciousness, as these stories are an attempt to describe the subjective meanings of personal experience (Wengraf, 2010).

Narrative research within the social sciences, according to Andrews, Squire and Tamboukou (2008) has its origins in two parallel academic movements. Both movements sought to examine language as a way of constructing realities and identities, which differs from positivist research which sees narratives merely as a means for collecting and interpreting data (Kohler Riessman, 2008). Poststructuralist approaches to narrative research, which emerged from 1970s onwards, focused on the structure and content of narratives that were seen to be constructed from within specific cultural contexts (e.g. Ricoeur, 1990). Humanist approaches to narrative research, on the other hand, began in the 1980s and were person-centred, often involving individual case studies, biographies and life histories (e.g. Bruner, 1990). In humanist approaches to narrative research, individual narratives are seen to represent a single unified identity, rather than poststructuralists who see narratives as social constructions between a teller and a listener, which can assume multiple identities and interpretations. This doctoral study implicitly adopts a poststructuralist standpoint, since the personal narratives in the present study are viewed as one story among many stories that may be told by the narrator about themselves and their trauma experience.

At this juncture, it is important to define the boundaries of this doctoral study. The present study is not a trait-based investigation. There are many studies which connect individual personality to growth through trauma (e.g. Affleck and Tennen, 1996; Aldwin, Sutton and Lachman, 1996; Park et al, 1996), as there are studies that explore the effects of particular types of trauma (e.g. Davis, Nolen-Hoeksema and Larson, 1998; Milam, 2006; Tedeschi and Calhoun, 2008; Weiss, 2005). Following these studies, the present study assumes that an individual's personality is linked to his or her ability to cope with trauma, and that different types of trauma may induce different growth outcomes, however, that is not the focus of this enquiry.

Furthermore, the present study does not explore personal resilience as an underpinning concept within growth through trauma. The reason that resilience is not a specific route of enquiry is because it is often defined as an aspect of 'recovery' where the individual returns to their pre-trauma state. Luthans (2002) defines individual resilience as:

*“The developable capacity to rebound or bounce back from adversity, conflict and failure”*  
(2002:702)

However, the present study is at odds with this definition as it assumes that individuals do not ‘recover’ from trauma by returning back to their original state. Instead, it is ideas of change (as opposed to resilience) that are present within an individual’s narrative that are explored in the present study. Furthermore, there appears to be some disagreement in the literature as to whether resilience is a process or an outcome, and whether it is a state (that is to say, it is capable of being developed), or a trait which is perceived to be immutable. Since this project does not explore personality traits and their relationship to individual growth, this is another reason why resilience is not a primary focus of enquiry. Lepore and Revenson (2006) instead argue for ‘reconfiguration’ as opposed to resilience, which is about individual adjustment as opposed to recovery and in the present study, ‘reconfiguration’ is described within the individual trauma stories that are told.

As a result of these aims and the research question, the present study adopted a flexible, inductive approach to enquiry which helped it to remain open to the findings that would emerge.

### **1.3 Definitions**

#### **1.3.1 Personal trauma**

Until the positive psychology movement, studies of personal trauma appear to have been led by psychiatrists and clinical psychologists who were interested in studying the short and long-term psychopathological disorders resulting from a traumatic experience (e.g. post-traumatic stress disorder, depression, anxiety and substance abuse) for diagnostic and treatment purposes. It is for this reason, perhaps, that the definition of a traumatic event proposed by the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) is too narrow for the purposes of this study. They define a traumatic event as:

*“Direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.”* (1994:424)



For the purposes of this study, personal trauma is more broadly defined as a life-changing event, judged by the individual themselves, to have been significant enough to shatter the foundations upon which their views of themselves and the world are based. As Janoff-Bulman (2006) clarifies:

*“I would argue that it is not the recognizable, readily apparent external losses – of one’s health, home, community, or a loved one – that define an experience as traumatic, but rather the internal disorganization and disintegration that follows from our psychological unpreparedness. Traumas are shocks to our inner worlds.”* (2006:83)

Calhoun and Tedeschi (2006) suggest that if an event is traumatic, individuals seek to re-construct their life stories to take into account this life-changing experience:

*“If a person refers to a negative event as a watershed that divides life into a ‘before and after’ the event, it has been traumatic.”* (2006:9)

Given the fact that individual narratives underpin this doctoral study, it is important to provide an explanation of what is meant by the term ‘narrative’.

### 1.3.2 Personal narratives

Unfortunately, there is no single definition of the term ‘narrative’ and scholars across the fields of sociology, psychology and linguistics (to name but a few) appear divided as to the meaning of the term. This may be because narrative research spans a range of fields, methodological approaches and theory bases. As Smith and Sparkes (2008) warn:

*“The range of theories has expanded in the past few decades and scholarship in this area has become increasingly complex, muddled, and difficult to stay apprised of”* (2008:6)

The term ‘narrative’ can be seen as synonymous with ‘story’, especially if it includes some kind of disturbance that provokes a reaction or adjustment in the identity of the teller, (De Fina, 2003:13), in line with Calhoun and Tedeschi’s (2006) point above. Narratives, according to Kohler Riessman are *“everywhere, but not everything is narrative”* (2008:4). She argues that due to the popularity of the term, anything beyond a few bullet points or a few spoken words is falsely labelled ‘narrative’. She argues that narratives, unlike other forms of communication, are written or told in the first person; set within a cultural context; contain an ordering of events and involve a display of emotions and meanings. She offers a specific

definition of a narrative:

*“Events perceived by the speaker as important are selected, organized, connected and evaluated as meaningful for a particular audience.”* (Kohler Riessman, 2008:3)

This quote privileges narratives as deliberate in their construction, that is to say, by *“imposing a meaningful pattern on otherwise disconnected ideas and events”* (Kohler Riessman, 2008:5), it renders them meaningful for the audience who hears them. Other scholars, such as Labov (1972) only accept a piece of talk or text as a ‘complete’ narrative, if it comprises six constituent parts which make up the beginning, middle and end of the story. These are: the summary or abstract; orientation, (i.e. information about timings, places, situations and characters); action, (i.e. event sequences usually around a crisis or turning point); evaluation, (i.e. when the teller steps back to communicate their emotions and perceived meanings related to the event); resolution, (i.e. the outcome); and ‘coda’, or the ending of the story.

The Labovian (1972) definition may fall short however when it comes to personal trauma narratives. This is because individual trauma narratives can be *“broken”* (Hydén and Brockmeier, 2008:10) if the individual is not able to construct a coherent account of their experience. As these authors explain, ‘broken’ narratives are:

*“told by people who in one way or another have trouble telling their stories, be it due to injury, disability, dementia, pain, grief, psychological or neurological trauma”* (2008:10)

In growth through trauma research, some scholars argue that narrative coherence is evidence of post-traumatic growth (e.g. Calhoun and Tedeschi, 2006; Janoff-Bulman, 2006; Neimeyer, 2006; Pals and McAdams, 2004). However, in some trauma narratives, the story that is told may emerge ‘in the moment’ of its telling as Ochs and Capps’ (1996) suggest:

*“Personal narrative simultaneously is born out of experience and gives shape to experience. In this sense, narrative and self are inseparable. Self is here broadly understood to be an unfolding reflective awareness of being-in-the-world, including a sense of one’s past and future. We come to know ourselves as we use narrative to apprehend experiences and navigate relationships with others.”* (1996:20)

This is another important aspect of the personal narratives that are told in the present study, where they are a means of constructing an individual’s sense of self. As Yuval Davis explains:

*“Identities are narratives, stories people tell themselves and others about who they are (and who they are not)” (2006:201)*

In this doctoral study, personal experience narratives are seen as a means by which internal experiences, thoughts and feelings are given external expression (Andrews, Squire and Tamboukou, 2008:5) and to this end, there is an ‘evolving’ element to these narratives. They are a creative re-description of the world, told by the individual and then interpreted by the researcher, with the implication that there are many different ways to tell and interpret a story (e.g. Bury, 2001; Kohler Riessman, 2008; Rhodes and Brown, 2005). It is for this reason that personal narratives in this study are seen as a version of a story among many so as to present the ‘self’ we wish others to see (Langellier, 1989). Kohler Riessman (2008) summarises this view of narratives:

*“We are forever composing impressions of ourselves, projecting a definition of who we are, and making claims about ourselves and the world that we test out and negotiate with others.” (2008:106)*

It is important that both personal trauma and personal narratives are defined from the outset, not only because they are the focus of this doctoral research, but also because personal narratives have been tied to the concept of post-traumatic growth (Neimeyer, 2006). The connection between personal narratives and growth is therefore the focus of the next section.

#### **1.4 Personal narratives and growth through trauma research**

It has been suggested that personal trauma narratives are implicitly tied to the coping and growth process, whereby the act of constructing a trauma story can be seen as a coping strategy (Niederhoffer and Pennebaker, 2009; Neimeyer, 2006; Pals and McAdams, 2004); or the story itself may be a sign of post-traumatic growth, as it enables the individual to re-define themselves post-trauma (Baumeister, 1991; McAdams, 1996; Thorne, 2000). Some researchers suggest that the entire concept of post-traumatic growth is built on self-narrative. As Pals and McAdams (2004:65) explain:

*“The life story should not be viewed as just one piece of the complex puzzle of post-traumatic growth, as Tedeschi and Calhoun’s model suggests, but rather as the fundamental frame that holds the entire puzzle together.”*

Neimeyer (2006) argues that the desire to organise life events into a coherent narrative is one of the basic schematic structures of human thought. It has been argued that by talking

about trauma, this enables an individual to make sense of their experience and to communicate the meanings of this experience to others (Neiderhoffer and Pennebaker, 2009). In growth through trauma research, Pals and McAdams (2004) go further by outlining two specific steps in the narrative process. Firstly, they argue, there is an acknowledgement of the impact of trauma on the self, when an individual talks about the negative implications of the traumatic event as a way of shaping new ideas about themselves; and secondly, by constructing a positive end to the story, this helps the individual to explain how they have grown as a result of their experience.

## 1.5 Personal narratives in organizations

Given that the present study seeks to explore how experiences of personal trauma affect the way managers view and approach their work and their relationships at work, the personal narratives that emerge in the present study are not crafted from within a vacuum. The organizational contexts in which participants work are visible in their narratives and despite being positioned as “*micro situational*”, that is to say, a study in which the institutional context is not the primary unit of analysis (Grant, Iedema & Oswick, 2009:215); it is important nonetheless to signal the influence of the organizational context on self-narrative. Some scholars, particularly those within the field of critical management studies suggest that there are dominant organizational discourses that affect the way in which individuals make sense of themselves at work (e.g. Alvesson, 2010; Alvesson, Ashcraft and Thomas, 2008), with discourse being defined as:

*“A way of reasoning with certain truth effects through its impact on practice, anchored in a particular vocabulary that constitutes a particular version of the social world.”* (Sveningsson and Alvesson, 2003:1171-1172)

Some critical management scholars see discourse, self-narratives, self-identity and role expectations as interwoven (Sveningsson and Alvesson, 2003) in which expectations are set about what constitutes a ‘model’ employee and its associated norms of behaviour. This “*discursive regulation*” as Elraz calls it (2013:37) affects how employees make sense of who they are and who they are not at work in relation to others (Sluss and Ashforth, 2007). Alvesson and Willmott (2002) argue that whether done purposefully or as a result of everyday interactions, discursive management practices, such as induction, training or promotion procedures shape self-identity at work and provide little room for resistance:

*“The domination of managerially orchestrated identities implies limited space for critical reflection, places constraints upon ethical judgement and exerts a strong corporate grip over people’s lives.” (2002:636)*

These dominant organizational discourses can create tensions between self-identity and organizational ideals and the extent to which employees have the freedom to shape their own identities within these discursive ‘controls’ (e.g. Alvesson and Willmott, 2002; Elraz, 2013; McKenna, 2010). The personal trauma stories that are told in the present study, however, offer an opportunity for what Alvesson and Willmott call “*micro emancipation*” (2002:619), whereby these experiences may create a space in which counter-discourses can be projected so that participants can reconstruct their identities as a result.

In summary, this chapter has introduced the concept of growth through trauma and has surfaced the study aims and research question that guide the present study. It has also provided definitions of personal trauma and personal narratives and has connected personal narratives to growth through trauma research. The chapter ends by positioning the study within an organizational context by acknowledging that an individual’s experience of their organization is infused with expectations about the working self, which may affect the way individuals make sense of themselves at work. Personal narratives alone, however, are not a window into the world of personal change post-trauma. It is through the methodological approach that was applied to the four cases in the present study, that experiences could be interpreted and understood. However, before discussing the methodological approach that was adopted in this study, which is the focus of chapter three, it is important to review some of the qualitative empirical work within the field of post-traumatic growth through cancer and bereavement. This is the focus of the next chapter.

## 2. SUMMARY OF THE QUALITATIVE LITERATURE

Given the research question that underpins the present study (*How does the experience of personal trauma affect the way managers view and approach their work and their relationships at work?*) and its narrative approach to inquiry, it is important to explore the findings, limitations and gaps within existing qualitative empirical work in the field of growth through trauma research. Within this literature, coping is widely accepted as a mediator between trauma and growth (Carver, Scheier & Weintraub, 1989; Folkman & Moskowitz, 2004). There have been many coping strategies that are said to be adaptive. For example, problem-focused coping (e.g. focusing on tasks that may lead to potential solutions) (e.g. Sears, Stanton and Danoff-Burg, 2003; Widows, Jacobsen, Booth-Jones and Fields, 2005); emotion-focused coping (e.g. venting the emotions associated with suffering) (e.g. Antoni et al, 2001; Thornton and Perez, 2006); social-focused coping (e.g. drawing on support from an individual's social network) (e.g. Schroevers, Helgeson, Sanderman and Ranchor, 2010); positive re-appraisal (e.g. re-framing to appreciate positive aspects such as family support) (e.g. Urcuyo, Boyers, Carver and Antoni, 2005); religious coping (e.g. using spiritual beliefs as a means of making sense of the experience) (e.g. Denney, Aten and Leavell, 2011); meaning-focused coping (e.g. finding meaning in volunteer work) (e.g. Davis, Nolen-Hoeksema and Larsen, 1998; Linley and Joseph, 2011); and benefit-reminding (e.g. reminding oneself of all the good things in life such as relationships with family and friends) (e.g. Affleck and Tennen, 1996).

In 2004, Linley and Joseph conducted a meta-review of all empirical work to date (i.e. qualitative, quantitative and mixed method studies), and at that time, they identified 39 studies (excluding theoretical and literature reviews) that had empirically examined what they collectively termed 'adversarial growth'. Since then, the field has burgeoned. For the purposes of the present study, a Proquest search was conducted which included the databases PsycARTICLES and PILOTS (Published International Literature on Traumatic Stress) using the search terms "post-traumatic growth"; "stress-related growth" and 'benefit-finding'. This search revealed 336 peer-reviewed journal articles, 30 books and 47 theses since 2000 alone; with 333 of these published works focusing on post-traumatic growth (PTG). This demonstrates the dominance of PTG as a construct within the literature.

In order to focus this search further, two search strings were used. The first search string sought to identify qualitative studies of growth through cancer, as two of cases in the present study (Edgar and Bill) are cancer narratives. The second search string focused on qualitative

studies of growth through bereavement, since the remaining two cases in the present study (Diane and Peter) are bereavement narratives.

In the absence of any meta-reviews that specifically explore post-traumatic growth following bereavement, the present search applied the inclusion criteria outlined by Hefferon, Grealy and Mutrie (2009) in their systematic review of the literature of post-traumatic growth following life threatening illness. In their review, these authors focused on qualitative studies that explore the concept of post-traumatic growth and only included studies of adults (not children). They also excluded theses, reviews, commentaries, books and book chapters from their review. Their search of the literature identified 57 studies of growth following life threatening illness; however the Hefferon et al (2009) review includes mixed method studies and trauma types other than cancer (such as HIV, rheumatoid arthritis and multiple sclerosis). Given the focus of the present study and the volume of empirical work published to date, the present review focuses on studies of growth following cancer from 2000 onwards.

In their review of the literature, Hefferon et al (2009) identify nine studies to explore growth through cancer since 2000 using a purely qualitative approach (not mixed methods), which are outlined in Table 2.1. In order to locate additional empirical work, the present search used the terms “post-traumatic growth” AND “cancer” which identified a further 43 peer-reviewed articles. Seven were discounted, however, as they were PTG construct validation studies or literature reviews (e.g. Rajandram, Jenewein, McGrath and Zwahlen, 2011; Sumalla, Ochoa and Blanco, 2009; Sawyer, Ayers and Field, 2010). Of the 36 studies that remained, only three of them were purely qualitative in their approach (Denney, Aten and Leavell, 2011; Lelorain, Tessier, Florin and Bonnaud- Antignac, 2012; Wong, Cavanaugh, MacLeamy, Sojourner-Nelson and Koopman, 2009). The review presented here therefore builds on the nine studies identified by Hefferon et al (2009) with the addition of three further studies of growth following cancer (see Table 2.1).

Bereavement on the other hand is a trauma type that has been less frequently studied (Smith, Joseph and Das Nair 2011:413). It is therefore unsurprising that the second search string using the terms “post-traumatic growth” AND “bereavement”; “post-traumatic growth” AND “bereaved”; and “post-traumatic growth” AND “loss”, revealed only 13 peer reviewed articles since 2000 (Armstrong and Shakespeare-Finch, 2011; Boyraz and Efsthathiou, 2011; Cadell, and Sullivan, 2006; Currier, Mallot, Martinez, Sandy and Neimeyer, 2011; Davis, Wohl and Verberg, 2007; Engelkemeyer and Marwit, 2008; Glaser, Bucher, Moergeli, Fauchère and Buechi, 2007; Ho, Chu and Jiu, 2008; Murphy, Johnson and Lohan, 2003;

Parappully, Rosenbaum, van den Daele and Nzewi, 2002; Smith, Joseph and Das Nair, 2011; Taku, Calhoun, Cann and Tedeschi, 2008; Wolchik, Coxe, Tein, Sandler and Ayers, 2008). Of these studies, only two are purely qualitative in their approach (Glaser et al, 2007; Smith et al, 2011) with a further four drawing on mixed methods (Cadell, and Sullivan, 2006; Davis et al, 2007; Murphy et al, 2003; Parappully et al, 2002) (see Table 2.2). The remaining seven studies appear to follow the dominant ontological paradigm in this field by adopting a quantitative approach, with the aim being to measure or predict the variables which support or inhibit growth at an individual, dyadic, group or societal level. Within these studies, post-traumatic growth is measured using the Post-traumatic Growth Inventory (PTGI) (Tedeschi and Calhoun, 1996), which measures self-reported growth across five domains. These are: personal strength; new possibilities; relating to others; appreciation of life; and spiritual change. A brief explanation of each of these domains now follows:

#### 1. Personal strength

This is a recognition that ensues in individuals regarding their ability to deal with adversity and their belief that they possess more skills and strengths compared to a pre-trauma self (Lindstrom et al, 2013).

#### 2. New possibilities

This is the discovery by an individual of a new life path or a new philosophy on life that was not present before the trauma (Tedeschi and Calhoun, 1996; 2004).

#### 3. Relating to others

This relates to feelings of closeness and intimacy in interpersonal relationships; increased self-disclosure; greater emotional connection with others and the recognition that since their trauma some social networks have become more meaningful while others have been weakened or ended (Tedeschi and Calhoun, 2004).

#### 4. Appreciation of life

This concerns a reported change in life priorities as a result of trauma and a greater appreciation of the small things in life, such as the colour of the sky (Shakespeare-Finch and Barrington, 2013).

#### 5. Spiritual change

This concerns the use of faith as a coping mechanism during trauma and the spiritual growth that is reported as a result (Denney et al, 2011)



To date, none of the previous studies to explore growth following cancer or bereavement appear to have drawn on biographic narratives, despite the suggested link between narratives and post-traumatic growth (e.g. Calhoun and Tedeschi, 2006; Neimeyer, 2006)

Table 2.1: Qualitative studies of post-traumatic growth through cancer (adapted from Hefferon et al, 2009)

	Author(s) and year	Sample and focus of study	Method	Domains of growth
1.	Arman, Rehnsfeldt Lindholm, and Hamrin (2002)	Understanding the experiences of four women with breast cancer in Finland	Four semi-structured interviews at admission, 3, 6 and 12 months Phenomenology	Personal strength Relating to others Authentic self
2.	Coward and Kahn (2005)	Exploration of experiences of transcendence among 14 American women with newly diagnosed cancers	Three semi-structured interviews across an eight-month period post-diagnosis Interpretative Phenomenological Analysis (IPA)	Appreciation of life Relating to others New possibilities (to work less) Personal strength Increased spirituality Humility Increased empathy Desire to 'give back'
3.	Denney, Aten and Leavell (2011)	Understanding how cancer affects the spiritual growth of 13 cancer survivors in the US	Focus groups Semi-structured interview Phenomenology	Spiritual growth across five domains and additional areas of growth in evangelism and enhanced spirituality of family and friends
4.	Eide (2007)	Exploration of 11 Hawaiian women's experiences of surviving breast cancer	Open interview Interpretative Phenomenological Analysis (IPA)	Relating to others Appreciation of life New possibilities Increased spirituality Increased empathy Wanting to 'give back'
5.	Johansson, Holmström, Nilsson, Ingvar, Albertsson and Ekdahl (2003)	Exploration of experiences of arm lymphoedema following breast cancer among 12 women in Sweden	Semi-structured interview Phenomenology	Appreciation of life

6.	Lam and Fielding (2003)	Understanding the breast cancer experiences of 17 women in China	Semi-structured interview Phenomenology	Appreciation of life Relating to others
7.	Lelorain, Tessier, Florin and Bonnaud-Antignac (2012)	Understanding positive changes in long-term survivors of breast cancer among 28 women in France	Open interviews	Appreciation of life Personal strength Relating to others Reported 'Janus-faced' growth
8.	Luoma and Hakamies-Blomqvist (2004)	Exploration of the meanings and quality of life of advanced stage breast cancer among 25 women in Finland	Semi-structured interview	Appreciation of life Personal strength Increased empathy
9.	Morris, Shakespeare-Finch and Scott (2012)	Exploration of the experiences of 209 Australian cancer survivors three years post-diagnosis	Written cancer narratives	Appreciation of life Relating to others New found compassion for others Health-related changes
10	Parry and Chesler (2005)	Exploring meaning-making, increased spirituality and thriving among 50 childhood cancer survivors three years post-diagnosis	Semi-structured interview	Appreciation of life Relating to others Personal strength New possibilities Need to 'give back' Increased empathy
11	Winterling, Wasteson, Glimelius, Sjorden and Nordin (2004)	Experiences of 14 advanced cancer patients and their spouses following diagnosis (Sweden)	Semi-structured interview Phenomenology	Appreciation of life Relating to others
12	Wong, Cavanaugh, MacLeamy, Sojourner-Nelson and Koopman (2009)	Exploration of the long-term impact of having a parent diagnosed with cancer among 27 adults in the US	Semi-structured interview	Appreciation of life Relating to others Reported 'Janus-faced' growth

Table 2.2: Qualitative studies of post-traumatic growth through bereavement

	Author(s) and year	Sample and focus of study	Method	Domains of growth
1.	Cadell and Sullivan (2006)	Exploration of post-traumatic growth and bereavement among 174 bereaved caregivers of people with HIV/AIDS in Canada	174 survey respondents 15 semi-structured interviews	Spirituality New possibilities Relating to others Personal strength Appreciation of life
2.	Davis, Wohl and Verberg (2007)	An exploration of post-traumatic growth among 52 bereaved adults following a mining explosion in Nova Scotia	Open and closed interviews and questionnaire	Appreciation of life Relating to others Personal strength 'Janus-faced' growth
3.	Glaser, Bucher, Moergeli, Fauchère and Buechi (2007)	An exploration of the experiences of 10 mothers and 9 fathers who lost a premature baby (Switzerland)	Semi-structured interviews at 6 month, 3.5 years and 6.5 years post loss	Relating to others (feelings of closeness to partner and feeling supported by family / friends / professionals)
4.	Murphy, Johnson and Lohan (2003)	Finding meaning in a child's violent death. A exploration of 138 parental narratives 4, 12, 24 and 60 months after death	Written narratives and questionnaire	Spirituality Relating to others (support group attendance)
5.	Parappully, Rosenbaum, van den Daele and Nzewi (2002)	A study of the experience of 16 US parents of murdered children	Semi-structured interviews and questionnaire	Increased compassion Relating to others Spirituality Personal strength
6.	Smith, Joseph and Das Nair (2011)	An interpretative phenomenological study of 6 bereaved adults by suicide	Semi-structured interview Phenomenology	Appreciation of life Personal strength Relating to others Social context

Tables 2.1 and 2.2 present a summary of the qualitative literature on growth following cancer and bereavement. These tables contain four columns; the author(s) and year of study; a brief description of the study sample and the focus of the study; the methods of data collection; a summary of the domains of growth reported by participants in the study. There are some common themes to emerge from these studies, which is the next focus of discussion.

## 2.1 Growth through cancer

One of the most commonly reported domains of growth in qualitative studies of cancer (as outlined in Table 2.1) is strengthened relationships with family and friends (Arman et al, 2002; Coward and Kahn, 2005; Eide, 2007; Lam and Fielding, 2003; Morris et al, 2012; Parry and Chesler, 2005; Winterling et al, 2004). Other reported growth dimensions include; wanting to work less and to enjoy home life more (Coward and Kahn, 2005); increased spirituality (Denney et al, 2011); and increased feelings of compassion and empathy (Morris et al, 2012; Coward and Kahn, 2005; Eide, 2007; Luoma and Hakamies-Blomqvist, 2004; Parry and Chesler, 2005). In some of these studies, behavioural change is reported in participant's descriptions of wanting to 'give something back' as a result of their illness experience (Coward and Kahn, 2005; Eide, 2007; Parry and Chesler, 2005).

As is common across some of the bereavement studies that are summarised next, the contradictory nature of growth emerges in two of the qualitative studies of growth through cancer (Lelorain et al, 2012; Wong et al, 2009). Maercker and Zoellner (2004) called this aspect of PTG 'janus-faced', by which they mean that there may positive and negative elements that coexist during the coping and growth process. An illustration of this in the Lelorain et al (2012) study, is the theme of "*people around: support and stress*" (2012:632), in which women describe feelings of support alongside a sense of responsibility not to burden their family or friends, which is reported as an additional strain when coping with cancer.

Within the many quantitative studies of cancer to date (for a review, see Stanton, Bower and Low, 2006) there is some debate as to the variables that affect coping and growth. For example, results are mixed when it comes to the relationship between age and reported growth. For example, some studies show younger people deriving more benefit than older adults (e.g. Manne, Ostroff, Winkel, Goldstein, Fox and Grana, 2004). This may be because they have more of their life ahead of them, so they are more motivated to take a positive stance as regards their illness. Equally, findings from quantitative cancer studies which examine growth at different time points from diagnosis also yield mixed results. One of the

few longitudinal studies (Manne et al, 2004) showed that over an 18-month period, women with breast cancer reported significant increases in PTGI scores. Conversely, in an early study of critical illness, Affleck, Tennen & Croog (1987) found reports of growth to be stable over an eight-year period.

The relationship between disease severity and reported growth has also been explored, with some interesting findings. In a study by Lechner, Zakowski, Antoni, Greenhawt, Block, and Block (2003), for example, the lowest level of growth was reported by cancer patients at the most advanced stage of the disease, which indicates that there may be an optimal level of distress that promotes growth, beyond which, a person may become overwhelmed and growth is impeded (Stanton et al, 2006).

Several coping strategies have been found to be adaptive in cancer studies, such as seeking social support from someone who has come through the illness (Rajandram, Jenewein, McGrath, and Zwahlen, 2011). Equally, the extent to which people express emotions associated with their illness, such as venting frustrations to supportive partners is also associated with growth (Thornton and Perez, 2006). Other coping strategies that have been connected to reports of growth following cancer include positive re-appraisal, that is to say, looking to make the best of the situation (e.g. Sears, Stanton and Danoff-Burg, 2003).

## **2.2 Growth through bereavement**

One of the reasons that there may be fewer studies of growth through bereavement is that it appears different to other trauma types. This may be because, unlike an illness from which someone can recover, the sense of loss that comes with bereavement remains with an individual for life. As Tedeschi and Calhoun (2008) explain:

*“For most people loss is always an issue, and that missing loved ones and remaining connected to them is part of the bereaved person’s experience throughout life” (2008:28)*

In the context of coping with the loss of a child specifically, some qualitative studies of growth through bereavement cite the importance of relating to others who can provide formal and informal support (Glaser et al, 2007; Murphy et al, 2003; Parappully et al, 2002). During the grieving process, Aldwin, Sutton and Lachman (1996) found that coping flexibility is required, as people draw on all types of coping strategies, which suggests that coping with bereavement may be one of the most complex trauma types to deal with, especially in a young or indiscriminate death (Murphy et al, 2003; Parappully et al, 2002).

Znoj (2006) suggests that in bereavement studies, the 'janus-faced' (Maercker and Zoellner, 2004) nature of growth is emphasised where the growth processes can be contradictory. In some studies for example, despite reporting positive change, people who have been bereaved also report an inability to make sense of what has happened (e.g. Davis et al, 2007). Some quantitative studies of bereaved parents have shown that negative coping strategies such as denial are drawn on in the short-term to them cope in the immediate aftermath of the death of a child (e.g. Znoj and Keller, 2002). In other studies, despite searching for meaning, the loss is never accepted (Tedeschi and Calhoun, 2008). In this regard, some studies show that the experience of growth following bereavement emerges only after a struggle to come to terms with the loss (Tedeschi and Calhoun, 2008) and that growth can co-exist alongside psychological distress (e.g. Lev-Weisel and Amir, 2003), which suggests that the relationship between post-traumatic growth and distress is not mutually exclusive.

In a longitudinal study of people dealing with the death of a family member, Davis et al (1998) found that people experienced a two stage-process of growth, by first 'making sense' of the loss and then 'finding benefit' in the experience. This is similar to the 'schema-change' Janoff-Bulman (2006) speaks of when individuals re-build a sense of themselves and the world following trauma, particularly through a story of their loss in a post-traumatic growth narrative (Neimeyer, 2006).

When it comes to the organizational contexts in which these studies have taken place, there does not appear to be any studies to date of growth following cancer or bereavement within the context of 'everyday' workplaces. This has been identified as a gap in the literature (Maitlis, 2012). The few studies that have explored post-traumatic growth in the context of work have focused on vicarious or secondary growth among 'trauma workers' (Cohen and Collens, 2012) in 'extremis' settings (Kolditz and Brazil, 2005), that is to say organizational contexts in which exposure to trauma is commonplace (e.g. disaster recovery work; emergency services or the military). Despite their contextual differences, there may be opportunities to apply knowledge from studies of growth among trauma workers to 'ordinary' places of work.

### **2.3 Growth among trauma workers**

Paton (2006) identifies four types of 'extremis' workplace; 'trauma organizations' (e.g. hospital emergency departments); 'critical action organizations' (e.g. the military); 'high reliability organizations' (e.g. high-security prisons); and 'naïve organizations' (such as a

business in one of the twin towers pre-9/11). Most of the research into growth through trauma at work has taken place in 'trauma' or 'critical action' settings (Hannah, Uhl-Bien, Avolio and Cavaretta, 2009) with a gap in the literature that has been identified in 'naïve' or 'ordinary' organizations (Maitlis, 2012). Within these 'trauma' and 'critical action' settings, research has taken place among therapists (e.g. Arnold, Calhoun, Tedeschi and Cann, 2005; Lonergan, O'Halloran and Crane, 2004; Pistorius, Feinauer, Harper, Stahmann and Miller, 2008); medics (e.g. Bauwens and Tosone, 2010; McLean, Handa, Dickstein, Benson, Baker, Isler, Peterson and Litz, 2013); disaster recovery workers (e.g. Linley and Joseph, 2006); protective services personnel (e.g. Paton, 2005); emergency services professionals (e.g. Shakespeare Finch, Smith, Gow, Embleton and Baird, 2003; Shakespeare-Finch, Gow and Smith, 2005) and interpreters (e.g. Splevins, Cohen, Joseph, Murray and Bowley, 2010). Despite their contextual differences, there may be knowledge that can be transferred from these studies to the contexts of 'ordinary' work.

Studies of PTG among trauma workers have identified certain coping strategies as helpful when dealing with the psychological impact of their work. For example, after exposure to trauma, if workers have an opportunity to share the emotions they are experiencing with colleagues, this has been found to be helpful (Shakespeare-Finch et al, 2003). Drawing on the support of family or friends outside work; or 'switching off' from work through leisure activities, such as exercise, meditation or watching films, has also been found to be beneficial (Splevins et al, 2010).

In their meta-review of the trauma worker literature, Cohen and Collens (2012) propose that trauma workers experience vicarious growth by "*empathically engaging*" (2012:8) with the traumatized. These authors suggest that four growth themes are evident across the literature, which are all contradictory in nature. These are; 'changes to world views'; 'changes to values'; 'changes to self' and 'changes to everyday life'. In 'changes to world views', for example, Cohen and Collens (2012) report that on the one hand trauma workers report an increased appreciation of life (i.e. their work helps them to put things into perspective by trivialising their own struggles); whilst at the same time, they report feeling that the world is less safe, because of the types of experiences they are exposed to (Lonergan et al, 2004). In 'changes to values', trauma workers report both closer and more distant ties with friends and family as a result of their work (Splevins et al, 2010). In 'changes to self', some workers report feeling more compassionate towards others, while others report feeling less compassionate (Pistorius et al, 2008). Trauma work also appears to be developmental, as



some workers report heightened self-awareness, wisdom and increased competence, whilst some report feeling more vulnerable as a result of their work (Lonergan et al, 2004; Pistorius et al, 2008; Splevins et al, 2010).

One of the benefits of the research that has been conducted among trauma workers to date is that it provides an opportunity to examine the role of the organization in supporting or hindering individual workers. As Cohen and Collens (2012) argue:

*“There is evidence to indicate that organizations could be instrumental in assisting employees... through the provision of institutional support” (2012:8)*

Some studies suggest that organizational culture and working practices are important, such as fostering of a culture of respect and support where open and honest conversations are encouraged (Rourke, 2007). Other studies suggest that organizations can support individual trauma workers by making counselling, peer supervision and de-briefs available (Pistorius et al, 2008; Splevins et al, 2010). Organizations have an opportunity to help their employees to interpret their experiences in a way that supports individual learning and organizational development. In this regard, Paton (2006) argues that training is a way of facilitating meaning-making from trauma experiences:

*“From the perspective of emergency professions, the existence of a learning component in the process of PTG is particularly important. It means that once the resources and processes associated with growth are identified, attention can be directed to exploring how these competencies can be developed and sustained.” (2006:227)*

Paton (2006) argues that there are ways which organizations can collectively learn, such as through post-event support which encourages employees to recount their interpretations of the trauma experience to build shared understanding. Some scholars suggest that one of the most important factors regarding the recovery of emergency services professionals to traumatic events is a caring organizational culture (Alexander, Klein and Bowes, 2000; Alexander & Klein, 2002), which others have suggested includes open and honest communication, mutual support and regular post-event reviews (Paton, 2006; Pistorius et al, 2008; Splevins et al, 2010). Some of these ideas are revisited again in chapter 9 when discussing the practical implications of the present study.

## 2.4 Areas of convergence

Within the extant literature, there appear to be four areas of convergence. Firstly, despite not being the focus of this doctoral study, the literature suggests that coping and growth are linked to individual dispositions (e.g. optimism; Affleck and Tennen, 1996; Carver, 1998; Sears et al, 2003; Shakespeare-Finch et al, 2005).

Secondly, there are three domains of growth that appear to pervade the literature of both direct and vicarious growth through trauma (Joseph, 2009). Firstly, people report that their relationships with others have changed in some way, such as an increased sense of compassion. Secondly, individuals report a changed sense of self, such as a greater self-awareness or a sense of personal strength. Thirdly, individuals report changes in life philosophy, such as gaining a new perspective on the important things in life.

The third area of convergence appears to hinge on the importance of coping flexibility. By *“finding their own way to deal with it”* (Splevins et al, 2010:1711), this may mean that negative paths to growth are followed, that is to say that some people may use negative coping strategies to ‘get them through’ in the short term, which are then superseded by adaptive coping and growth (Znoj, 2006). Equally, the literature suggests that by reporting growth this does not mean the absence of distress. As Grubaugh and Resick explain:

*“It is not impossible to conceive that individuals may report some gains as a result of their trauma while still experiencing significant distress. That is, both growth outcomes and psychopathology can co-exist. Significant distress could in fact motivate a subset of individuals to create meaning from their experiences that helps to balance out the losses they have experienced.”* (2007:153)

Finally, research has indicated that in trauma settings organizational factors, such as a culture of honesty, respect and open communication (e.g. Rourke, 2007); and support structures, such as the provision of counselling and peer supervision (e.g. Pistorius et al, 2008; Splevins et al, 2010) are important in helping trauma workers to grow from trauma.

There appears to be some limitations in the literature to date, as well as to the concept of post-traumatic growth itself. In the literature, these limitations centre on an overreliance on self-reports of growth; the directionality of change; and issues of when growth is assessed. Furthermore, as Maitlis (2012) points out, there is a gap in the literature when it comes to

exploring post-traumatic growth in the context of 'everyday' workplaces. In the next section, these limitations are discussed and addressed in relation to the present study.

## **2.5 Critiquing the literature**

There have been challenges levelled against empirical work to date including criticisms of the PTG framework itself. Some scholars argue that there is an over-reliance on self-reporting (Linley and Joseph, 2004) which may have led to subjective assessments of growth. Researchers have called for more objective indicators of growth to be included in future research, such as behavioural observation, which may be easier than trying to examine internal feelings or belief systems (Shakespeare-Finch and Barrington, 2012). Equally, research has suggested that growth cannot occur without action (Hobfoll et al, 2007). The PTG framework itself prioritises cognitive processes (see Figure 1.1), such as rumination, as opposed to exploring cognitions and behaviours post-trauma. Furthermore, despite some recent research into the relationship between sociocultural influences and PTG (Lindstrom et al, 2013), the framework appears to be context free, that is to say, there is no explicit reference to the contexts in which growth occurs. The present addresses these concerns by focusing on the trauma stories as told by the individual themselves, as well as drawing on third party accounts from their nominated workplace witnesses. Consequently, the self-reported behaviour change at work that is reported by participants in the present study is also independently observed by their workplace witnesses.

There appears to be scepticism among researchers as to whether reports of growth reflect genuine change or whether they are illusions to help people cope (Frazier, Tennen, Gavian, Park, Tomich and Tashiro, 2009; McFarland and Alvaro, 2000). Other, similar questions have been raised about the extent to which reports of growth are a way of adhering to cultural norms, that is to say, people report growth because they believe society expects them to make the best of a bad situation (Linley and Joseph, 2004; Park and Lechner, 2006). Again, the present study addresses these issues through the third party 'witness' accounts, which provide evidence of change as observed by colleagues around them at work.

Problems of recall are also raised when it comes to studies of growth through trauma, where retrospective accounts can be seen as reflections of what someone chooses to remember after the event, and momentary accounts are descriptions 'in the moment', during or immediately after the trauma has taken place (Folkman and Moscovitz, 2004). Since this study is not looking to uncover 'fact' or 'truth', but instead seeks to understand individual

trauma experiences, which all occurred over different time periods, both retrospective and momentary accounts are fit for purpose.

A similar challenge emerges in relation to timing and when it is best to assess growth. There appears to be disagreement among scholars as to the relationship between the time that has passed since the trauma and reports of growth. Some scholars argue that positive change is more likely to occur when considerable time has passed in order to allow for the coping processes to take place that eventually lead to growth (e.g. Tedeschi and Calhoun, 2004). However, some longitudinal research has shown that growth reported in the early stages of trauma remains stable many years later (e.g. Affleck and Tennen, 1987; Sears et al, 2003). In the present study, reports of growth through trauma emerge in all four cases across time horizons that range from 9 months since cancer diagnosis (Edgar) to 13 years since child bereavement (Peter) (see Appendix D).

Finally, there have been criticisms levelled at the direction of change that has been assessed in empirical work to date. By focusing only on positive change following trauma, some scholars argue that this may create a positive response bias (Park and Helgeson, 2006; Park and Lechner, 2006). More recent studies have addressed the issue of directionality (e.g. Cheng, Wong and Tsang, 2006) by allowing for both the negatives and positives of trauma to be reported. The research question in the present study (*How does the experience of personal trauma affect the way managers view and approach their work and their relationships at work?*) allows both for the positive and negatives consequences of trauma to be told. Furthermore, the research design in the present study using biographic narratives enabled the first interview to be opened with one question (*"Tell me about your trauma experience."*) so participants could tell their own story in their own way and reports of growth could emerge unprompted.

Before moving on to discuss the present study's methodological approach in more detail, it is important to close this chapter by re-stating the aims of this work in the context of the literature to date. This study aims to explore how experiences of personal trauma (i.e. cancer and bereavement) affect the way managers working in 'everyday' organizations view and approach their work and their relationships at work. This chapter has shown that three domains of growth pervade empirical work to date on growth through cancer and bereavement. These are changes to relationships with others; changes to sense of self; and changes to life philosophy. Despite previous studies of growth among trauma workers in

organizational settings, there does not appear to have been any empirical work to date that explores growth among managers working in 'ordinary' organizations (Maitlis, 2012) therefore this is an important gap to be addressed.

### **3. METHODOLOGICAL APPROACH**

#### **3.1 Introduction**

This chapter begins with an introduction to narrative research as a methodological approach. To recap, personal narratives in this study are the trauma stories that are constructed by an individual. They are the vehicle by which individual experience is communicated and interpreted, and are thus the link between an individual's inner consciousness and the outside world. This chapter briefly describes the 'narrative turn' in the human sciences, which led to interpretative ways of thinking; and then moves on to a discussion of the features of personal experience narratives. The chapter then outlines the methods applied in this study to analyse personal experience narratives – the Biographic Narrative Interpretive Method (BNIM) (Wengraf, 2001; 2010); Interpretative Phenomenological Analysis (IPA) (Smith, Flowers and Larkin, 2009) and Critical Narrative Analysis (CNA) (Langdrige, 2007). The discussion then moves on to the practical and ethical issues associated with this research including an exploration of the importance of reflexivity. Since data, theory and reflexive dialogue have all been active and fluid in the generation of knowledge in this study, my authorial voice weaves a critically reflexive thread throughout this thesis. This chapter closes with a critical analysis of my chosen methods and discusses the methodological adaptations that were made as the research progressed.

#### **3.2 The narrative turn**

The origins of narrative research are broad, spanning empirical work across social sciences and the arts. In her commentary of narrative research, Langellier (1989) argues that the 'narrative turn' began in academic research in the 1960s and is linked to four wider concurrent movements:

- A backlash against positivist methods in academic research.
- The memoir boom in popular literature.
- New identity movements, such as feminism.
- A growing therapy culture.

Narrative research within social sciences, according to Andrews, Squire and Tamboukou (2008) has evolved with two parallel aims; to understand the meanings ascribed to individuals' lifeworld experiences (e.g. Bruner, 1990) and to explore narratives as a means of understanding identity (e.g. McAdams, 1996). Both movements, according to Andrews et al (2008) sought to examine the structure, style and meanings of language as a way of

constructing realities. This, Kohler-Riessman (2008) argues, differs from positivist research which sees narratives merely as a means for collecting and interpreting data. Biographic Narrative Interpretive Method (BNIM); Interpretative Phenomenological Analysis (IPA); and Critical Narrative Analysis (CNA) have all emerged from within interpretative phenomenology. Whereas BNIM studies have mainly been applied to the fields of sociology (e.g. Suarez-Ortega, 2013) and social work (e.g. Chamberlayne, 2004); studies using IPA and CNA have principally resided within the field of psychology (e.g. Flowers and Langdrige, 2007; Smith et al, 2011). These methodological approaches are discussed and critiqued later in this chapter. Before then, the features of personal experience narratives require some discussion, since they bring phenomenology into the hermeneutic realm as the vehicle through which lived experience is described and interpreted.

### 3.3 Personal experience narratives (PENs)

Personal experience narratives, which will be referred to from now on as PENs, sit within phenomenology, since, as Squire puts it: “*experience can, through stories, become part of consciousness*” (2008:41). Within PENs, individual trauma narratives are a way of making sense of experience and constructing or re-constructing identity through the telling of a trauma story. As Yuval Davis (2006) explains:

*“Identities are narratives, stories people tell themselves and others about who they are (and who they are not).”* (2006:201)

There is an audience for these stories, whether the audience is the self through an internal self-dialogue; or a narrative is told in conversation with others; “*narrative implies a relational world.*” (Smith and Sparkes, 2008:6). In analysing PENs, the researcher focuses on the tone and function of the language to try and understand the meaning behind the words; since these descriptions can be seen to carry conscious and sub-conscious intentions of the teller (Hollway, 2009; Hollway and Jefferson, 2000).

#### 3.3.1 PENs are meaningful

As Squire (2008) explains, PENs are not just about individual events. They encapsulate all events and experiences, which are meaningful for the teller. The stories may move forwards and backwards in time, and may contain imaginary episodes or projections into the future. They are stories about the teller and may involve descriptions of other people who are significant in the teller’s experience. PENs are thus defined by their themes rather than the story structure alone. The themes that emerge in PENs can be seen as the main storyline.

They weave together to form the narrative plot, or the 'point' of the story. PENs include biographic narratives, which can be a whole life story, or as is this case in the present study, a segment of it. In biographic narratives, 'non story' talk may also be included in the analysis, such as metaphors or 'argumentation' (Wengraf, 2010), which are theories of the self and the world, which may give important glimpses into the lifeworld of the narrator.

### 3.3.2 PENs are contextual

There is an assumption in PENs that no story is told the same way twice and that stories may be told and understood differently in different social contexts. To help interpret the meaning of the PENs therefore, the context and researcher reflexivity becomes important. According to Ricoeur (1991), stories are constructed between a teller and a listener, therefore the context in which stories are told is important. The contexts of the PENs in the present study are the organizations in which the four participants (i.e. Edgar; Bill; Diane and Peter) work. The reflexive approach in the present study was also an important part of the research process. Wengraf (2010) advocates the researcher practising, "*a systemic method of inspecting your inner world*" (2010:127) during biographic narrative research. However, the reflexive approach in the present study went beyond the critical self-reflection that he speaks of, and involved shifting between multiple reflexive positions; the surfacing of other critically reflexive voices; and sensitivity to the concept of reflexive time throughout the research process. (This reflexive approach led to one of the three contributions that emerged and is discussed in detail in chapter 8.)

In PENs, 'paralanguage', or non-verbal clues is also important, such as silences, hesitations or emotionally marked aspects of the interview. Other approaches to narrative research also advocate a focus on 'paralanguage', particularly those that have originated from psychoanalysis (e.g. Hollway and Jefferson, 2000). In these methods, scholars argue that some aspects of human experience cannot be storied, so the 'emotionality' of the narrative is another way of understanding experience. In BNIM, for example, this critical approach goes further by trying to uncover 'realities' about the narrator independent of the context in which their story is told; such that, biographic information about the narrator's 'lived life' is analysed separately from the telling of the 'told story' until these two elements are combined and compared against each other in the case account. In BNIM, there is an inherent assumption that the narrative represents a single unified subject, although it became clear in the application of this method during the analysis of the first case (Edgar), that this was not the case. Despite acknowledging he had "*told this story quite a lot*" (sub-session 1, line 428), Edgar's sense of himself shifts as the research progresses, which I describe in the reflexive



critique at the end of Edgar's case. His story may have been unified, but Edgar's sense of himself was not.

In the present study, BNIM was applied to the analysis of the first case (Edgar) since BNIM also drove the data collection. However, following its application, its twin-track rigid analysis procedure of the 'lived life' and 'told story' was found to be unhelpful since the purpose of the present study is not to look for a divergence between the objective 'facts' of an individual's life and the representation of those 'facts' within their life story. The PENs relayed in this study take place within a socio-historic context, which clearly shaped their experience; however, this was not the primary unit of analysis. The primary unit of analysis in this study was the individual in the context of their work. So, despite being advocated in BNIM, the individual's socio-historic background supported not drove the analysis in the present study. (A discussion of how the methods were adapted takes place in chapter 4 at the end of Edgar's case.)

### **3.4 Analysing PENs**

According to Squire (2008), the most dominant approach to the analysis of PENs is Labov's (1972) 'structural approach', where the emphasis is placed on how the story is told, by defining, categorising and assessing units of speech. The aim is to look for 'narrative completeness' in the structure of the story. For example, Labov (1972) argued that a 'complete' narrative includes six key components: 'abstract' (i.e. a summary of what the story is about); 'orientation' (i.e. the time, place and characters involved); 'complicating action' (i.e. sequences of events); 'evaluation' (i.e. the significance of the event for the teller); 'result' (i.e. a description of what finally happened) and 'coda' (i.e. a way of ending the story by bringing it back to the present). However, analysing PENs is more complicated. Stories of experience may include several 'events', whereas the Labovian approach privileges analysis of one discrete 'event'. Furthermore, if a PEN does not include any one of the six elements cited above; or if the narrative is 'broken' in some way, for example by moving forwards and backwards in time as opposed to chronologically detailing a sequence of events ('complicating action'); then it might be deemed to be a narrative that lacks 'full development' and therefore inappropriate for analysis.

That said, the evaluative component within the Labovian approach is helpful in the analysis of PENs. In BNIM, for example, there is a type of non-narrative speech that is referred to as an 'evaluation' (Wengraf, 2010), when the teller reflects on 'lessons learned' from their experience. In Edgar's case for example, these evaluations helped to gain a deeper

understanding of him and his experience, therefore they are one type of non-narrative speech that is discussed within the analysis of his case (see chapter 4).

The Labovian approach, however, is further limiting given that in its interpretative frame, the context is hidden. Context is an important part of the analysis of PENs as the researcher seeks to interpret how the narrator's context (in this study, their workplace) may have influenced the way in which they tell their story (Squire, 2008).

#### 3.4.1 The importance of hermeneutics

If our aim is to try and understand individual lived experience through the vehicle of narrative expression, as is the case in this study, then description is not enough. We also need to interpret those experiences to gain insight into their meaning and significance. In this regard, the French philosopher Ricoeur (1913-2005) identified two distinct approaches to interpreting the meaning of discourse, which are both significant for this study. These are a "*hermeneutics of meaning-recollection*" and a "*hermeneutics of suspicion*" (Smith and Osborn 2008:18). Ricoeur believed that a hermeneutics of meaning-recollection is insufficient on its own as an interpretative approach because it simply describes experience. However, by digging beneath the narrative content with a hermeneutics of suspicion, this may lead to new interpretations of meaning. Here, language not only serves as a means of communication, when interpreted, it also provides a window to deeper human experience. A hermeneutics of suspicion has been adopted within this study through its application of both the Biographic Narrative Interpretative Method (BNIM) (Wengraf, 2001; 2010) and Critical Narrative Analysis (CNA) (Langdrige, 2007), where, during data analysis, independent panel members work 'future-blind' 'chunk-by-chunk' to 'destabilize' (Langdrige, 2007) participant narratives. Here, the researcher and panel members continually move around the hermeneutic circle by projecting hypotheses and counter-hypotheses about the possible meanings of an individual's experience as conveyed through the telling of their story. In BNIM interpretation, it not only includes an examination of the narrative structure, tone and content against the fabric of the individual's socio-cultural background; but also the non-verbal clues which accompany the narrative, such as pauses and body language. Furthermore, BNIM encourages analysis of the metaphor, which Ricoeur believed was fertile ground for discussion within narrative analysis, since metaphors may signify deeper-level meanings. To understand the meanings of a trauma experience, as conveyed through PENs, it is not simply a case of looking at narrative form, that is to say the structure of a narrative; it is also important to look at how the narrative is delivered; for example, through non-verbal interview clues, such as displays of emotion or body language. As Squire puts it; "*the hermeneutical*

*problem begins where linguistics leaves off*" (2008:50). Therefore, the simplest approach to analysing PENs is thematic analysis. This involves describing the interviews thematically, which then gives rise to theories to explain the stories. In doing so, the researcher moves in a hermeneutic circle of top-down and bottom-up interpretative procedures, as is the case in BNIM, IPA and CNA. As Freeman (2003) suggests, many different 'narrative truths' may emerge from the data, therefore it is important to build multiple voices into the interpretative procedure in order to mitigate against the researcher favouring one line of interpretation without the consideration of other potentially compelling hypotheses. In the Biographic Narrative Interpretive Method (BNIM), which was applied in full to the first case in the present study (Edgar), 'blind' interpretative panels are drawn on, where several people who are unfamiliar with the research are asked to come together to examine chunks of the individual's narrative, to ensure a multiplicity of interpretative voices are heard. Interpretative panels were then brought into the analysis of the cases that followed (Bill, Diane and Peter) to ensure that a critical approach to analysis was adopted. This was also part of the critically reflexive approach that was adopted in the present study, and is discussed in section 3.9.

The Biographic Narrative Interpretive Method (BNIM), Interpretative Phenomenological Analysis (IPA) and Critical Narrative Analysis (CNA) all lend themselves to the analysis of PENs. Each of these methodological approaches is now discussed in turn.

### **3.5 Biographic Narrative Interpretive Method (BNIM)**

BNIM is a methodological approach to narrative interviewing and narrative analysis, which assumes that personal experience narratives express both conscious and unconscious meanings of lived experience. BNIM calls itself a 'psychosocial' methodology which facilitates the interpretation of an individual's experience within his or her social or historical context. Wengraf (2010) describes this as "*historically-evolving persons-in-historically-evolving situations*" (2010:50); and he explains that the method assumes that "*story-telling is more expressive of 'deep-structures'*" (2010:178).

BNIM was developed within the traditions of phenomenological research and was first employed by Rosenthal (1993), who developed a narrative interviewing technique based on Overmann's (1979; 1980) hermeneutical case construction, and Schutz's (1983) method of life story analysis (cited in Wengraf, 2010:112). BNIM draws on a 'minimalist-passive' approach (Jones, 2004) to interviewing, with the first interview being opened with a 'single question aimed at inducing narrative' (the SQUIN). This question is not followed-up,

developed or explained in any way by the researcher. Instead, researcher interventions are limited to facilitative noises and non-verbal support, such as nodding and smiling.

The rationale behind the SQUIN is to generate an uninterrupted narrative that maintains the participant's gestalt (i.e. a spontaneous pattern of speech that completes itself fully). This enables participants to tell their own story in their own way and to surface the experiences that are important and significant to them, thereby having greater control of the interview. The danger of treating interviews as 'conversations' is that they can become structured and led by the researcher, which may mean the participant talks about issues that the researcher deems to be important, as opposed to surfacing issues that are particularly significant to them and their own lived experience. Using the SQUIN and minimal intervention by the researcher means that biographic narratives can be powerfully expressive.

It is important, however that the researcher tries to create a 'safe space' so that the interviewee does not feel exposed in being asked to talk at length about their experience. Some of the participants in the present study appeared to sense this exposure, so adopted a self-preservation strategy at the beginning of their interview. For example, Edgar spends the first 200 lines of his narrative detailing his career 'background' before he begins to recount the story of his kidney cancer. These digressions, however, formed an important part of the analysis of Edgar's case, when a hermeneutics of suspicion was applied. Given the intensity of the interview and analysis processes, BNIM lends itself to a small number of cases, usually two or three and rarely more than five or six (Wengraf, 2001:145).

### 3.5.1 BNIM as an approach to data collection

BNIM involves lightly-structured depth interviewing containing three interviews or 'sub-sessions'. In sub-session 1, the interview begins with a single question. The SQUIN that was developed for the present study was as follows:

*"Please tell me your trauma story including all the events and experiences that were significant for you from then and up to today. Please start wherever you like. I'll listen; I won't interrupt; I'll just take notes for afterwards."*

In sub-session 1, participant narratives lasted between 19 minutes (Diane) and 72 minutes (Edgar). Sub-session 2 takes place around 15 minutes after sub-session 1, with participants taking a break in-between, while notes are made by the researcher on the areas of the sub-

session 1 narrative to probe on further (Wengraf, 2010). In the present study, sub-session 2 narratives lasted between 38 minutes (Diane) and 89 minutes (Peter).

In BNIM, the purpose of sub-session 2 is to ask for more detail on some of the topics that emerged in sub-session 1. Sub-session 1 elicits the 'big' story and sub-session 2 enables the researcher to dig down into the detail by probing for smaller stories which richly describe those experiences that were introduced but not expanded in the initial narrative (Wengraf, 2010). These smaller stories are called 'precise incident narratives' or PINs. A PIN is defined as:

*"An account of a particular experience that the person has lived through - The best PINs are narrations in which the person appears to be at least in part re-living the experience that they are talking about."* (Wengraf, 2010:547)

According to BNIM principles, the researcher should probe in the order in which the topics were raised in the initial sub-session 1 narrative, starting with the first and always ending with the last topic from the initial narrative. This is so that the gestalt of the initial story remains intact. According to BNIM, the researcher should also use the same words used by the participant when asking for more story. For example; *"you said....can you given me some more detail about that particular experience"*. During some of the interviews, I found it difficult to narrow down the topics I wanted to focus on in sub-session 2 since so much emerged in sub-session 1. For example, in my self-debrief following Edgar's interviews, I noted in my research diary:

*"I skipped some themes as I had so many to cover and just focused on the work related ones."* (Research Diary, 10 November 2010)

My decisions were guided by the research question in the present study. *(How does the experience of personal trauma affect the way in which managers view and approach their work and their relationships at work?)* In sub-session 2, therefore, I probed on the topics that were related to their trauma and their work. When sub-session 2 had finished and after the interviewee had left, I spent half an hour 'self-debriefing'. The self-debrief is a written stream of consciousness, containing any ideas, memories and feelings that were triggered by the interview. It is also an opportunity to document any initial interpretations as they come to mind at the time (Wengraf, 2010). The self-debrief was a really useful exercise in working

reflexively immediately after the interview and contributed to the reflexive approach that was adopted in the present study (see section 3.9). Each of my self-debriefs also acted as an aide-memoire for the sub-sessions that followed, so that I could remind myself how I was feeling at the end of each sub-session before I started the next.

Sub-session 3 took place approximately one month after sub-sessions one and two (Wengraf, 2010) and took the form of a more traditional semi-structured interview, where I asked questions that I had developed during earlier cognitive interviews. (Before data collection began, I drew on a convenience sample of individuals who had suffered personal trauma to ask them to comment on the topic guide for sub-session 3. This element of the research design is explained in the section 3.11.) I used sub-session 3 to explore the five dimensions of post-traumatic growth with participants. However, accounts of growth emerged unprompted in Edgar's (lines 801-851), Bill's (lines 590-609) and Peter's (lines 406-432) sub-session 1 narratives, which indicates that each of them recognised positive changes in themselves independent of my later questioning.

Furthermore, sub-session 3 gave participants an opportunity reflect on the research process itself. Edgar described the process as "*cathartic*" (Edgar, sub-session 3, lines 50-52); and others described their traumas as 'roller coaster' rides that continue (Edgar, sub-session 3, lines 91-92; Bill, sub-session 3, lines 37-44). This indicates the fluid nature of their experiences, as human beings "*in process*" (Dahlberg, Todres and Galvin, 2009:267), which demands a methodological approach that is open to understanding the ways in which these participants change during the course of their trauma journeys. In sub-session 3, I was also able to elicit their reasons for volunteering for the study. Edgar described his need to share the positives of his experience (sub-session 3, lines 106-108) and for Bill it was an opportunity to get "*closure*" (sub-session 3, line 98). All four participants talked of a need to generate a greater understanding in the workplace of the impact of personal trauma (Edgar, sub-session 3, lines 117-118; Bill, sub-session 3, lines 100-104; Diane, sub-session 3, lines 52-53; Peter, sub-session 3, lines 134-136); particularly in terms of its long-term psychological affects, which may remain hidden at work (Bill, sub-session 3, lines 100-104; Diane, sub-session 3, lines 79-82).

### 3.5.2 BNIM as an approach to data analysis

BNIM interpretation follows a 'twin-track' process, with the biographic data about an individual's life (e.g. education history, career progression) being analysed separately from the telling of their story. Both the 'lived life' and 'telling of the told story' are analysed

sequentially and separately (Wengraf, 2010). This is so that the social realities of the individual's 'outer world' can be compared to the psycho-dynamics of their inner world as manifested in the way in which their story is told. BNIM interpretation follows ten clearly defined stages (see Table 3.1). This begins with the preparation of a verbatim transcript of the interview. Verbatim transcripts are important, since BNIM analysis is not only focused on the words that are spoken; non-verbal clues, such as displays of emotion, pauses and laughter are equally important avenues for interpretation. In the interview transcripts in the present study, for example, pauses are represented using brackets, with stop marks for each second of paused speech and moments of laughter or emotion are described in square brackets. (See Appendix H.)

Table 3.1: Ten Stages of BNIM analysis (adapted from Wengraf, 2010)

1	Constructing the verbatim transcript	(See appendices H and I.)
TRACK ONE: EXPLORING "THE LIVED LIFE"		
2	Creating the Biographic Data Chronology (BDC)	This involves stripping all 'objective' (verifiable) data from the narrative account (such as years of births, facts about career history) and creating a separate document which comprises a list of key dates. (See Appendix K.)
3	Creating a Biographic Data Analysis (BDA)	BDA is a summary of current understandings of the pattern of the lived life. This starts with the 'blind' interpretative panel and is then reviewed and revised by the researcher following the panel discussions. (See Appendix L.)
4	Imagining	This involves imagining different ways in which the person who lived their life in this way might go about telling their story. (See Appendix N.)
TRACK TWO: EXPORING THE "TELLING OF THE TOLD STORY"		
5	Constructing a Text Structure Sequentialisation (TSS)	This involves chunking the told story into segments or 'meaning units'. Each chunk is labelled for the type of text it contains (e.g. description, argumentation, evaluation, PIN). (See Appendix K.)
6	Conducting a Thematic Flow Analysis (TFA)	This is started during the 'blind' interpretative panel, where sequential segments are analysed thematically within the 'flow' (i.e. order) in which they emerge. This is then reviewed and revised by the researcher following the panel. This is to create a summary of current understandings of the person who told their story in this way and the pattern of its telling (i.e. the structure and content of the narrative account). (See Appendix M.)
7	Conducting micro-analysis	This involves focusing in on particular chunks of the story to gain a deeper understanding of the teller's identity. (See Appendix O.)
8	Relating the lived life to the told story	Thinking about if and how the patterns of the lived life and told story relate to each other. (See Chapter 4.)
9	Constructing the case account	Writing up the case. (See chapter 4)
10	Conducting a cross-case analysis	Examining the areas of convergence and divergence across cases.

Other stages in the ten-stage, 'twin-track' model of interpretation include; the creation and subsequent analysis of a chronology of biographical data to gain insight and understanding into the pattern of the individual's 'lived life' (see Appendix L). This includes 'imagining' different ways in which the story of that life might be told by the person who lived it, both by the researcher and by the independent 'panel' members (see Appendix N). Within the 'told story' track, a key stage is the dividing the story into sequential segments, which are then analysed thematically within the order in which they emerge (see Appendix L). One of the final stages is the bringing of the two-tracks together, the 'lived life' with the 'telling of the told story' to construct and test previous hypotheses relating to the two tracks.

One powerful element within BNIM analysis is the use of 'blind' interpretative panels. These panels are convened by the researcher in order to help build in rigour to the interpretative process. The 'ideal' panel consists of individuals who are not familiar with the research; with at least one person with a similar profile to the interviewee; including people from different professional backgrounds and interests; and containing people who are interested in the method or the topic (Wengraf, 2010). Between four and six people were involved in the panels in the present study (see Appendix M). Tom Wengraf took part in the first panel (Edgar) in order to support the application of the BNIM method. In Edgar's case, where the BNIM method was applied in full, there were two separate panel sessions; one which explored Edgar's 'lived life' and one which explored Edgar's 'telling of his told story'. These panels involved a 'chunk-by-chunk' interpretative process, in which one element of the lived life (or told story) was revealed at a time, with interpretations being generated by panel members after each 'chunk' about the kind of person that might have lived that life or told their story in that way. In the subsequent cases (Bill, Diane and Peter) one panel session took place, where only the told story was interpreted 'chunk-by-chunk' by interpretative panels. This was because a decision was made to adapt the method following its application in the first case. (This is explained in more detail at the end of chapter 4.)

### **3.6 Interpretative Phenomenological Analysis (IPA)**

Interpretative Phenomenological Analysis (IPA) "*aims to explore in detail participants' personal lived experience and how participants make sense of that personal experience*" (Smith, 2004:40) and is closely aligned with meaning-making (Bruner, 1990). IPA is entirely complimentary to BNIM and CNA, as all three methods have emerged from within phenomenological research. Whereas BNIM studies mainly sit within the fields of social policy (e.g. Suarez-Ortega, 2013) and social work (e.g. Chamberlayne, 2004), IPA studies reside within phenomenological psychology (e.g. Smith et al 2011). IPA differs from



mainstream methodologies in psychology in its in-depth qualitative approach. IPA has also been connected with positive psychology, since participants, through the interview process are given the opportunity to express their views about strength, wellness and quality of life (Reid, Flowers and Larkin 2005:21).

IPA has two important characteristics. Firstly, it is idiographic in its approach, by examining one case in detail before moving on to other cases. In this sense, IPA takes up the analysis where BNIM interviewing ends. It is only when all cases have been examined separately that a cross-case analysis can occur. Secondly, IPA is inductive. It is an approach that allows themes to emerge from the data, as opposed to verifying pre-determined hypotheses.

IPA is strongly tied to the hermeneutic tradition by recognising that the researcher aims to make sense of the individual making sense of their experience – a “*double hermeneutic*” (Smith, 2004:40). In IPA, the role of the researcher is more active than in BNIM. The researcher tries to balance ‘emic’ (phenomenological insider) and ‘etic’ (interpretative outsider) positions (Reid et al, 2005) in order to try and understand the meanings of an individual’s experience.

IPA acknowledges that researchers are not context-free and that their interpretations will be consciously or sub-consciously guided by their own experiences and knowledge, or as Polkinghorne puts it their “*prejudices*” (2007:482). Researcher reflexivity is therefore paramount in IPA research, often through use of a reflexive research diary (Smith et al, 2011). However, the reflexive approach that was adopted in the present study went much further than drawing on a research diary to critically self-reflect. This is discussed in section 3.9. As Smith et al explain, researcher subjectivity is foregrounded in IPA research:

*“IPA permits the researcher to interpret, based on their own experiences and knowledge, the participant’s account.”* (2010:10)

Like BNIM, IPA is suited to a small number of cases given the depth and intensity of the analysis that takes place. As Smith advises:

*“It is only possible to do the detailed, nuanced analysis associated with IPA on a small sample. Many studies have samples of 5 to 10.”* (2004:42)

IPA was applied to the analysis of the witness interviews in the present study since there is no exemplar case in BNIM studies for the treatment of third party material that follows a conventional semi-structured interview format (Bryman, 2012).

Unlike BNIM, IPA does not have a prescribed approach for working with the interview data. I did, however, refer to Smith et al (2009) to ensure the analysis in the present study was approached systematically and rigorously. These authors set out six steps in the analytic process. I followed IPA's idiographic approach by analysing each of the witness interviews separately and in turn. Consequently, I did not begin analysis on the second witness interview until I had completed the first four steps on the first and so on. A brief description of each of these steps relating to the analysis of each of the witness interviews now follows.

*Step 1: Reading and re-reading*

This stage comprised reading the interview transcript in full, followed by a second reading, which was accompanied with the audio recording of the interview. On the third reading, I also looked back over my field notes and I began to make notes by hand on the transcript. These notes included observations about the transcript, initial ideas about the structure and tone of the interview and the narrative passages that struck me as significant in the witness account.

*Step 2: Initial noting*

This stage involved making hand-written notes on interview content to begin to identify the ways in which particular words were used to convey the witness experience (e.g. key words or phrases). At this stage, the notes were both descriptive and interpretative. The descriptive comments included the particular areas of concern for the witness and the interpretative comments were my initial explanations of why the witness may have interpreted their experience in a certain way. During this stage, I noted any metaphors or conceptual comments that appeared; and made notes of any areas of repetition, emphasis or contradiction. Finally, I paid particular attention to any segments where the witness either withheld or displayed emotion. By focusing on the emotionality (or lack of emotionality) in the witness transcript, I believed that this would shed light on deeper levels of experience.

*Step 3: Developing emergent themes*

In this step, I created a three column table in Microsoft Word. In the middle column, I copied and pasted the interview transcript. In the left-hand column I transferred my hand-written descriptive notes from the earlier stages of analysis and in the right-hand column I transferred my hand-written interpretative notes from earlier stages (see Appendix P). I then built on these notes with additional typed observations, comments and interpretations. At this

stage, I also began to identify emergent themes by highlighting key words or phrases which I believed encapsulated the essence of the witness experience. I then created a separate Word document and listed each of the emergent themes in chronological order (i.e. in the order in which they came up in the transcript) along with illustrative quotes for each of these themes (see Appendix Q).

*Step 4: Searching for connections across themes*

This stage involved mapping connections between emergent themes. However, given this is a narrative study, instead of breaking up the text, it was important to maintain the narrative flow of the interview; therefore I kept the emergent themes in chronological order and searched for connections between these themes in the order in which they emerged. This was done in the belief that the structure of talk reflects the essence of the teller. To help make sense of the emergent themes I also looked at their numeration (i.e. the number of illustrative quotes pertaining to a particular theme), their function (i.e. the purpose of each theme) and any polarisation (i.e. where themes had opposite relationships, such as compassionate/uncompassionate responses).

*Step 5: Moving to the next case*

When I had completed steps 1 – 4 on the first witness transcript, I repeated these steps on the second witness transcript and repeated the process again on the third witness transcript. In order to meet IPA's idiographic approach to analysis, I left a gap of approximately one week between my analyses of each of the witness transcripts.

*Step 6: Looking for patterns across cases*

I did not move to a level of abstraction to identify super-ordinate themes until I had completed the analytic process on each witness transcript.

### **3.7 Critical Narrative Analysis (CNA)**

Like IPA, CNA has emerged from within phenomenological psychology. It is an approach that builds on the work of Ricoeur who emphasised the need for hermeneutics to understand the meanings of experience as expressed through language (Langdrige, 2007). The method contains six stages (see Figure 3.1), which begin with a 'critique of the illusions of subjectivity'. Here, Langdrige (2007) suggests that the researcher critically self-reflects using an appropriate hermeneutic (e.g. gender; class; sexual; race; age; disability) in order to better understand the assumptions and subjectivities they bring to the research. Stage two is concerned with identifying the tone and function of the narrative in order to understand positions from which the narrator speaks. The focus of stage three is 'identities and identity

work', or as Langdridge puts it; "*this stage of the analysis looks at the particular self being brought into the narrative*" (2007:138). Stage four involves an identification of themes and any relationships between themes; and in stage 5, the narrative is 'destabilized'. In this stage, instead of turning the hermeneutic on him or herself (as in stage one); the researcher critiques the narrative in order to attempt to view the story and its narrator through other social lenses. Using an appropriate 'hermeneutic of suspicion' (e.g. gender; class; sexual; race; age; disability) the researcher interrogates the narrative to explore alternative ways of interpreting the text. Finally, in stage six a synthesis of the findings is presented.

Figure 3.1: Critical Narrative Analysis (CNA) (Langdridge, 2007)



### 3.8 Embedding reflexivity into the research process

It is clear that my life experiences, as well as my upbringing, education and social background shape the way in which I view the world. This gives me a "*sphere of understanding*" (Shaw, 2010:235); the basis from which my experiences and interactions are interpreted. Adopting a reflexive approach to this study helped to ensure that these subjectivities become "*thoughtful, self-aware analysis*" (Finlay and Gough, 2003:9). As Shaw puts it:

*“Through making ourselves aware of our own feelings about and expectations of the research, we can begin to fully appreciate the nature of our investigation, its relationship to us personally and professionally, and our relationship as a researcher and experienter in the world to those with whom we wish to gather experiential data.” (2010:235)*

Finlay (2003:4) suggests that reflexivity also enables the researcher to present a transparent account of the research process; and transparency, Pettigrew (2013) argues, is a key constituent of exemplary qualitative research. It was important that reflexivity in the present study went beyond the single reflexive position of critical self-reflection. It was a personal experience of trauma that initially led me into the field, therefore finding multiple reflexive positions that would challenge my own subjectivities was important. Having personal lived experience of the topic under investigation can hinder as well as help the research process (Guillemin and Gillam, 2004; Haynes, 2006; Woodthorpe, 2009); meaning that my relationship with, and emotional reactions to the research, as it evolved, required critical variants of reflexivity.

Of Finlay's (2003) five variants of reflexivity; (introspection; intersubjective reflection; mutual collaboration; social critique and ironic deconstruction), the present study shifted between three positions; (introspection, intersubjective reflection and mutual collaboration). The variants of social critique and ironic deconstruction were not drawn upon in the present study since its purpose was neither to critique the socio-political context from which the personal experience narratives were told, nor was it to deconstruct the narratives from within particular organizational contexts. By shifting between these three positions in the present study, a more holistic understanding could be built.

Introspection (or critical self-reflection) pervaded all stages of the research from design, to data collection, data analysis and write-up. Intersubjective reflection (i.e. a focus on the situated and negotiated nature of the research) was most prevalent during data collection and analysis and mutual collaboration (i.e. engaging in cycles of mutual reflection with others to bring in multiple voices and conflicting positions) was most apparent during the interpretative panels at the stage of data analysis. I will now draw on some examples from my research diary to illustrate that by moving between these reflexive positions across the study reflexivity was embedded into the research process.

It was a personal experience of trauma that initially led me into this research. I made an introspective note about this 'calling' in my research diary before beginning my doctoral research journey:

*"In September 2006, I witnessed the death of my fiancé in a sporting accident. I was six months pregnant with our first child. Since this event and after having given birth to our daughter (now 18 months old), I have begun a personal development journey which has been (and continues to be) traumatic and challenging, but one that I am determined to transform into learning both for myself and in supporting the development of others."*

(Research Diary, 21 July 2008)

In this study, introspection emerged as a self-dialogue within my research diary across all stages of the research, which became a source of personal insight. I tried to remain mindful of the challenge of reflexivity as introspection. As Finlay puts it:

*"Use personal revelation not as an end in itself, but as a springboard for interpretations and more general insight."* (2003:8).

By engaging in critical self-reflection, it aided my understanding of the topic and research process as well as helping me to become a more thoughtful researcher. An example of this emerged during the design phase. In this phase, I spent several months deliberating whether I should disclose my own trauma to participants. I believed that this would make me a more empathic researcher given my awareness of the topic. As Rubin and Rubin (1995) suggest:

*"People are more willing to talk in depth if they conclude that you are familiar with and sympathetic to their world."* (Rubin and Rubin, 1995:76, cited in Goodrum and Keys, 2007:252)

By disclosing my trauma experience, I felt that it would show participants that this research is deeply motivated. On the other hand, I was aware that this kind of disclosure would affect the interview dynamic, with participants talking more, or less openly because of my own experience. In a research diary entry I noted:

*“This is a real dilemma for me because the study isn’t autobiographical, but at the same time it’s a topic that’s really private and sensitive and emotional, so there’s a thought that my experience will help me to empathise.”* (Research Diary, 12 July 2010)

Given that I voiced this dilemma both in my diary and in my conversations with the various constituent groups that supported the research design phase (i.e. cognitive interview participants; supervisory team; university ethics committee; back-up counsellor) this helped me to critique my own assumptions about being able to build a more trusting relationship with participants by disclosing my own trauma experience as the initial motivation for this study. Voicing this dilemma helped me to understand that having had my own personal trauma, this did not give me additional competence in any sense to counsel, help or support the research participants. In fact, by not disclosing my trauma experience, I believe that I was better able to focus on executing my skills and competence as an interviewer. In this regard, some of the participants commented on the duration and the openness of their interview narratives (e.g. Edgar, sub-session 1, line 818-819; sub-session 2, line 1096).

During the data collection phase, I made notes in my research diary before, during and immediately after each interview. The focus of intersubjective reflection is to explore the self in relation to others; therefore I attempted to make explicit the conscious and unconscious processes that may have been structuring relations between myself and the participant in the interview context. For example, in one entry, I noted:

*“I felt a connection with him in the second interview as though I was really getting to know him and even he said “knowing me as you do” or something like that so he must have been telling me the story that was ‘true’ to him at the time.”* (Research Diary, 10 November 2010)

Before each interview, I used my research diary to surface my assumptions, concerns and fore-understandings by explicitly noting them down. As the interviews went on, I made intersubjective reflections in the moment concerning the rapport between myself and the participant. For example, during one interview I noted:

*“She cried when talking about how he has changed from being such a positive person to now being “weak”. Did I create that by asking her “does it make you sad to see that change?””* (Research Diary, 10 December 2010)

Immediately after each interview, I conducted a self-debrief. This included my reflections on the emotions that the encounter had triggered both for me and for the participant and my initial interpretations of the participant and their story. An excerpt from a self-debrief follows:

*“I feel that it was the most difficult one I’ve done so far in terms of feeling emotionally drained”* (Research Diary, 3 February 2011)

The interviews became a reflexive process for participants themselves. They talked about ‘remembering’ certain aspects of their experience during the interview encounter (e.g. Edgar, sub-session 2, lines 188-190; Paul, sub-session 3, lines 50-51; Bill, sub-session 1, lines 468-471; Diane, sub-session 3, line 48). As Michael, one of Edgar’s workplace witnesses comments: *“I hadn’t really reflected on until you asked me the question”* (lines 860-861). It was the interviews that provided them with this reflexive space.

Reflexivity was also embedded through mutual collaboration. During the panel discussions, for example, I engaged in cycles of reflection with other panel members who could challenge my subjectivities and offer alternative interpretations. As Finlay puts it:

*“[Mutual collaboration] offers the opportunity to hear, and take into account multiple voices and conflicting positions.”* (2003:12).

Some of the panel members noted how the ‘chunk-by-chunk future blind’ approach to analysis helped to ensure a more critical hermeneutic. As one of the panel members reflected in an email to me following her participation in both Peter and Diane’s panels:

*“One thing I found, for both Peter’s and Diane’s interviews, was how often you couldn’t predict what would happen next. Sometimes it would be an event that we hadn’t thought of.”* (Lucy, panel member, 3 July 2013)

Reflexivity as mutual collaboration continued into the write-up phase, particularly with my supervisory team when discussing my approach to writing. Through these discussions, I was able challenge my assumptions about how I should approach the write-up. For example, I noted in my research diary immediately after such a discussion:



*“My meeting with Rachel and Michael was really helpful today. They were able to challenge my pre-conception that I needed to find a fixed sense of who Bill is. They suggested that the reason I may be struggling to ‘pin-down’ Bill’s narrative is because it is complex and multi-faceted. It was only through my discussions with Rachel and Michael and by voicing my assumptions and concerns that we could discuss these issues together.”* (Research Diary, 4 September 2012)

As these extracts illustrate, reflexivity became embedded throughout the research process from design to write up; by moving between different reflexive positions; through the surfacing of reflexive voices other than my own; and by maintaining a sensitivity to the concept of reflexive time, so that reflections could take place forwards, backwards and in the moment. This ‘multi-dimensional’ approach to reflexivity led to one of the three contributions that emerged in this study and is discussed in detail in chapter 8.

### **3.9 Ethical considerations**

Given the nature of this topic and my personal experience of it, it was vital that before volunteers were sought, all of the ethical issues were carefully considered. When designing this doctoral study, I consulted with, and received feedback from, a clinical psychologist who runs the psychology department in one of the UK’s leading universities. This contact was facilitated by one of my supervisors.

Furthermore, Aston University felt that ethics were so important; my application for ethical approval was referred up from the Business School Ethics Committee to the University Ethics Committee. It took four months to achieve ethics approval. My first application for ethical approval was rejected, and the Committee asked that several points be addressed before they would consider final approval for the study. In the first application, some of the concerns that the Committee expressed included how I would protect participants from any mental health issues that might arise; and how I would maintain a clear and explicit delineation between therapy and research. These considerations were made and final approval was granted (see Appendix A). In an email dated 27 September 2010, I was given the following feedback from the University Registrar:

*“The Ethics Sub-Group has approved your response to its comments. Members were impressed with the considerable thought you had given to their feedback.”*

I will now discuss each of the ethical considerations that were raised and how I addressed them.

### 3.9.1 Lone-working

The University Ethics Committee expressed concerns about the risks of being a lone female researcher off campus, working with participants who may become emotional and distressed during the interview and who are not known to me.

To address this concern, I consulted several articles and published guidelines on lone working (Social Research Association, 2004; British Psychological Society, 2005; Dickson-Swift, James, Kippen and Liamputtong, 2008; Paterson, Gregory and Thorne, 1999). In order to build-in preventative strategies against the risks of lone researching, I shared each interview time and location with my supervisor and family so that they were aware of my whereabouts. I also 'checked-in' with a family member by telephone at the end of each interview.

Furthermore, I telephoned all volunteers after their initial expression of interest to help build some impressions of them by phone. I conducted the interviews at Ashridge (Edgar, Bill and Peter) or at their place of work (Diane). I interviewed four of the nine workplace witness interviews in their homes (Felicity, Paul, Natalie and Nigel). In these cases, I shared their home addresses with my supervisor and family so that they were aware of the interview locations.

### 3.9.2 Protecting participants

The Committee expressed concerns that the research might trigger depression or other mental health issues in participants. I addressed this issue by organising a designated 'back-up' counsellor; (a qualified psychotherapist and BACP accredited supervisor of counsellors from Ashridge) should participants have needed to seek professional support above and beyond their own GP (whose details I also requested when gaining informed consent). This support was offered for free and at no cost. The 'back-up' support that was offered was for one de-briefing session post-interview. If participants chose to have multiple counselling sessions, or to go into longer-term therapy after the interviews; it was made clear when consent was given, and then again at the start of the interview; that this would be participants' responsibility to organise and fund themselves.

I made it explicit in the information sheets that were sent out to participants that this was a research study and not a therapeutic intervention (see Appendix E). I also explained to participants when gaining informed consent, and then again before the interview began, that there was a possibility that the interview would be distressing for them (see Appendix F). In the information sheets and consent forms, I made it clear that I was neither a trained counsellor nor a therapist; therefore, I would not be in a position to diagnose or treat any distress that the interviews might cause. I also stated in the consent forms that should the individual wish to seek professional support after the interview, they had the option of using their own GP or to draw on the 'back-up' counselling support provided. No participant sought additional support after the interviews, either from their own GPs or from the counsellor supporting this study. I also communicated with each participant by telephone and email after each interview to see how they were feeling, and to ask if they were still happy to continue with the process. I approached consent as an ongoing, mutually negotiated process (Haverkamp, 2005:154).

However, as expected, all of the participants and some of the workplace witnesses did become upset during the interview process. In these instances, I sat quietly for a few moments, offered them tissues and water, and then I asked if they felt able to carry on with the interview. I did not need to offer to terminate any of the interviews, and no one required counselling support after the interviews.

I also used the beginning of sub-session 3 (which took place at least four weeks after sub-sessions 1 and 2) to follow-up on the previous interviews. In this session, I asked participants how they were feeling about the process, and if that had any reflections following the first interviews.

### 3.9.3 Delineating research from therapy

The ethics committee also asked me how I would ensure that the research interview process would be clearly delineated from the delivery of any therapeutic counselling. This, I made explicit at all stages in the interview process. First, in the information sheets that were sent out to initial volunteers for the study; second, in the consent forms that were signed by each participant; and third, the point was made verbally before each interview began. Before each interview, I ran through the consent form again with participants and on this point I said:

*“Please be aware that this is a research interview and not a therapeutic intervention. I am neither a counsellor nor a therapist, therefore I am unable to diagnose or treat any issues that may arise as a result of the interview.”*

Participants were advised to contact their own counsellor or GP, or to draw on the ‘back-up’ support provided in this study should they need to do so after the interview.

Given the body of research that discusses the therapeutic benefits of communicating stressful experiences (e.g. Neimeyer, 2006; Neiderhoffer and Pennebaker, 2005; Pennebaker, 1993; Smyth, True and Soutou 2001) some of the research interviews were cathartic for some of the participants. When reflecting on their experience of the first two sub-sessions, some of the participants said that it had been helpful for them to talk through their experiences. I saw this as a positive outcome. For me as the researcher, I felt that I had succeeded in creating a safe space so that these personal revelations could take place (Birch and Miller, 2000).

In the recruitment letter, I raised the idea that participants may experience changes to the way they view themselves and others as a result of the study (Haverkamp, 2005), so it may not have been a complete surprise to them that this happened.

#### 3.9.4 Participant anonymity

The call for participation was sent to past participants of the Ashridge Leadership Process (ALP), a leadership programme at Ashridge. Since Ashridge is also my place of work, there was a risk that I might end up interviewing people who are known to me. The University Ethics Committee highlighted that this may change the interview dynamic and potentially impact on my future relationship with them. This was a concern that I tackled by declining any offer of participation from individuals who were known to me within the Ashridge network. I had to decline offers from three such individuals, one faculty member who was known to me and two professional coaches, one who I knew directly and one who I did not know.

In the consent forms, I asked all participants if they were happy for me to audio-record their interviews and I also asked if their interviews could be transcribed by me or a third party transcriber. Reassurances were also given in terms of their right to withdraw from the study at any time. I agreed with participants that I would not publish any narrative extracts or interview material without their prior consent. I also replaced all names with pseudonyms and changed the names of any towns or organizations that were mentioned.

At the recruitment stage, some of the volunteers raised concerns about protecting their anonymity, because the study involved them talking about the impact of their trauma on their work life. One of the initial volunteers decided not to participate because of her concerns about anonymity. Her employing organization was not aware of her trauma. She was a senior leader in a sector containing very few female leaders, so she was concerned that even with steps taken to protect her identity, she might still be identified by industry peers.

### 3.9.5 Issues of power

I had to consider whether my work at Ashridge placed me in a position of power. However, since I am not involved in any teaching on the programme from which participants were recruited, I did not feel that I would be perceived to be in a position of power. I made it clear at the recruitment stage that this research was doctoral research at Aston University and not related to my job as a researcher at Ashridge. In my call for participation, however, I did explain that the outcomes of this research might inform Ashridge work with individuals and organizations.

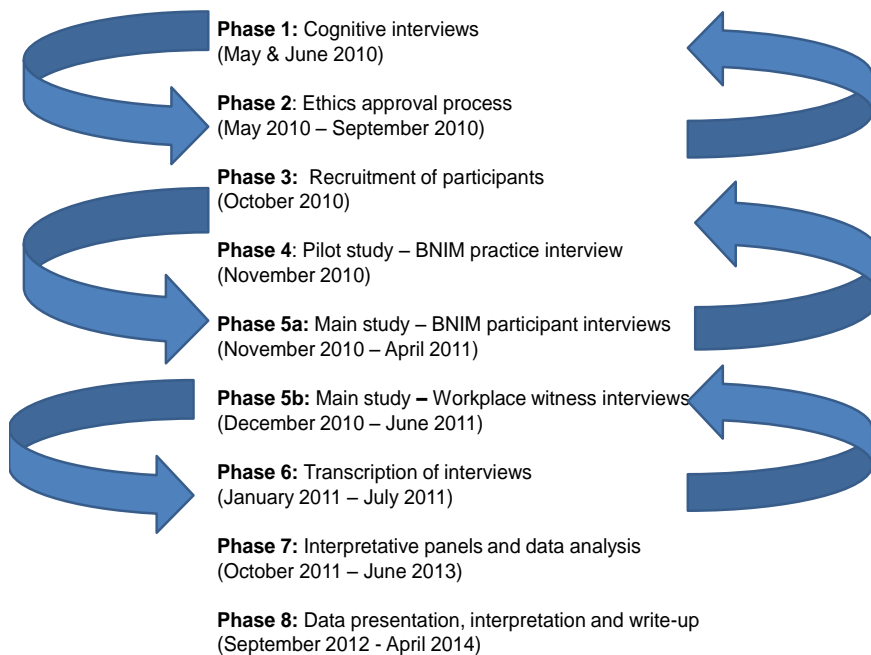
### 3.9.6 Reflecting on my own experience

During the interviews and through into data analysis and write-up, I found some of the trauma accounts particularly challenging and emotionally draining. However, in the main, I found the stories to be incredibly inspiring. I had arranged for my own counselling support during the interview process, which was separate to the 'back-up' counsellor offered to participants. However, I did not need to draw on this support. Instead, I used my research diary as a way of voicing some of the emotional challenges and I also drew on the support of my family and supervisory team. Some scholars have acknowledged that emotional responses to sensitive and emotionally-charged research can both help and hinder the research process (e.g. Guillemin and Gillam, 2004; Haynes, 2006; Woodthorpe, 2009), which is why I have worked reflexively throughout this study.

## 3.10 Research design

The present study consisted of seven phases (see Figure 3.2). Each stage contained an audit trail including reflexive research diary entries; verbatim transcripts; and documentation of the steps in data analysis. Given that this was an inductive idiographic enquiry, the research process has been iterative in that the themes that emerged from the first case were then examined for convergence and divergence in the themes that emerged from the narratives in subsequent cases (i.e. Yin's, 2003 'replication strategy').

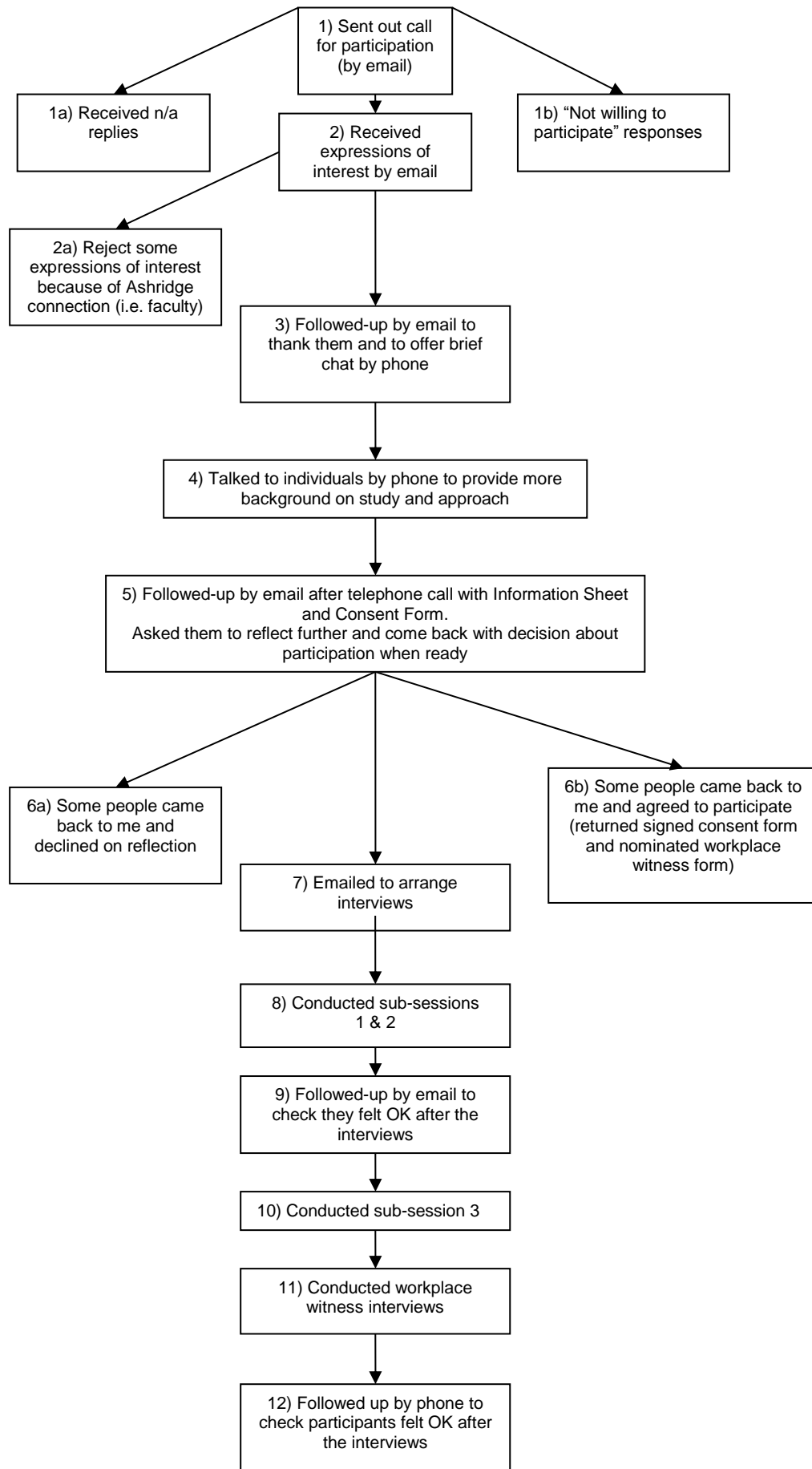
Figure 3.2: Research design



The purpose of the cognitive interviews in phase 1 was to work with a set of participants (not Edgar, Bill, Diane or Peter) who had experienced their own personal traumas to canvass their feedback on how the research was designed. For example, we discussed the objectives of the research, the interview approach, the ethical issues, and how the findings might eventually be used, as a pro-active way of respecting the importance and sensitivity of this research topic. To this end, Goodrum and Keys (2007) talk about the importance of using participants in the research design when researching sensitive topics, in order to help think through some of the key issues that might arise.

In terms of the sample selection for phase 1, I used a convenience sample by drawing on five volunteers from my own personal network. These people had all experienced personal traumas, were known to me, and were aware of my research project. I wrote to them all in advance to seek their consent and to provide an explanation of cognitive interviews. Phase 2 of the research was the ethics approval process for the main study, which took four months in total. Phase 3 involved recruiting study volunteers following ethics approval. Each stage of the recruitment process was carefully documented in my research diary and is outlined in Figure 3.3. Phase 4 was the pilot BNIM interview. This was an important part of the learning process since I found BNIM interview approach challenging. The interviews with study participants and the subsequent interviews with workplace witnesses took eight months to complete between November 2010 and June 2011.

Figure 3.3: Participant recruitment process



### 3.11 Critiquing the methods

Phenomenological research appears to be critiqued in three key ways. The first concerns the balance between description and interpretation, with some scholars arguing for a more critical approach (Langdridge, 2008). Description in phenomenology is crucial, so that the researcher presents the essence of the phenomenon being studied, as it appears, without rushing to explain the data or to use theory to make sense of it. However, Langdridge (2008) argues that the drive towards more interpretative approaches to phenomenology (such as the three methods employed in the present study), stems from the 'move to language' in phenomenological research, where scholars argue for language not to be taken at face value as a simple reflection of lived experience. In the present study, rich description remains present in its presentation of the stories that are told. However, the methods also apply a 'hermeneutics of suspicion' to the participant narratives in order to study their function; that is to say how participants convey meanings through the language they use; and the purpose of the stories they tell. For example, some participants in the present study may not have wished to talk about some aspects of their experience in the research interview and therefore consciously or sub-consciously chose to leave them out of their story. Furthermore, given the context of the present study is the organizations in which people work, some participants may have tried to project a 'professional' self-image within their narrative. This crafting of a self-identity within the stories that are told is inevitable since all stories are self-projections.

The second critique of phenomenological research concerns the treatment of researcher subjectivity. Our experience of the world inevitably affects the way in which we interact with a phenomenon; therefore the connection between the researcher and the researched is an important part of phenomenology. However, the attempt to remain scientifically 'open' whilst engaging with participant experience is a challenge in phenomenology and some scholars argue that the pursuit of 'bracketing' is an impossible endeavour (Dahlberg, 2006). Instead, some call for reflexive 'bridling' (Berlin Hallrup, Albertsson, Bengtsson Tops, Dahlberg and Grahn, 2009; Dahlberg, 2006), whereby the researcher attempts to 'slacken' their subjectivities so that they do not rush to explanations or draw conclusions too quickly and instead remain 'open' to new meanings as they arise. Several scholars call for a reflexive approach so that the researcher can move between their own experience and the phenomenon that is being studied, whilst warning against reflexivity becoming an exercise in navel gazing which privileges the researcher over the participants (Cunliffe, 2003; Finlay, 2009; 2002; Weick, 2002). The present study moves between different reflexive positions at different stages in the research process so as to prevent me from projecting my own



(potentially) solipsistic voice; and to bring other voices to the fore that can challenge my subjectivities and offer conflicting interpretations of the lifeworld of the participants. The stories that ensued in the present study represent thoughtful accounts of the teller's trauma experience, which are subjective in themselves and may include distorted memories and idealised future projections, as opposed to being 'objective facts'. The narratives that emerged in the present study were a 'version' of their story. Aspects of the story may change if it was told again in another situation to a different person. The stories that were told in this study, however, carried a clear purpose and positioned the speaker in relation to their own particular cultural or organizational milieu (Langdridge, 2007:138), therefore it was important that different hermeneutics were brought into the frame, through the use of 'blind' interpretative panels when analysing their accounts.

The third area of concern within narrative approaches to phenomenology is when words fail to describe individual experience, particularly in experiences of illness or trauma (e.g. Hydén and Brockmeier, 2008). As Polkinghorne explains:

*"The validity threats arise in narrative research because the language description given by participants of their experienced meaning is not a mirrored reflection of this meaning."*  
(2007:480)

There may be some aspects of human experience that cannot be put into words. This may be because participants do not fully understand their experiences. Experience is embodied. It is not simply a surface phenomenon. It permeates through the body and psyche, but participants may not be able to access parts of those meanings and sensations through reflection and language. As Merleau-Ponty (cited in Polkinghorne, 2007) suggests:

*"If participants are asked to shine the light of reflection into a well, the light only carries so far, and the well is deeper than the light can penetrate. This deeper portion remains in the dark and, thus, cannot be observed."* (2007:481)

The stories that are gathered in the present study are snapshots of experience and these snapshots are limited by the depth to which a participant is able to go in their reflections and understandings of their experience. These stories are bound further by the limitations of language in being able to accurately convey the meanings of these experiences. It is for these reasons that in the present study, I also examined non-verbal clues (such as displays

of emotion) to help try and move beyond language to build a broader understanding of the meanings of their experiences.

Finally, there have been criticisms of narrative research when interpretations become 'prescriptions' and judgements are made about the extent to which 'good' stories represent successful life adjustment (Squire, 2008:46). This is suggested in post-traumatic growth theory, where narrative coherence is seen as the litmus test of growth (Calhoun and Tedeschi, 2006; Neimeyer, 2006) and is one of the reasons why an open approach to data collection was used in the present study. Here, participants were asked to tell their own story in their own way, without any prompting on my part. Some of the narratives were fragmented or contradictory; however, no judgements were made about story 'quality'. As Andrews et al (2003) explain:

*"There is no such thing as a coherent story... Moreover, human subjectivity itself is diverse, fragmented, and carries within it the pushes and pulls of various available narratives, which are contingent upon social and cultural positioning."* (Andrews et al, 2003:12).

In the next chapter, it is Edgar's story that is described and interpreted. Edgar is the first case in the present study, which is analysed in full before moving on to explore Bill, Diane and Peter's stories, the three other participants involved in this study.

## **4. EDGAR**

## 4.1 Introduction

Edgar's case was the most obvious case to trial BNIM and IPA as approaches to data analysis because it was the most substantial case totalling over seven hours of talk. (Sub-session 1 was 1 hour 12 minutes; sub-session 2 was 1 hour 25 minutes; sub-session 3 was 1 hour 42 minutes; and each witness interview ran for over an hour.) Furthermore, Edgar's witness interviews comprise a 360 degree view of him and his trauma experience, as one of the witnesses is a board member (Caitlin), one is a colleague (Kerry) and one is a subordinate (Michael).

The purpose of applying BNIM and IPA to Edgar's case was to test their 'fitness' for purpose for the cases that followed. Applying both of these approaches to the analysis of the first case was important, since the 'whole case' comprises the trauma story told by Edgar as well as third party accounts from his workplace witnesses. Given that all the participant interviews followed a BNIM approach to data collection, by applying BNIM as an approach to data analysis in this first case, it was an important way of testing its utility as a method. In the absence of any exemplar cases in BNIM for the treatment of conventional semi-structured interviews, IPA was chosen to analyse the witness interviews. Given this study aims to understand how experiences of personal trauma affect the way managers view and approach their work and their relationships at work, it was important to find an approach to data analysis that would help to uncover the lived experiences of those who work alongside the individual concerned.

In this first case, I applied the BNIM analysis process in full so that I could reflect on its applicability for the cases that follow. For the witness accounts, I followed the analytic process in IPA (Smith et al, 2009), so that I could also reflect on its application for the witness interviews in the cases that follow.

Edgar's case begins with a brief introduction to Flag (a fictional name for his employer) and to Edgar's himself. This biographic information provides a sense of Edgar's socio-cultural position. Next, the tone and structure of Edgar's narrative is addressed, as this provides an insight into how Edgar experienced his trauma and consequently the position from which he speaks. Each of the themes that emerge is discussed in turn and in the order in which they appear in his narrative. The case account then digs beneath the surface of the narrative to explore Edgar's inner self. This is done by engaging in an analysis of some of Edgar's precise incident narratives (PINs). BNIM not only provides an opportunity to explore an

individual's explicit self-presentation; which in Edgar's case is of a strong hard-working man; but also the implicit self through exploring past states of mind and the emotions as encapsulated in the PINs (Wengraf, 2010). PINs are often the most emotional parts of the story, where emotions shed light on deeper levels of experience. In this case, I focus on three of Edgar's PINs (sub-session 2, lines 169-207; lines 209-259; lines 564-583). Two of them contain a display of emotion, which provides an insight into Edgar's inner self. The remaining PIN focuses on the connections he makes between his illness and his work, which is an important given the objectives of the present study.

The case then draws on my application of IPA to present an analysis of Edgar's workplace witness accounts. The witness accounts are structured in the same way as Edgar's narrative analysis; beginning with an introduction to each of the witnesses, then a discussion of their narrative tone and structure; and an exploration of their explicit and implicit self-presentations. In the final section, I present a case synthesis which combines Edgar's account and those of his witnesses to explore the areas of convergence and divergence across the case. To conclude, I engage in a reflexive critique of the case and discuss the rationale for adapting the methodological approach to the analyses of the subsequent cases.

Flag is a UK-based, privately-owned marketing and distribution business. Edgar works as Wholesale Director at Flag and has been with the company for 15 years. This is a senior management position, although he does not sit on the board. Edgar chose to nominate three workplace witnesses. Caitlin, who works at board level and is responsible for HR; Kerry, who is Edgar's colleague with whom he has worked for 15 years; and Michael, who is one of Edgar's direct reports. At the time of the interviews, Edgar was 41 years old. He is married to Sarah and has two teenage sons, John and Tony. The interviews took place in a private meeting room at Ashridge in December 2010. Edgar grew up in a traditional Scottish family, where his father worked hard. The news trade was part of the family's heritage as his father and mother met working in the news trade and then subsequently Edgar himself. Edgar's father was promoted to Circulation Director when Edgar was 15 years old, so the family moved within Scotland for his father's new job. Edgar left school at 16 and followed in his father's footsteps by also joining the news trade. Within two years of joining Jefferson's, Edgar had become a trainee manager. He became a father himself at 24 years old. In 1997, Edgar's second son was born. Edgar worked long hours which meant his wife was left at home with the two young boys, so when the chance came for Edgar to move to the South of England so that his wife could be closer to her family, he took the opportunity to do so. The

career change for Edgar was initially a sideways move, however he appreciated that it was the best thing to do so that his wife could draw on the support of her own family. Edgar's progression within Flag was not as fast-tracked as the early years at Jefferson's. Edgar did not make it to Director-level until ten years after he had joined the company. By the time he became Wholesale Director at Flag, he was well-networked within the industry. He began feeling ill in February 2010 and was diagnosed with kidney cancer in March 2010.

## **4.2 Edgar's self-presentation: A strong hard-working man**

### **4.2.1 Exploring the tone and structure of Edgar's narrative**

Edgar's story falls broadly into three parts. In the first part he gives a long explanation of his career; in the second part he talks about his trauma experience; and in the final part he draws on the 'positives' that have emerged from his experience. The tone of his narrative is professional and 'work-like'. Edgar's story structure also serves this need. He positions himself as a strong hard-working man from the outset, by focusing on his career for the first 200 lines of the narrative. It is only in the second part of the narrative when Edgar begins to recount the details of his cancer experience that his emotions begin to show. In this section of the story, he talks of his cancer experience as a catalyst for change and it is at this point in the story where Edgar talks about having 'grown' post-trauma, which includes becoming more self-aware (sub-session 1, lines 802-803; line 1157) and possessing a more balanced attitude towards work (sub-session 1, lines 542-525; lines 820-821).

Edgar chooses to spend a great deal of time at the start of the interview (sub-session 1, lines 18 - 243) chronologically reporting what he calls the "*background*" to his life (sub-session 1, lines 19, 179, 220, 243). This 'background' is about his career trajectory. (In sub-session 1, he does not talk about his family until line 222). It enables him to put down a self-identity marker at the outset as someone who is hard-working and career-focused. By recounting his career history, it also serves as a narrative suspense device for me and emotion-avoidance for Edgar. This long introduction is a way of putting the trauma story off and the difficult emotions that arise in its telling. This story-telling strategy is practised, as Edgar himself acknowledges (sub-session 1, lines 33-34; 427-429). I also recorded this observation in my research diary after the interview:

*"I feel like Edgar had planned his story. He had made notes prior to the interview and had obviously told his story before."* (Research Diary, 10 November 2010)

Throughout the un-interrupted sub-session 1 narrative, Edgar explicitly controls how he tells his story: *“I’d like to now move on and tell you about what’s happened to me this year”* (sub-session 1, lines 245 – 246). Edgar crafts his story, by providing lots of background information, the tension and intrigue builds for me as a listener and his story becomes a drama that unfolds. As the listener at the time of the interview, I was gripped by his storytelling:

*“I loved it. I really enjoyed hearing his story. Is it wrong to say that I ‘enjoy’ a story about trauma?”* (Research Diary, 10 November 2010)

The type of talk he initially uses is also interesting. The *“little bit of background”* (sub-session 1, line 18) which continues for 200 lines oscillates between ‘reports’ which are distant from the trauma story and ‘evaluations’, which are closer to the trauma, but not yet the trauma story itself. His evaluations are his summaries of the ‘lessons learned’ from his experience, as opposed to being a direct account of the experience itself. His evaluations are justifications for the *“background”* information he is giving me and illustrate the position from which he tells his story. My annotated notes within the section below illustrate this:

*“I started my career leaving school (REPORT) and hopefully this is relevant actually (EVALUATION) because erm it probably er will help explain how I go about my work (EVALUATION) to be honest with you so I left straight from school to work in a newspaper er wholesaler warehouse (REPORT) so it was a fairly low level job (REPORT) erm didn’t go to university (REPORT) erm worked my way through the sort of erm warehouse erm environment and eventually became a trainee manager with Jeffersons who is a wholesaler erm (REPORT) becoming a trainee manager at Jeffersons involved working very long hours erm and pretty much seven days a week (REPORT) erm which was s sort of seen as part of yer initiation into the industry (EVALUATION) erm and became a sort of er habit if you like (EVALUATION) and that’s the way that I described it with a lot of my work colleagues since (REPORT) and probably explains why up until my erm period of of personal trauma erm why I worked what I would probably describe as silly hours (EVALUATION) really”* (sub-session 1, lines 23 – 36).

By providing this background information in a series of reports, which are immediately followed up with personal evaluations, it gives him justification for presenting himself in this way: *“will help explain how I go about my work”* (sub-session 1, line 24). The personal

evaluations are not only reasons for telling his story in the way that he does, they are also evaluations of who he is at work. Edgar's narrative carries a professional tone, and he treats the first part of the interview like a job interview (sub-session 1, lines 6 - 243). For example, in his career chronology he outlines his achievements:

*"I'm a fairly well-known character in the magazine and newspaper industry"* (sub-session 1, lines 109-110)

*"my whole career has progressed as a result of people tapping me on the shoulder and saying "we think you can do this" rather than me actively going out and saying "I want to go and do that"* (sub-session 1, lines 211-213)

His professional successes, however, are layered with undertones of modesty. This is understandable given what is known about his upbringing:

*"I saw this as a good opportunity of proving to myself that had I gone to university I would have had the ability to get a degree"* (sub-session 1, lines 140-141)

According to Edgar, his career advances have come from others approaching him rather than him actively putting himself forward for promotion. When it came to being accepted onto a Diploma in General Management at Ashridge, he describes himself as being *"fortunate enough to be taken in"* (sub-session 1, line 142-143). Despite attempting to promote a professional self-image, Edgar also lacks self-confidence. This is a theme that is discussed later in the case.

Edgar ends the chronological reporting of his career by talking about *"what motivates me"* (sub-session 1, line 207). Despite moving on to talk about his home life, his professional tone continues. He uses the word 'motivate' four times within the space of 16 lines to describe his home life (sub-session 1, 222-239). It starts to become clear that the type of talk Edgar is most comfortable with is 'work talk'. This kind of talk continues into sub-session 2. For example, when I probed on one of his initial PINs and asked him if he could remember any more detail about the moment of his cancer diagnosis, he remembers himself that he treated that moment in a business-like way:



*“I remember actually saying (says laughing) erm right “let’s cut to the chase are we talking about cancer?” (laughs) and er and and I reflect back on that cause I thought it was a really unusual set of words and it was almost like I was in some kind of a negotiation (laughs) where “let’s cut to the chase” let’s get to the nub of this problem (bangs finger on table) (laughs) and I probably was trying to deal with it in a in a professional way (sub-session 2, lines 114-120)*

As with his career background, Edgar recounts his cancer experience chronologically (sub-session 1, lines 348-558). He starts by explaining the early signs, then talks about his diagnosis, and finally he moves on to his treatment. His strategy of emotion-avoidance also continues. For example, he downplays the impact of the diagnosis by describing it as: “*a bit of a blow*” (sub-session 1, line 352). Also, he does not use the word ‘cancer’ until line 373. It is only when Edgar recounts his diagnosis experience in detail (sub-session 1, line 348 - 274) and the first precise incident narrative (PIN) appears (sub-session 1, lines 398-442) that he starts to display emotion. There are four PINs in sub-session 1 (lines 348-374; 398-442; 481-528; 546-558). A PIN being:

*“An account of a particular experience that the person has lived through. The best PINs are narrations in which the person appears to be at least in part re-living the experience that they are talking about.” (Wengraf, 2010:547)*

Two of the sub-session 1 PINs are analysed in more detail later in the case account. In the final part of Edgar’s sub-session 1 narrative (lines 560-830), Edgar reflects on his growth through cancer. He talks about how the experience has changed the way he views his work and his conscious decision not to “*slip back*” (sub-session 1, line 600) into working “*silly hours*” (sub-session 1, line 579). In this final section of the narrative, he talks about “*re-building*” his life again (sub-session 1, line 719) and he also emphasises the “*huge number of positives*” (sub-session 1, line 617) that have come out of his experience. Most of these positives are related to Edgar’s ‘managerial growth’; which, combined with the reports of professional growth that emerge in the cases that follow, becomes a contribution in the present study (see chapter 9). Edgar’s story runs full circle and ends where he started, on his career. He chooses to end his story by focusing on his professional growth and that of a work colleague:

*“I think has probably made me better at what I do than I was before (.....) but there’s other amazing things that have come out I mean Mary who’s a lady that worked in our department resigned to go and pursue erm further education with a view to becoming a midwife and spoke to me and said it was as a result of what I’d been through because she realised life was too short and that she had to go and follow her dreams y’know and it’s and I guess it’s little stories like that that actually make you think that d’you know out of what was an incredibly negative thing there’s been a huge amount of positives that’ve come out of it”* (sub-session 1, lines 820-830).

It is not only the tone and structure of the story that are important, it is the themes that emerge which also shed light on an individual’s experience. The themes that emerge in Edgar’s narrative are the next focus of discussion.

### **4.3 Exploring the themes in Edgar’s narrative**

One key theme pervades Edgar’s narrative and that is the projection of himself as a strong hard-working man. In Edgar’s self-presentation, it is important for him to demonstrate physical and emotional strength to people at work and at home. Edgar’s identity can be conceptualised on two levels; an external (public) self, that is to say the self he projects at work and at home, and an internal (private) self which emerges through the recounting of his PINs.

There are three themes that relate to Edgar’s external projection of a strong hard-working man which are; self-confidence; regulating emotions and personal growth. The theme of self-confidence appears to contradict his desired self-image, as his cancer experience brings his insecurities to the fore and challenges his self-belief. The theme of regulating emotions appears to be his litmus test of masculinity, as his cancer experience exposes feelings of fear and vulnerability, which challenges his sense of what it means to be a man. Finally, Edgar presents his trauma as a catalyst for personal growth. Each of these themes will now be discussed in turn.

#### **4.3.1 Strong hard-working man**

Edgar has a strong work ethic. In the panel discussion, one panel member suggested ‘work ethic’ as a dominant theme early in the analysis. Edgar’s work ethic is evidenced both in the amount of time he dedicates to his career background (sub-session 1, lines 6-243), and in the professional tone of his talk. Within the narrative, there are several reports of his work-to-live mentality (sub-session 1, lines 30, 36, 38); the patriarchal structure of his own family (sub-

session 1, line 222-230); and an expressed desire to protect and support both his family *and* people at work (sub-session 1, line 495). Edgar talks about his work-ethic as part of the fabric of his upbringing:

*“I suppose that became part of my sort of inner core and work ethic about that’s how things are done you er there’s there ma father al also erm instilled doing things right into me and therefore erm I’ve consistently worked tirelessly to make sure things are 100 per cent done”* (sub-session 1, lines 193-197)

The ‘strong man’ theme is a central narrative thread and the essence of his external self. Physically, he describes himself as “*six foot tall*” and “*reasonably fit*” (sub-session 1, lines 250-251). On an emotional level, he talks about walking back to his car in the hospital car park after being told he had cancer and crying “*for about three minutes that was all*” (sub-session 1, line 400). Soon after he says “*I’m not afraid of dying*” (sub-session 1, line 429) and he then goes on to say that it is others he is concerned for not himself:

*“It wasn’t hard for me actually is what I’m recalling is how upset my dad was for him [says crying]”* (sub-session 1, lines 552-553)

This quote provides an example of the other ‘strong’ men he has known in his life. He says “*how upset my dad was for him*” (sub-session 1, line 553) implying that this may have been the first time he had seen his father cry. He stresses “*it wasn’t hard for me*” (sub-session 1, line 552) but then goes on to cry when he recounts this episode. In remembering that his father had cried, it legitimises his own display of emotion.

Edgar also needs to project strength to his work colleagues. He recalls a conversation with his boss immediately before his cancer diagnosis where he dismisses that anything is wrong:

*“I remember telling him at the time “Peter, I’m pretty sure that I’m gonna be told stop wasting our time go and take some Anadin” and you know [laughs] “get out of our sight””* (sub-session 1, lines 346-348)

Despite initially managing to hide his emotions from his work colleagues, the cancer experience ‘unmasks’ Edgar and challenges his self-belief and his desired self-image.

#### 4.3.2 Crisis of self-confidence

Despite Edgar's desire to project a 'strong-man' image, early in his narrative he admits to feeling inadequate compared to his peers (sub-session 1, lines 199-203) and claims that his whole career has progressed by people seeking him out for promotion (sub-session 1, line 212). This appears contradictory to his desired self-image; however, it may be a defence. It is easier for Edgar to say that he does not have aspirations to become Managing Director (sub-session 1, line 217), than to set himself the goal and not achieve it. Edgar talks about not having "*the same level of confidence*" as his colleagues (sub-session 1, lines 199-200) and having to work harder than his peers to progress (sub-session 1, lines 201-203). He later describes himself having to "*run twice as fast to keep up with them*" (sub-session 2, line 910). These expressed insecurities relate to a belief that since he is not university educated he is therefore inferior in some way.

The cancer experience challenges his ability display strength. He talks about having to fight his "*inner voice*" (sub-session 1, line 736) and the belief that by taking too much time off work people might think he is "*milking it*" (sub-session 1, line 740). In his narrative, Edgar acknowledges that his cancer experience shook his confidence. He talks about how important it is for the Managing Director to reassure him that his "*job is safe*" (sub-session 1, line 647) since his feelings of vulnerability are compounded by the economic climate. Edgar mentions the economic climate early in his narrative (sub-session 1, lines 79-83) which impacts the tone of his talk. Edgar's interview took place in 2010 amid the global economic recession in which many companies are making redundancies; therefore he needs reassurances that his job is safe:

*"Things are tough people are being made redundant erm and therefore in the back of ma mind there's I can't stay off too long because there's gonna be a point where people say what did he do? Cause we're managing without him" [laughs]* (sub-session 1, lines 569-572)

Despite acknowledging his feelings of vulnerability, Edgar appears to judge his strength by his ability to regulate his emotions.

#### 4.3.3 Regulating his emotions

Edgar has an expressed need to display strength and his ability to regulate his emotions is his 'litmus test' of strength. At work, he describes himself prior to the cancer as being someone who keeps everyone else happy:

*“Even grinning through the pain if that’s what’s required just so that I can appear to be happy and keep everybody else happy”* (sub-session 1, lines 338-339)

The cancer is a platform for change in this regard by giving Edgar permission to display his “*real feelings*” (Van Maanen and Kunda, 1989:45) at work. However, the emotion he remembers feeling is immediately justified; such as crying, but only for three minutes (sub-session 1, line 401) and his claims of not being afraid of death (sub-session 1, lines 430; 554).

When it comes to his work, Edgar says he is overwhelmed by “*the amount of love*” he got back (sub-session 1, lines 435-436) following his cancer diagnosis. When describing the love he receives, he places the same level of emphasis on the love he receives from family and friends as the love he gets back from his work colleagues, as family, friends and work colleagues are all cited together (sub-session 1, line 437). This is the first time Edgar cries in the interview (sub-session 1, lines 431; 434; 438). Later, Edgar talks about visiting the office before his operation where there were lots of “*hugs*” (sub-session 1, line 490) and “*tears*” (sub-session 1, line 492). He describes it as a “*very emotional day*” (sub-session 1, lines 492-493). Edgar says the compassion shown by his work colleagues as one of the “*huge number of positives*” (sub-session 1, line 618) to come out of his experience. By expressing their love and support for Edgar, it gives him permission to express his real feelings at work for the first time:

*“I keep telling them how crap I still feel [laughs] erm but they and they keep reminding me that I’ve been through such a lot is that it’s such early days”* (sub-session 1, lines 730-732)

The cancer is a catalyst for change in this regard. He no longer wears a mask of positivity. Furthermore, the support from colleagues contributes to his positive coping in terms of “*benefit-reminding*” (Lechner, Tennen and Affleck, 2009) (sub-session 1, line 733). In sub-session 2, when prompted to talk more about the response he received from work, Edgar describes his social support as giving him strength to fight the cancer (sub-session 2, lines 649-653). The support he receives not only helps him to become more honest about his emotions at work, it changes his attitude towards work relationships:

*“What that did was prove to me that there’s more to life than work y’know and those relationships you have with people at work aren’t just about professional relationships you’ve got people looking out for you”* (sub-session 2, lines 703-706)

Edgar’s cancer experience is a catalyst for change. He talks about how, before his trauma, he was known for his live-to-work mentality (sub-session 1, lines 164-165; line 168). However, he says the cancer *“changed me”* (line 516) and that his colleagues were taken *“aback”* (sub-session 1, line 519) at the change in him. Edgar frames these changes in terms of managerial growth.

#### 4.3.4 Managerial growth

Edgar reports a *“huge number of positives”* (sub-session 1, line 618) to come from his experience, which he says *“benefitted”* him (Lechner et al, 2009) (sub-session 2, line 1112). Most of the benefits he cites relate to his managerial growth, such as improved self-awareness (sub-session 1, lines 802-804). For example, on four separate occasions, he says he is more *“in-tune”* with himself post-trauma (sub-session 1, line 802; sub-session 2, lines 950; 986; 996). Edgar also describes being more empathic (sub-session 1, sub-session 2, line 1065); and talks about being more *“balanced and thoughtful”* at work (sub-session 1, line 639; line 726; sub-session 2, line 1081). Edgar describes himself as a *“better manager as a result”* (sub-session 2, line 1129). He extends reports of professional growth to others around him by talking about the vicarious impact that his trauma has had on his peers and direct-reports. In having to step-up in his absence, he believes that this was developmental for his direct reports (sub-session 1, lines 607-609). He also talks about a colleague who, as a result of his experience, *“realised life was too short”* (sub-session 1, line 827-828) and made a career change which he describes as *“an amazing thing”* (sub-session 1, line 823). Edgar also says that without the cancer experience, he would not have had the opportunity to step-back and re-address his work-life balance at a result (sub-session 1, line 818; sub-session 2, line 970-971).

In the preceding sections, I have explored the tone and structure of Edgar’s narrative to understand the position from which he speaks. I have also discussed the themes that emerge in his narrative which frame the essence of his self-presentation. However, it is also important to dig beneath the surface of his narrative in order to shed light on his inner world, which can be achieved by focusing on the PINs. While recounting the PINs, Edgar’s emotions came to the fore as he appeared to be taken back to that time and to re-live his

experience again; and this detailed level of narration brings with it an opportunity for deeper levels of analysis. Edgar's PINs are the focus of analysis in the next section.

#### 4.4 Edgar's internal self: focusing on the PINs

Edgar becomes emotional as he starts to recount his cancer experience. In the interview, Edgar takes himself out of his story for a second and makes this reflection for himself:

*"I suppose it's this part of it that's the most emotional part for me cause I've told this story quite a lot [laughs] and it's still this part of me that upsets me"* (sub-session 1, lines 427–429)

Despite being practised at the art of story-telling, Edgar acknowledges that he re-lives the emotions of his experience in its re-telling. Edgar raises four PINs independently in sub-session 1 (lines 348-374; 398-442; 481-528; 546-558); and when asked if he remembers any more detail about the incidents he had initially raised in sub-session 1, seven further PINs are revealed in sub-session 2 (lines 106-124; 169-207; 209-259; 316-322; 355-393; 564-58; 767-801). I have chosen to focus on three of these PINs. Two PINs contain strong emotionality, which provide insight into Edgar's inner world and the remaining PIN focuses on the connections he makes between his cancer and his work.

##### 4.4.1 The 'three minute cry' (sub-session 2, lines 169-207)

In sub-session 2, I ask Edgar to talk more about the time, immediately after his diagnosis, when he went to his car and cried (sub-session 2, line 166-168). He initially recounts another PIN relating his three minute cry (the first time he talked about the three-minute cry was in sub-session 1, lines 398-442) which then triggers him to remember that he has had another cry (sub-session 2, lines 209-259). In the first of these PINs, he describes his car as a safe haven for his three minute cry:

*"I remember other people walking about the car park and thinking they've got no idea what I've just been told and it almost felt like I wasn't really there [laughs] so it was almost like an out-of-body experience walking back to the car and then when I got into the car I almost had ma own little sanctuary of I I was in ma own little bubble physically within a a y'know a physical shell if you like that allowed me just to get the emotion out because up until then I was short of breath I was shaking y'know I could feel myself physically shaking and it was only when I got into the car that I was able to to have a proper cry [...] and I think I said to you it lasted maybe three minutes it was very similar actually to I I and in fact I remember thinking this at the time now that you come to mention it I when I lost my last grandparent ma*

*nana who's from Bedmond erm who was 93 saw her on her last day went to visit her on her last day and she'd clearly held out until she could see all her grandchildren and great grandchildren and then died that evening and I got a phone call late that evening to say that she'd passed away and I cried for about three minutes and I guess it may just be for me that it's like that outpouring of grief is quite a short-lived thing and then I dunno whether I just psychologically psychologically park that and say right I've done that now [laughs] and I suppose you do go through that erm y'know the denial and acceptance and all the rest of it and and maybe certain parts of that for me last three minutes [laughs] and I can get it out and then and then I can put that part of it behind me and then I was starting to think about what impact does I I so I had three minutes of feeling really sorry for myself and being really scared about dying and then I genuinely put that behind me and thought about everybody else [laughs] thought about ma wife and I thought about ma kids and I thought about ma family and that was what happened in that car [.....]" (sub-session 2, lines 178-207)*

This narrative extract is clearly a PIN as he says "*I remember*" (sub-session 2, line 178; line 189). It is also an extremely rich description of the incident. Edgar takes himself back to that moment and re-lives it in his re-telling. Before he starts recounting the PIN, there is a long pause of six seconds (sub-session 2, line 169). This pause may signify Edgar taking the time to remember the incident. He replays the memories in his own mind and visualises himself in that moment again. He pauses for a further four seconds when he talks about only being able to have a "*proper cry*" once he got into his car (sub-session 2, line 187). Again, this pause may signify him visualising himself in his car. He also recounts his thought-process in present tense: "*thinking they've got no idea what I've just been told*" (sub-session 2, lines 179-180), which shows he is back in that moment.

Edgar laughs periodically as he recounts this PIN (sub-session 2, lines 180; 198; 201; 205). Laughing is feature of Edgar's narrative. He laughs a total of 99 times across both interviews (33 times in sub-session 1 and 66 times in sub-session 2). However, his laugh sounds different at different times. Listening to this audio section again, the laugh is in this PIN quiet and short - a rapid expelling of air, which sounds like 'huh'. It appears to be an embarrassed laugh as opposed to an outburst of hysterical laughter, which is characteristic of other parts of his narrative (e.g. sub-session 1, line 207; line 215; line 254; line 627; line 731; line 832). In this PIN, Edgar's car becomes symbolic. It is the only space he owns and one in which he can privately grieve. He acknowledges that before he gets into his car, he is shaking and



short of breath (sub-session 2, line 185), which indicates that he was not only in shock, he was also perhaps trying to contain his emotions while he was out in public.

Edgar also draws on metaphors in this PIN. First, he talks about his car as a “*sanctuary*” (sub-session 2, line 182) which is a fascinating choice of words, given its spiritual connotations. At the moment of diagnosis, and faced with the prospect of his own death (sub-session 2, line 204) his car becomes his holy place. He also describes himself as being in his own “*little bubble*” (sub-session 2, line 183). This metaphor is interesting on two levels; firstly, because it depicts the fragility of human existence. He is insulated from the world, but only thinly insulated. His bubble could burst at any time. Secondly, bubbles are associated with childhood. This metaphor may signal his vulnerability at this moment, like child again. He says in a later PIN that he feels like he regressed into a “*little boy*” (sub-session 2, line 381-382) during his diagnosis experience. Edgar’s bubble metaphor re-appears later and is discussed in the third PIN.

It is clear that in re-living the incident, it sparks off other memories. For example, he says “*I remember thinking this at the time now that you come to mention it*” (sub-session 2, line 189). He relates this incident to his “*nana*” and the time she died (sub-session 2, line 190). Edgar is insistent, as he was in the PIN in sub-session 1 (line 400) and again later in sub-session 2 (line 232) that his outpourings of emotion only ever last three-minutes. He repeats this statement three times in this PIN alone (sub-session 2 line 188; line 195; line 200). This is another indication that it is important for Edgar to project strength. This facet of his identity is not just externally-projected, as suggested in the previous section; it appears to permeate from within. In this PIN, he theorises about his crying to find a rational explanation for it:

*“I suppose you do go through that erm y’know the denial and acceptance and all the rest of it and maybe certain parts of that for me last three minutes”* (sub-session 2, line 198-200)

He then says he put his emotions to one side and turns his attention to his family:

*“Then I genuinely put that behind me and thought about everybody else [laughs] thought about ma wife and I thought about ma kids and I thought about ma family”* (sub-session 2, lines 204-206)

Again, this illustrates Edgar’s desire to be strong for others. When he emerges from his re-

living the incident through his PIN, Edgar's mind returns to the present. He quickly closes off the PIN and distances himself from the episode: *"and that was what happened in that car"* (sub-session 2, line 207). His car, which had previously been referred to as *"the"* car (sub-session 2, lines 181, 182 and 186) becomes *"that"* car (sub-session 2, line 207). It is distant now from himself and his experience. Despite closing off this PIN, Edgar then makes a connection in his mind between the three minute cry and another cry, which immediately leads him into another PIN:

*"I have had one another cry it was something that I didn't tell you about and this is probably pretty important in the whole story"* (sub-session 2, line 209-210)

#### 4.4.2 The 'other cry' (sub-session 2, lines 209-259)

Of this PIN, Edgar's says *"it was something that I didn't tell you about"* (sub-session 2, line 209), which suggests that it is an episode which is locked deep in his memory and only re-surfaces at that moment. He evaluates the 'other cry' as *"pretty important in the whole story"* (sub-session 2, line 210); which indicates that it is an incident that is significant to his whole trauma experience. He says that the incident occurs because of a *"bottleneck of emotion"* (sub-session 2, line 213) that was built up between himself and his wife. He describes getting *"very angry"* (sub-session 2, line 217) and needing to get out of the house. They get into the car and drive to Chime Lake wildlife reserve. The 'other cry' PIN then follows:

*"We sat in the car park and talked and realised that I'd been protecting her from what I really felt deep down inside which was fear so that whole period of getting all of these blood tests done and having the anxiety of what was actually gonna happen I was trying to protect her by erm telling her that I'm fine I'm fine I'm feeling a lot better and I'm fine because I could see how stressed out she was about the whole situation erm and that that was my way of trying to protect her and on that day we had a big outpouring and I admitted to that fact that I was scared witless and erm that was a very very difficult thing to do and resulted in me having another cry which didn't last long and Sarah and I who are always very honest with each other anyway we tell each other everything and I suppose we had a period of us both telling each other how we really felt which was that we were scared and that she knew I was keeping things from her y'know cause (laughs) she knows me better than I do and erm it was a kinda watershed moment"* (sub-session 2, lines 223-237)

This incident is a catalyst for change. Up until this point, Edgar's default emotional position is to project strength. In this quote he uses the word *"protect"* three times when talking about

his wife (sub-session 2, line 223; line 226; line 229) and shielding her from what he *“really felt deep down inside”* (sub-session 2, line 224). By *“telling her I’m fine I’m fine I’m fine”* (sub-session 2, line 227), this is similar to the external self he describes at work in sub-session 1:

*“Grinning through the pain if that’s what’s required just so that I can appear to be happy and keep everybody else happy”* (sub-session 1, lines 338-339)

This need to project strength, even to his wife, was deep-seated. Despite living through cancer, Edgar remembers and recounts only two occasions when he cries. The power of this PIN is such that in its re-telling, he re-lives the experience and his inner self emerges as someone who is *“scared witless”* (sub-session 2, line 230). He uses the word *“admit”* (sub-session 2, line 230) to reveal his fear to his wife. It is as though he is confessing to a crime of vulnerability, which he says was a *“very very difficult thing to do”* (sub-session 2, line 231). However, in his narrative Edgar does not completely shake off the ‘strong man’ image. Again, he qualifies his cry: *“and resulted in me having another cry which didn’t last long”* (sub-session 2, line 232).

This incident takes place at a lake and Edgar uses water-related words such *“outpouring”* (sub-session 2, lines 196; 230) and *“watershed”* (sub-session 2, lines 237) to describe his experience, which may signify that Edgar is re-living the physicality of the experience in his re-telling. The words *“outpouring”* and *“watershed”* also signify a deluge of emotion as a defining moment in his experience.

This incident also sheds light on Edgar’s relationship with his wife. It is interesting that in this PIN he says that they are *“always very honest with each other”* (sub-session 2, line 233) and that they *“tell each other everything”* (sub-session 2, line 234); when in fact he is recounting a moment in which he admits that he has kept things from his wife (sub-session 2, line 236) and that he had been protecting her from what he *“really felt deep down inside”* (sub-session 2, line 224). He acknowledges the power of this disclosure for his own recovery and for their relationship as a couple:

*“We’re now at a stage where we know that if I do get scared again and I’m worried or whatever we’re gonna be able to talk about it a bit more so that was a another period of an emotional hiatus if you like but it was a kinda d’you know in a strange way physically I’ve felt better since then”* (sub-session 2, lines 240-244)

#### 4.4.3 “Burst ma bubble” PIN (sub-session 2, lines 564-583)

The third PIN focuses on the connections Edgar makes between the onset of his cancer and his work. In this PIN, he relays a conversation between him and a colleague prior to his diagnosis:

*“I told you about Mary who’s gone off to be a midwife now before I was diagnosed on probably the week or so in-between having blood tests and going to see consultants and whatever I remember her talking to me erm and asking me how I was and we just had a chat at ma desk and I I said to her at that point I said “d’you know what Mary everything in my life is going too well” [...] “I’ve got a job that I love I work around people that I enjoy being with I’ve got my house I’ve got ma car I’ve got a nice car I’ve got ma family and everything is good I don’t want for anything there’s nothing that someone could offer me really that would make me” y’know ma all ma family gets so frustrated “what do you want for Christmas?” “I don’t want anything I’ve got everything that I need” thank you very much and it’s too perfect and I just think something’s gonna come along and “burst ma bubble” is the expression I used so some of the conversations when I went back one of them was with Mary and she said to me she reminded me of that conversation she said “d’you remember a couple of weeks ago we talked about you were going to burst your bubble?” she said “I hoped that you were wrong” but she says “we all knew that you weren’t right”” (sub-session 2, lines 564-583)*

This PIN gives an insight into Edgar’s priorities before his illness. Edgar starts this PIN by “remembering” (sub-session 2, line 567). They are memories of a conversation, in which he describes its location “at ma desk” (sub-session 2, line 568). He also reports direct speech: “I said to her at that point” (sub-session 2, lines 568-569), which indicates that he has taken himself back to that moment again. In this PIN, the order in which he brings up the things in his life that are “good” is interesting. It starts with his job, then his work colleagues, then his house, his car and finally his family. If this PIN is a glimpse into Edgar’s world before cancer, it appears that his family and home-life were not at the top of his list of priorities. Perhaps he took his family as a given, so he did not need to highlight them first. Or, since the conversation took place at work, he may have recounted the things that were close to mind at the time, such as his job and work colleagues. Edgar goes on to emphasise that he didn’t want for “anything” in his life (sub-session 2, line 573). However, for someone who had earlier claimed not to be motivated by money or material possessions (sub-session 1, lines 235-242), it is interesting that Edgar qualifies his happiness with reference to material goods: “I’ve got ma car I’ve got a nice car” (sub-session 2, line 571-572). This PIN gives an insight

into Edgar's pre-cancer self. He prioritised work over family and saw material possessions as more important than spending quality time with his family. It is evident that his illness is a "*catalyst*" for change (sub-session 2, line 959). Later in sub-session 2, he laments his priorities before cancer:

*"I've probably missed an awful lot of their childhood of not being there for having dinner with them every night as most other families probably do"* (sub-session 2, line 967-969)

In this PIN, his bubble metaphor re-appears: "*something's gonna come along and "burst ma bubble"*" (sub-session 2, line 577). Edgar perhaps believed that the happiness he talked of prior to his diagnosis was fragile and transient. At the end of this PIN, Edgar refers to the bursting of his bubble. He describes Mary telling him "*you were going to burst your bubble*" (sub-session 2, line 581). Attributing the bursting of the bubble to himself; "*you*" would burst the bubble, gives the impression that either his work colleagues or he himself believed that he brought on the illness and is in some way to blame for its onset. The PIN ends with Mary acknowledging that his colleagues had been worried about his health before the diagnosis (sub-session 2, lines 581-583). This statement provides further evidence of Edgar's need to project strength at work prior to the illness. He reports Mary saying in the final line of this PIN: "*we all knew you weren't right*" (sub-session 2, line 583). This shows that neither Edgar nor his work colleagues disclosed their real feelings before the onset of the illness. It is the cancer diagnosis that legitimises this honest exchange.

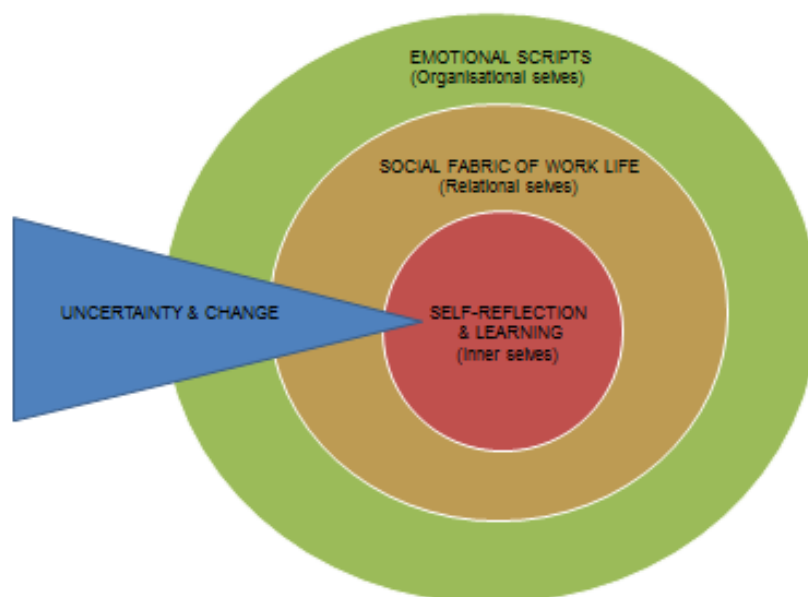
Through Edgar's witness accounts, it is possible to explore how his cancer experience was viewed by his work colleagues and it is important to explore the extent to which the meanings of Edgar's experience are shared. These third party views are the focus of the next section of the case.

#### **4.5 Exploring third party views: Edgar's workplace witnesses**

Edgar chose to nominate three workplace witnesses. Caitlin, who works at board level and is responsible for HR at Flag; Kerry, who is Edgar's colleague and with whom he has worked for 15 years; and Michael, one of Edgar's direct reports. I interviewed each of them individually at the Flag headquarters in December 2010. In this section of the case account, I first explore the tone of each of the witness interviews in order to illuminate the position from which they talk. I then explore the themes that were shared across the three witnesses. Four key themes emerge from the analysis of the workplace witness interviews. These are: 'uncertainty and change'; 'self-reflection'; 'social fabric of work life' and 'feeling rules'. Edgar's

trauma disrupts the status quo at work, therefore the theme of uncertainty and change throws into question three aspects of the witnesses' sense of self at work (see Figure 4.1). These are their inner selves as characterised by the theme of self-reflection; their relational selves as characterised by the social fabric of work life; and their organizational selves, as characterised by Flag's 'feeling rules' (Hochschild, 1979). In short, 'feeling rules' are the unwritten social codes that exist within organizations about the level of emotional disclosure that takes place between individuals.

Figure 4.1: Key themes and layers of self at work (Edgar's witness perspective)



Before discussing the four themes that are shared across Edgar's witnesses, each of the witnesses will be introduced in turn, but focusing on the tone and structure of their accounts.

#### 4.5.1 Caitlin

Caitlin's interview account is business-like and emotionally regulated. Given the interview takes place in the Flag offices, it is clear she is in 'work mode'. She uses management-speak such as; "re-alignment" (line 136); "80:20 rule" (line 179); "big picture" (line 227); "dove-tailing" (line 435) when describing her experience of Edgar's trauma. Her talk also reflects her position within the organization, as she appraises Edgar from a position of seniority (lines 228-229; lines 252-254). Her 'business-like' demeanour extends beyond the interview

setting. She talks about working hard to maintain her professionalism at work, which she believes is achieved by not showing her emotions:

*"It's personally quite important to me to provide y'know when people in my team or around the business see that I'm having a bad day I've failed cause I'd rather they didn't know I'm having a bad day"* (lines 1068-1070)

Caitlin believes that there is a distinction between the 'personal' and the 'professional' at work and between 'private' feelings and 'public' feelings. She believes that it is the responsibility of a senior manager to display strength to others (lines 1050-1052; line 1078; lines 1086-1092) and a manager's professionalism is related to their ability to regulate their emotions:

*"We have to put our emotions in a box and be professional about it and then behind closed doors we can get emotional about it I guess erm so that we can hopefully provide some strength to others in the business"* (lines 519-522)

She acknowledges that she puts more pressure on herself (line 1067) than she should in this regard; and that it is something she is a *"bit too hung up on sometimes"* (line 1078). Caitlin's need to delineate between her personal and professional life is also revealed in the pattern of her talk which oscillates between professional observations and personal sentiments. For example, she talks about dealing with Edgar's trauma as: *"a worky process [smiles] for something quite personal and emotional"* (lines 494-496). Edgar's trauma appears to disrupt Caitlin's sense of what constitutes the personal arena and what constitutes the professional arena:

*"It probably brought out for me some of those elements that again were a bit personal a bit professional"* (lines 462-464)

In the interview, she struggles to maintain her 'professionalism' (line 495; lines 1046-1048). Caitlin begins to show her emotions from line 417 onwards and this is in response to a direct question from me (line 414-415). She appears to feel uncomfortable when discussing her emotions at work and in the interview setting. For example, she uses the word *"lurve"* (line 587) as a gauche description of the compassionate response Edgar received from colleagues following his diagnosis. This emotionally-regulated tone to her talk reflects an

adherence to Flag's 'feeling rules', which is discussed in more detail later in this case account.

#### 4.5.2 Kerry

Kerry is Edgar's colleague of 15 years. The tone of Kerry's interview is combative, which is evident in the language she uses. She describes the Flag board as "those bastards upstairs" (line 690), and herself and her colleagues as "bitching" (line 690) about the board's perceived poor treatment of Edgar on his return to work. The tone of Kerry's interview account reflects her experience of Edgar's trauma. She believes Edgar was forced back to work too early because of a "stupid" (line 615; line 620) sickness pay policy. It is clear from her choice of language and the amount of time she spends talking about the organization's response to Edgar's trauma (approximately one third of the interview); that Kerry's experience was not a wholly positive one. To Kerry, Flag's misguided and inflexible response represents the company's values writ large, which leads her to question her commitment to the organization. This is a theme that is echoed in Michael's interview and is discussed later.

Kerry's language remains terse even where Edgar is concerned. She describes the 'old' pre-cancer Edgar as "talking crap" (line 253) in meetings, and the 'new' post-op Edgar as becoming more like his old self again by "sticking his nose in" (line 576) at work. Kerry also employs sarcastic wit. For example, early in the interview I ask her to describe Edgar (lines 126-127). Her immediate response is "Scottish". She then laughs. This kind of humour acts as an emotional defence. Since her and Edgar are "very good friends" (line 316) and he is her "side-kick" (line 422) and her "sounding board" (line 424); she is deeply affected by the onset of his illness but attempts not to let these feelings show in the interview. This may be because she is aware that she is at work: "I'll say this quietly in case there's anyone listening" (line 228). However, when she does get upset, which occurs at the end of the interview, she subsequently mocks herself for it: "I was doing quite well [laughs]" (line 770).

#### 4.5.3 Michael

Michael works for Edgar and is the person who covered his role in his absence. The tone of Michael's talk is thoughtful and caring. Michael begins and ends his interview by talking about Edgar as someone who he respects and admires. To Michael, Edgar has cult-like status: "he's such a character in the industry" (line 96); "I've sort of been aware of him for many years (...)" (lines 101-102); "I think that just shows you what sort of person he is" (lines 953-954)



Michael talks from a position of self-development and growth. This is reflected in his approach to the interview which he perceives as an opportunity for self-development: “I’ve never really had the frank discussion that I’m having with you now about how that made me feel” (lines 743-744). The tone of Michael’s interview account echoes his experience of Edgar’s trauma. For Michael, it has been developmental, having “stepped-up” (line 240) at work in Edgar’s absence and having matured in the process (lines 578-580). The tone of Michael’s interview is more positive and more future-focused than Kerry’s or Caitlin’s. He talks about wanting some “good” (line 177) to come to Edgar as a result, such as spending more time with his family. He sees professional growth in Edgar, describing him as a more effective manager as a result (lines 372-372; lines 404-408; lines 475-476). He also talks about organizational learning and what Flag might do differently in the future to support not only the individual who experiences trauma, but also those who are vicariously impacted (lines 751-757; 765-791). He is keen to act on his ideas to try and effect positive change at Flag:

*“I might actually have a chat with Edgar and say y’know should we have maybe individual sessions with HR to reflect on how we could’ve improved some of the erm support network and the structure that we put in place in future if this ever happened with any other individuals and see what he thinks about it cause erm I think he’s always looking for ways to improve things and I think he would probably respect that”* (lines 871-877)

#### **4.6 Shared themes**

Four key themes emerge from the analysis of the workplace witness interviews. These are ‘uncertainty and change’; ‘self-reflection’; ‘social fabric of work life’ and ‘feeling rules’. Edgar’s trauma disrupts the status quo at work, therefore the theme of uncertainty and change pervades the others. All three witnesses frame Edgar’s trauma within a sphere of uncertainty and change. For example, they talk about coming to terms with changes in themselves as a result of Edgar’s trauma (i.e. their inner selves); they talk about having to negotiate new ways of ‘being’ with Edgar at work post-trauma (i.e. their relational selves) and they compare an ‘old’ pre-cancer Edgar with a ‘new’ post-trauma Edgar (i.e. Edgar’s organizational self). The theme of self-reflection and learning is an exploration by the witnesses of their inner selves post-trauma, particularly the existential questions that arise for them about the role, purpose and priority of work in their lives as a result of the vicarious impact of Edgar’s cancer. Since Edgar’s workplace is a social entity where Edgar and his witnesses relate and interact on a daily basis, the theme of ‘social fabric of work life’ is also important. In the interviews this included identification of Flag as a family; the positioning of themselves inside or outside

certain social circles and the power of communication within certain social circles which transforms rumour and assumption about Edgar's trauma into established fact. These 'facts' are then interpreted as being synonymous with the organization's values writ large. Finally, the self-presentation of all three witnesses adheres to the same un-codified 'feeling rules' at Flag, which is where everyone says "I'm fine" no matter how they are feeling. These 'rules' lubricate their relationships at work and reinforce an organizational self-presentation. This way of 'being' was followed by Edgar himself until his cancer diagnosis, that is to say someone who grinned through the pain just to keep everyone else happy, and is still being adhered to among his witnesses. This theme is therefore located within the domain of the organizational self.

#### 4.6.1 Uncertainty and change

Caitlin, Kerry and Michael all talk about Edgar's trauma bringing about uncertainty and change. They describe a pre-cancer Edgar in the same way Edgar describes himself pre-trauma. Kerry's words mirror Edgar's when she describes him as a "workaholic" working "ridiculous hours" (line 150). Michael also uses the same language as Edgar when describing him as burning "the midnight oil" (line 221) at work pre-cancer. Caitlin describes Edgar before his illness as "very hard-working" (line 224) and acknowledges that he has "tried to do some changing" (line 226) in terms of the hours he works since his diagnosis. All three witnesses talk of Edgar re-adjusting his work-life balance post-trauma and spending more time with his family as a result (Caitlin, lines 269-275; lines 283-285; Michael, lines 168-178; Kerry, lines 177-179). As Edgar himself acknowledges, Michael and Kerry, who work most closely with him talk about his delegation skills either as a weakness prior to the cancer (Michael, lines 140-141) and as an improvement post cancer (Kerry, lines 304-310). All three witnesses talk from a position of uncertainty when it comes to Edgar. As Kerry says "none of us feel it's over" (line 703). Caitlin acknowledges Edgar's changing sense of self:

*"Where he's at now is different to where he was a month ago which is where he was different to a few months ago"* (lines 360-362)

Edgar's changed behaviours are unnerving for the witnesses. Caitlin believes that he may get back to his "old" self in time (line 544), but Michael thinks Edgar will "never be quite the same again" (line 432). Kerry appears most saddened by the changes in Edgar, she confusingly describes him as "this different person" (line 757), but then goes on to say he is not different just "weaker" (line 758). Kerry laments this change by describing him as someone who was "so full of life and so full of energy" to becoming "quite low" (line 750).

Each of the witnesses is still adjusting to these changes and attempting to negotiate a different kind of relationship with him as a result. Both Kerry and Michael talk about arguing with him less (Michael, lines 488-493; Kerry, lines 351-357). Having stepped-up and developed professionally in his absence (lines 294-306). Michael appears to struggle the most with negotiating a different role and relationship with Edgar on his return. Both men appear to engage in a power struggle, each trying to re-affirm their new roles:

*“It was very awkward erm at the time cause I got the sense that he wanted to take back things because he was sort of he was saying it was because he wanted to help me and didn’t want to put too much pressure on me and that I’d been through a difficult time in that period when he was off er the two months or so he was off and erm he wanted to help me out so he was sort of saying “I’ll do this I’ll take that back which’ll help you out” and “I know you’ve been really busy” etc etc so it wasn’t that he was saying erm you know “that’s my responsibility I’ll now have that” it was more he was trying to help me whereas I was also trying to help him by not putting that pressure on him so I was saying “well when when you’re ready Edgar you know don’t let’s not rush back into these things you’ve erm clearly got a lot of recovery to still do”” (lines 294-306)*

Both Michael and Kerry reflect on whether they themselves have changed in their attitudes towards Edgar; whether it is Edgar who has changed; or whether they have all changed as a result of Edgar’s trauma experience (Michael, lines 492-494; Kerry, lines 706-709). Michael also talks about having observed changes in Kerry as a result of Edgar’s experience (lines 726-733). Michael also comments on the vicarious impact of Edgar’s trauma (lines 847-850).

#### 4.6.2 Self-reflection

In the light of Edgar’s cancer experience, all three witnesses voice existential questions about the meaning, purpose and priorities in their own lives. Here, they reflexively engage forwards by imagining what they might change or do better in order to live happier and more fulfilled lives ahead (Caitlin, lines 1103-1105; Kerry, lines 371-376; Michael 538-544). Both Caitlin and Kerry are a similar age to Edgar, so Edgar’s experience forces them to confront their own mortality (Kerry, lines 763-768; Caitlin, lines 440-442; 1036-1040). The witnesses talk about gaining a better sense of perspective as a result of Edgar’s experience (Michael, lines 518-519; Kerry, line 282); and like Edgar himself, they also admit that work should not be the most important thing in their lives:

*“It’s not gonna make you live any longer by working any harder or erm have a better life by working any harder you need to make sure you are living the life that you want to at that moment otherwise in the end you’ve got kind of nothing”* (Michael, lines 543-546)

Some moral dilemmas surface for Michael who steps-up in Edgar’s absence. Edgar’s illness brings an opportunity for Michael to develop himself professionally and he explains that by stepping-up to fill Edgar’s role in his absence, this helped Edgar: *“doing whatever I could to get him through that”* (line 255). At the same time, however, it was an opportunity to show the organization (and Edgar) his capabilities. Michael feels that this put him in a difficult position and he ruminates about the fact that he benefitted from Edgar’s absence:

*“It was difficult for me actually there was a selfish element to all that as well and I had terrible trouble erm rationalising in my own mind y’know are you selfishly trying to take over responsibility for things because actually you’d like to develop your own career and do more interesting things? Or are you doing it for Edgar’s benefit? And erm wrestled with that quite a lot actually internally”* (lines 262-268).

For Caitlin, Edgar’s experience forces her to pose existential questions (line 301). At first, she asks this question on behalf of Edgar:

*“I do question in my mind whether Edgar (..) has truly thought about what he wants to be spending his time doing erm and whether coming back to work has given him a level of normality back in what has been a very un-normal period of time but whether this is truly what he should be spending his time doing now”* (lines 1092-1096)

She then acknowledges that this is a question she is asking of herself. Caitlin describes this question as lingering (line 1104; line 1005) in her own mind:

*“Is this a job I want to be doing? Is it as fulfilling as I want it to be? Am I spending the time outside of work travelling up and down the M4 or do I want to do something else?”* (lines 437-439)

The witnesses also reflect on their professional growth as a result of Edgar’s experience. Caitlin talks about the individuals who work directly with Edgar having been through a “big

*learning curve*" (line 923). Kerry talks about learning to coach others in Edgar's absence (lines 361-365) which has been transformational for her professionally (lines 368-371). In stepping-up, Michael demonstrates to the business that he is capable of promotion (lines 641-648). In his narrative, Edgar highlights Michael's professional growth as one of the positive outcomes of his experience (sub-session 1, lines 612-615).

#### 4.6.3 The social fabric of work life

The witnesses talk about the relational side of life at Flag. Caitlin describes the industry as *"incestuous"* (line 263) where *"everyone knows everyone"* (lines 212-213). In her interview, she also chooses to point out that the Managing Director is married to another member of the board, which she says *"isn't healthy"* (lines 173-174). Michael and Kerry liken working at Flag to being part of a family (Michael, line 107; Kerry, line 117; line 196; line 429). It appears that people at Flag have ascribed roles within the organizational 'family'. For example, Kerry describes her relationship with Edgar prior to his cancer diagnosis as *"feisty"* (line 137) where they often had *"spats"* (line 185) and would *"spend 24/7 winding each other up"* (line 319). This is akin to the dynamic you would expect between a brother and a sister not two work colleagues. Kerry presents herself as an older sister by monitoring Edgar's welfare on his return to work. She talks about giving him a *"lecture"* (line 281) and having *"the chat"* (line 168) to make sure he keeps work in perspective.

Edgar's line manager (Stuart) becomes a key protagonist in the social fabric of life at Flag. All three witnesses speak disparagingly of him. Kerry paints Stuart as well-intentioned but misguided in his support for Edgar (lines 510-522; lines 547-548; lines 582-584). Kerry also intimates that she, not Stuart, knows Edgar best and is therefore better positioned to provide the support he needs (lines 596-603). Michael uses the word *"scared"* (line 795) to describe Stuart's demeanour when managing Edgars return. In her interview, Caitlin talks about the Managing Director intervening in a discussion between Edgar and Stuart concerning his transition back to work. He is portrayed as a father stepping in to resolve a dispute between two children:

*"Stuart was saying "stay at home you don't need to start work just y'know here's a couple of things to do" whereas Edgar was like "no I want to come back into the office I want people to see that I'm well I want to get back into seeing people" erm and Stuart was like "no no no don't don't don't" and Mark the MD was sort of "right well Stuart you need to let Edgar decide what he wants to do" which we did do and then he probably came back well he definitely*

*came back a bit too much a bit too early so Stuart then thought well that's what I told you was going to happen so there was a bit of all of that going on" (lines 777-786)*

Edgar also likens Flag to a family. When describing the same episode, Edgar describes Stuart as trying to "*mother*" him (sub-session 2, line 812) and says that the board had to point out to Stuart that "*he's a grown up*" (sub-session 2, line 823).

The witnesses talk about themselves operating inside or outside certain social circles within Flag. Caitlin positions herself as an outsider early on in the interview (line 113) as the "*new girl*" (line 128), despite having worked at Flag for seven years. She also talks about wanting to visit Edgar at home after his operation, but not having been to his home before unlike others in the organization (lines 422-423). Kerry describes new relationships forming in Edgar's absence (line 203; line 294), which she believes Edgar is excluded from on his return (line 206; line 295; line 534). In Edgar's absence, Kerry and Michael become close. Michael calls Kerry his "*go to*" person (line 198) and Kerry talks about Michael becoming her "*new alliance*" (line 294). Kerry also talks about those people who had 'insider knowledge' of Edgar's illness before it was officially announced (line 475; line 482). Kerry positions herself and her peers as the "*us*" in the organization who had insider knowledge of Edgar's cancer and who subsequently took up a metaphorical fight with "*them*" i.e. the board (lines 517 – 531; lines 540-544; lines 670-692) about the perceived mishandling of Edgar's return to work. Both Kerry and Michael have the same view of the way in which they perceive Flag to have managed Edgar's return to work (Michael, line 668; line 712). Without direct communication from the board, or from Edgar himself about the circumstances upon which he returns, rumour and assumption becomes established fact. Despite acknowledging that their beliefs have not been verified (Kerry, line 459; line 532-533; line 631; Michael, line 652; line 666; line 680); both witnesses present the mismanagement of Edgar's return as fact (Michael, lines 669-674; line 679; lines 709-711 Kerry, lines 460-467; lines 582-535). Rumour becomes 'evidence' of Flag's corporate values writ large:

*"I think there was a moral morale issue around that just thinking cause there was a lot of us who'd be sitting there thinking Christ I've given y'know I've been here 18 years so 18 years to this company and if that's how they're gonna treat you but it's we don't know for sure that's how they did so it's one of those kind of y'know gossiping bitching a group of people all going "those bastards upstairs aren't looking after him"" (lines 685-692)*

Kerry's appraisal of Flag's values and her on-going commitment as an employee are based on a set of incorrect assumptions that she and others believe to be fact. As a board member, Caitlin believes that Edgar's return to work was driven by Edgar himself. In his narrative, Edgar takes responsibility for his return, which he describes in hindsight as premature: *"at the time it felt like the right time to go back"* (Edgar, lines 803-804).

#### 4.6.4 'Feeling rules'

The self-presentation of all three witnesses is guided by a sub-conscious emotional script. Flag's 'feeling rules' shape the nature of their relationships and reinforces a professional and positive self-façade. In the Flag 'rules', everyone is *"fine"* no matter how they are feeling. In her interview, for example, Caitlin returns several times to the perceived importance of regulating her emotions as a senior manager (lines 488-489; lines 519-522; lines 1050-1052; lines 1065-1070; lines 1078-1079). It is clear from her self-presentation that she tries to adhere to these 'rules' and models behaviours of emotional containment. Caitlin also describes Stuart, Edgar's boss in the same way:

*"Stuart is quite an emotional guy and I was actually in probably in this room with him when he got the call to say that the op had gone OK the first op had gone OK erm (...) and it's funny because I think most people would think Oh he'll be tough about it and everything else but actually he had to leave the room and go outside and he couldn't kind of but I'm not sure if Edgar ever really saw any of that emotion"* (lines 868-874)

Edgar notices that he too followed these 'rules' before the onset of his illness:

*"I'm probably known at Flag for being someone where even when I'm not feeling great I'll tell people I am they'll ask me how I am and I'll say "wonderful, how are you doing" and I and I just like being upbeat even grinning through the pain if that's what's required just so that I can appear to be happy and keep everybody else happy"* (sub-session 1, lines 334-339)

Edgar's illness legitimises the sharing of his real feelings at work, which is returned with love and support from his colleagues. As Kerry explains:

*“if you ask Edgar how he was before this all happened he would always say “fine” or “good” or “yeah a bit busy but fine” now if you ask him how he is he will say “I’m tired” or “I don’t feel well” or “it hurts today” he’s blatantly honest about how he feels erm I’m not sure if that’s with everyone but he certainly is if I ask the question erm er so consequently you can say “Edgar you look tired should you be here?” Because he he’s kind of volunteering the information”*  
(lines 716-723)

By challenging the established ‘rules’ and creating a new, more honest display of emotions, this builds more positive relationships between Edgar and his colleagues at work. Despite this change in Edgar’s self-presentation, it is interesting to see that all three witnesses still follow the established norms of behaviour. As Michael says:

*“People ask you for kind of “how are you getting on?” And how things were and sort of general questions like that which of course in the normal day to day discussions you’re just gonna say “yeah it’s fine” cause you don’t want to give the wrong impression”* (lines 745-749)

Kerry echoes this sentiment in her interview when she says: “we’re all [says laughing] sort of programmed to expect a “fine” response” (lines 725-726). In his interview, Michael goes on to explain that “people find it quite difficult to talk about it” (line 865) and describes trauma as a “taboo” subject at work (line 884). Kerry talks about Edgar’s honesty as “refreshing” (line 747) which for her is better than him pretending everything is OK (line 748). Despite these observations on the part of the witnesses, they continue to adhere to these norms of behaviour in their own interviews, as my final exchange with Kerry demonstrates:

*K: that is quite hard (sniffs)*

*A: I can imagine if you’ve known him for that long*

*K: [crying] Sorry*

*A: That’s OK*

*K: No I’m fine honestly I’ll be fine*

*A: You get used to people’s dispositions don’t you?*

*K: You do yeah then all of a sudden he’s like this different person (..) not different but I don’t know weaker?*

*A: Yeah*

*K: Anyway he’ll be fine* (lines 751-760)

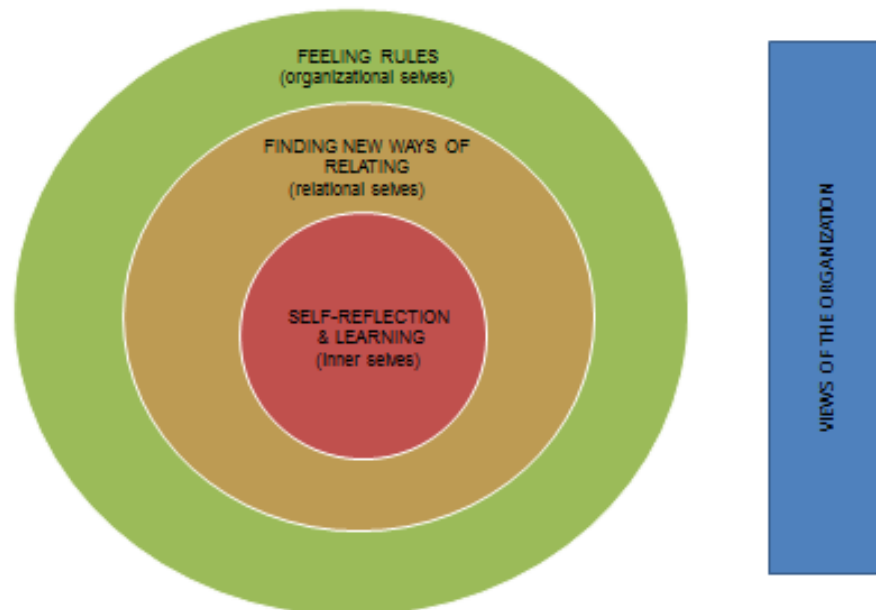


Despite Kerry's acknowledgement of Edgar's emotional honesty at work post-trauma (lines 716-723), she continues to adhere to the established social norms by insisting "*he'll be fine*" (line 760).

#### 4.7 Case synthesis

The purpose of the final part of this case account is to surface the themes that run across both Edgar's story and his witness accounts. It is important to discuss the extent to which the meanings of Edgar's trauma experience have been co-constructed. That is to say, the degree to which a shared understanding has been built between Edgar and his witnesses through shared language, perspectives and emotions. In synthesising the analysis of Edgar's story, and the three witness interviews, there are three common themes and one key area of divergence. Using the 'levels of self' model that was introduced as part of the analysis of the witness accounts, the three areas of convergence across the case are: 'self-reflection and learning' (inner selves); 'finding new ways of relating' (relational selves); and 'feeling rules' (organizational selves). When comparing Edgar's narrative with his witness interviews, there is one key area of divergence, which relates to their differing views of the organization. These convergent and divergent themes are outlined in Figure 4.2.

Figure 4.2: Layers of self at work: convergent and divergent themes in Edgar's case



These convergent and divergent themes indicate that Edgar's trauma not only affects Edgar, the trauma experience vicariously impacts his witnesses and those around him at work, by shaping the way they present themselves and the way they relate at work post-trauma. Their differing interpretations of Flag's response appear to shape their attitudes towards work and their subsequent commitment to Flag. Each of these themes is now discussed in turn.

#### 4.7.1 Self-reflection and learning

Edgar's cancer experience is as a catalyst for self-reflection, of which there are two ways Edgar and his witnesses self-reflect. The first concerns their changing attitudes and feelings, particularly towards work in the light of Edgar's cancer experience. This occurs on many occasions in Edgar's narrative (sub-session 1, line 820; 600-601; sub-session 2, lines 967-971; sub-session 3, lines 377-378; 391-395; 398-399; 483-484; 476-477; 535-536; 1038-1040; 1096; 1111-1112; 1122-1123). His cancer experience is transformational in terms of changing his perspective on work. For someone who once believed that they "*lived to work*" (sub-session 1, line 168; sub-session 2, line 1086); to disclose that they would "*rather not be at work anymore*" (sub-session 3, line 378) is a seismic shift in attitude. In sub-session 3, Edgar goes on to say "*I'd be quite happy to leave and not have to go back to work again*" (sub-session 3, lines 398-399) citing his family as the main reason for this. Edgar believes that his cancer was an opportunity to remind him that he was part of a family again, whom he had not spent much time with before the onset of his illness (sub-session 3, lines 485-488). As he says:

*"In the past if I left the office at half past six at night I'd think gosh what are people gonna think I'm leaving really early"* (sub-session 3, lines 442-443)

Edgar voices the 'conversation' he has with himself about his relationship with work in the light of his cancer experience:

*"Not only did I erm have a passion for Flag but there was probably part of ma ego was thinking that Flag need me to be doing all of these things sorta thing and actually what I realised is that they don't need me [laughs] y'know erm and do I need them? That's the debate really I think which is going on in ma head"* (sub-session 3, lines 532-536)

In her interview, Caitlin imagines Edgar is reflecting in this way (lines 1092-1096) and admits that she is reflecting in the same way about her future at work (lines 1113-1116). All of the witnesses reflect on their changing attitudes towards work as a result of Edgar's experience

(Caitlin, lines 428-442; lines 1108-1111; Kerry, lines 371-376; 394-395; 763-768; Michael, lines 518-519; 548-554; 578-584). These self-reflections oscillate between past-focused and future-focused talk. This indicates that Edgar's trauma is continuing into the present (Edgar, sub-session 3, line 92; Caitlin, line 361-362; Kerry, line 703), which therefore shapes their thoughts about the future (Caitlin, line 305; 437; 1105; 1110). The shifts between past and future-focused talk indicates that the witnesses are in a state of flux. They are yet to fully understand how Edgar's experience will shape him and them at work moving forward, as Michael comments in the interview: *"I hadn't really reflected on until you asked me the question"* (lines 860-861).

As I reported at the start of this section, there are two ways in which Edgar and his witnesses reflect. The second involves assessments of Edgar's cancer experience as a learning opportunity. In Edgar's narrative, he outlines the learning that has occurred both for him and his colleagues (sub-session 1, lines 612-615; 801-804; 820-828; sub-session 2, lines 1063; 1065; 1081-1082; 1088-1091; 1112; 1129-1136). Edgar also reflects on how his self-learning is manifesting itself in changed behaviours, notably his behaviours at work post-trauma (sub-session 1, 822-823; sub-session 2, lines 970-971; 996-1001; 1065-1066; 1080-1081; 1129-1136). The witnesses also reflect on their own learning, particularly in terms of their professional growth as a result of Edgar's trauma. Caitlin talks about being better equipped as a board member to be able to share *"difficult news"* to the rest of the business (lines 1086-1092). Kerry talks about learning to coach others (lines 361-365). For Michael, stepping-up in Edgar's absence was an opportunity to develop (lines 351-357). Michael states that everyone has learnt something from Edgar's experience (lines 720-722).

Edgar and his witnesses all comment on the vicarious impact of the trauma experience. Edgar, in his narrative, says:

*"The trauma I think goes way beyond me and probably more into how it impacted on my family my friends and my work colleagues"* (sub-session 1, lines 557-559)

In evaluating the *"positives"* to come from his experience (sub-session 1, line 618; 801; 831; sub-session 2, line 972; sub-session 3, line 108; 590), Edgar recounts the story of Mary, who resigns from her job at Flag as a result of Edgar's experience and pursues her *"dream"* of becoming a midwife because she had *"realised life was too short"* (sub-session 1, lines 827-828). Caitlin also shares this view. In her interview she says *"it definitely did affect the*

*business as a whole I think*” (lines 668-669). Kerry talks about many individuals within the business learning a great deal from Edgar’s experience (line 617). Michael says that the impact of Edgar’s trauma is “*far-reaching*” (line 847) within the organization. He then goes on to say “*it’s amazing how many people it affects*” (line 848).

#### 4.7.2 Finding new ways of relating

The trauma experience has changed Edgar, both by his own admission and as reported by the witnesses. They (particularly Kerry and Michael), also reflect on changes in themselves as a result of Edgar’s experience (Kerry, line 369; Michael, line 493). Caitlin and Kerry describe Edgar as “*different*” (Caitlin, line 388; Kerry, line 757), and in his interview, Michael refers to an “*Edgar of old*” (line 395). It is not surprising therefore that Edgar and his witnesses find themselves having to continually negotiate new ways of ‘being’ with each other at work post-trauma. Edgar says: “*I certainly don’t feel like the journey has ended*” (sub-session 3, line 92). The witnesses also acknowledge that their relationship with him remains in a state of flux (Caitlin, lines 359-362; Kerry, lines 701-701; Michael, lines 333-335). As Kerry says “*none of us feel it’s over*” (line 703).

Despite trying to understand who the ‘new’ Edgar was, the witnesses’ views of the ‘old’ Edgar remain fixed. His ‘old’ work identity appears embedded, since much of the language used to describe him is shared. Edgar’s “*silly hours*” (sub-session 1, lines 36; 580) are described as “*ridiculous hours*” by Kerry (line 150). Edgar admits to being a “*workaholic*” pre-cancer (sub-session 3, line 236); the same word used by Caitlin (line 842) and Kerry (lines 150; 376) in their interviews. Edgar previously lived to work (sub-session 3, lines 378-380) and as Michael says “*that was what made him who he was*” (line 233). Edgar questions whether his change in attitude towards work manifests itself in observable behaviours change (sub-session 3, line 887-888). He assumes that other people’s assessments of him will be negative:

*“They might see me as er someone that’s er [laughs] lost their motivation and doesn’t do as good a job [says laughing] I dunno I really don’t know”* (sub-session 3, lines 849-851)

However, the witnesses appraise him positively. Caitlin describes him as having found a healthier work-life balance (lines 283-285). Kerry talks about Edgar stepping-back, having more perspective and allowing his team more autonomy than he would have done in the past (lines 304-310). Michael describes him as a “*more rounded person*” and “*more effective*” at work (lines 371-372; 475-477) as a result. Caitlin talks about wanting to continue conversations with Edgar about the changed sense of priorities in his life (lines 313-316) and

to alter the priorities in her own life (lines 1113-1116). Kerry says she is “*gentler*” (line 330) with Edgar at work. She surmises that this might be because he is still unwell and questions if this change in dynamic between them is temporary or permanent (lines 706-707). For Kerry, negotiating a ‘gentler’ relationship with Edgar is emotionally difficult. She laments that he is now “*weaker*” (line 758) and that perhaps the “*feisty relationship*” (line 137; line 184) they once had is over. Again, Edgar’s ‘old’ self-identity at work appears so embedded, that witnessing these changes in him post-trauma is upsetting for Kerry, both in terms of the empathy she feels and because she is used to his previous demeanour at work:

*“It is concerning to see someone who was always so full of life and so full of energy at y’know quite low sometimes really erm yeah that is quite hard” [sniffs]* (lines 749-751)

As his subordinate, and having stepped-up in his absence, it is Michael who talks most about having to negotiate new ways of relating to Edgar at work post-trauma (lines 276-277; 303-306; 318-321; 333-335). There are internal and external struggles both for Michael and for Edgar in their relationship post-trauma. On the surface, Michael talks about disagreeing with Edgar less (lines 491-492). However, more importantly, their physical and metaphorical places in the Flag ‘family’ hierarchy have to be re-negotiated and inter-subjectively re-defined on Edgar’s return. When Edgar is diagnosed with cancer, it is Michael who supersedes him in assuming the responsibility of the strong man at work: “*put whatever responsibility you want onto me*” (Michael, line 239). The ‘growing up’ of Michael into a ‘strong man’ in Edgar’s absence is noted by Caitlin:

*“He has been incredibly strong about what he’s had to take on and about his emotions around what’s happened to Edgar”* (lines 553-555)

Caitlin’s celebration of Michael’s graduation from boyhood to manhood occurs either because, and as previously discussed, she equates the regulation of emotions with strength, or because of her conscious or sub-conscious perceptions of Flag as a family unit. On his return to work there appears to be a power struggle between Michael and Edgar. Michael describes his initial interactions between himself and Edgar as “*awkward*” (line 294). Edgar’s “*I want to be seen as someone that does it all*” pre-trauma mentality (sub-session 2, line 1124) and that of the strong hard-working man is clearly challenged. These identity struggles can be seen in the language Edgar uses, when he figuratively describes being “*forced*” (sub-session 3, line 525) into delegating some of his responsibilities.

#### 4.7.3 Feeling rules

Edgar's trauma enables him to reveal a more emotionally honest self at work. As he acknowledges on several occasions within his narrative, his previous self-presentation was a display of physical and emotional strength at work:

*"I'm probably known at Flag for being someone where even when I'm not feeling great I'll tell people I am they'll ask me how I am and I'll say "wonderful, how are you doing" and I just like being upbeat even grinning through the pain if that's what's required just so that I can appear to be happy and keep everybody else happy"* (sub-session 1, lines 334-339)

In finding the courage to challenge the established 'feeling rules' and to reveal his real feelings at work, this enables Edgar to receive "love" back from work colleagues (sub-session 1, line 436; 490; 619; sub-session 2, line 647; 763), which he believes gives him the psychological strength to fight his cancer (sub-session 2, line 762). Edgar's witnesses also comment on his honesty and openness concerning his cancer (Caitlin, lines 505-507; 1143-1146; Kerry, lines 717-720; 726-727; Michael, 375-379). Edgar's 'old' way of being appears so embedded, that these new, more honest emotional disclosures are unnerving for his colleagues. For example, Kerry describes the change as "*bizarre*" (line 743). Edgar suggests that by being honest, his 'whole self' is revealed:

*"They maybe see me in a different way so see me less as a professional and more as a person perhaps"* (sub-session 3, 1076-1077)

The cancer experience gives Edgar a platform and legitimacy to express his real feelings, however, despite the "*overwhelming*" love (sub-session 1, line 435; 437) he gets back, his honesty is one-way. He appears reticent to ask for honest feedback from his colleagues about how they view him at work post-trauma:

*"I'm not really that comfortable going to anybody and I think that would have been the case before and now and saying what do you think of me? Have I changed? I'm er er I think I'd probably be more worried about what the response would be and it would make me upset [laughs] cause I'm probably more erm comfortable telling people how I feel rather than asking them how they feel about me"* (sub-session 3, lines 904-910)

Edgar acknowledges that by inviting honest feedback, this would help him to re-direct his inner “*compass*” (sub-session 3, line 930). However, he is uncomfortable asking for it. Flag’s ‘feeling rules’ are to tell everyone “*I’m fine*” (Edgar, sub-session 1, lines; Kerry, lines 717; 718; 743; 755; Michael, lines 749; Caitlin, line 967), however, this approach appears to be culturally embedded. For example, Edgar remembers saying to his wife “*I’m fine I’m fine*” (sub-session 2, line 227); and when he gets upset within the interview, he repeats these words to me (sub-session 2, line 338). Equally, when Kerry gets upset in her interview, she says to me: “*No I’m fine honestly I’ll be fine*” (line 755). Both Kerry (lines 724-726) and Michael (lines 745-749) allude to these cultural norms when it comes to expressing our emotions, as Kerry’s quote shows:

*“When you say to someone “how are you?” y’know we’re all [says laughing] sort of programmed to expect a “fine” response”* (Kerry, lines 724-726)

Despite giving a platform for Edgar to be more honest about his feelings, which is welcomed by the witnesses, they do not appear to notice that they continue to adhere to these cultural norms. The witnesses appear to have reverted back to their established norms of behaviour, which is about regulating emotions at work. Emotions are seen to operate in the realm of the ‘personal’, therefore a divide should be maintained between their ‘emotional personal’ and the ‘non-emotional professional’ lives. These beliefs are most evident in Caitlin’s interview:

*“It’s finding that balance between the work and the personal when it becomes something that is so emotional that is quite hard”* (lines 1046-1048)

#### 4.7.4 Views of the organization

One area in which Edgar’s account differs from those of his witnesses relates to their views about how Flag handled Edgar’s trauma, notably his transition back to work. When they talk about the organization’s response, they distinguish between the informal responses of colleagues, and the formal responses of HR or the Flag board.

Edgar’s view of Flag is entirely positive (sub-session 3, lines 1341-1344). Immediately after his diagnosis, Edgar describes “*feeling the love*” (sub-session 1, line 490) which gives him the psychological strength to fight his cancer (sub-session 2, lines 649-651; sub-session 3, lines 281-288). Edgar also talks about how he was able to manage the communication about his illness himself; since the Managing Director not only asked for his permission to communicate with all staff; he also asked Edgar how much detail about the illness he should

reveal to them (sub-session 2, lines 514-520). Edgar also comments on how important it was to him that the Managing Director took a close interest in his well-being from the outset (sub-session 3, lines 1337-1339). Edgar believes he had continuous re-assurances from Flag during his time off work (sub-session 1, 529-534; 567-568; sub-session 2, lines 914-924), and despite returning to work too early (sub-session 1, lines 723-725); Edgar talks positively about Flag managing his transition back to work (sub-session 1, lines 591-597) and describes the on-going support he receives from colleagues (sub-session 3, lines 447-456; 582-593) and management (sub-session 1, lines 646-650). Edgar's view of Flag is entirely positive. As he acknowledges:

*"I truly believe that Flag are helping me [smiles] they are looking out for me y'know they care about me and they're not just fulfilling their obligation as part of a HR policy or legislation [...] and that's what makes a difference it makes it genuine"* (sub-session 2, lines 152-155)

For Kerry and Michael, however, they view Flag negatively. In their interviews, their assessments of the way they believe Edgar's trauma was handled mirror each other, which indicates that their experience is likely to have been co-constructed. Kerry and Michael draw distinctions between the compassionate informal responses of colleagues and the uncompassionate formal responses of the board. Michael says:

*"Flag as an organization didn't [sighs] didn't seem to do a lot but individuals within Flag kid of did"* (lines 611-613)

Caitlin as a board member herself witnessed the handling of Edgar's trauma first-hand and does not share their views. Kerry and Michael's negative assessment of Flag hinges on their perception of the context in which Edgar returned to work (Kerry, lines 675-678; Michael, lines 683-689; 692-696). Edgar makes it clear in his narrative that his return was his choice alone. It was not a question of him losing sick pay (sub-session 2, lines 39-43). Caitlin verifies this in her interview by explaining that Edgar's full pay was extended beyond the normal sickness pay policy period (line 696). However, for Kerry and Michael, their assumptions become fact, which in turn shape their attitudes towards Flag as an employer (Kerry, lines 690-691; Michael, line 679; line 696). In their interviews, Kerry and Michael depict an 'us' and 'them', between themselves and the board; *"those bastards upstairs"* (lines 690-691) who they perceive as misguided and unhelpful in their handling of Edgar's return (Kerry, lines 449-452; 510-515; Michael, lines 669-675; 683-689). Edgar on the other hand



credits the support given to him (sub-session 2, lines 152-155). However, since the organization did not communicate the nature of the support given to Edgar, rumour becomes established fact, as Kerry acknowledges (lines 677-678) and this leads her to question her commitment to the organization as a result (Kerry, lines 686-688). This case now moves on to describe my reflections of Edgar's case in the reflexive critique that follows.

#### **4.8 Reflexive critique**

Finding multiple reflexive positions that would challenge my own subjectivities was important in this study. However, there was also a place for critical self-reflection. By remaining critically self-reflective throughout, I tried to ensure that my analysis was both "thoughtful" and "self-aware" (Finlay & Gough, 2003:9). Drawing on examples of critical self-reflection in Edgar's case, I illustrate how I was able to better understand the topic, to develop my own self-awareness and to improve my professional competence as a researcher.

I first spoke to Edgar on 31 October 2010. In this telephone conversation I explained the interview process to Edgar:

*"The first interview only had one question at beginning so it was about them telling their story in their own way and me not taking them down any paths they didn't want to go down."*

(Research Diary 31 October 2010)

I later reflected if this had been a sensible approach. My rationale for explaining the interview structure to Edgar was to try and create a 'safe space' for him. However, I questioned whether this had been the right thing to do. I also reflected on how I had come across in the initial telephone conversation with Edgar. I wondered if he had questioned my motivation for doing the study. I noted: "did he think she's had something happen to her that's why she's doing this?" (Research Diary, 31 October 2010). After the interview, I wondered if my explanation of the interview structure to him before the interview took place had helped him to prepare:

*"I feel like Edgar had planned his story. He had made notes prior to the interview and had obviously told his story before."* (Research Diary, 10 November 2010)

Edgar was the first person I recruited, so the decision not to disclose my own trauma experience as motivation for the study was at the forefront of my mind. I noted in my research diary after the sub-session 2 that I felt a connection with him and that I had wanted

to disclose my motivations for the study. During the interviews with Edgar, I also noted moments that were difficult for me emotionally. I noticed in the first interview that by showing my emotion, it may have altered the interview dynamic:

*“I felt upset when he got upset, and at one point I felt that it showed that I was getting upset so he quickly pulled himself out of it.”* (Research Diary, 10 November 2010)

After the first interview I noted I was “exhausted and emotionally drained” (Research Diary, 9 November 2010). However, I also noted that his story was incredibly inspiring. I felt that I built a rapport with Edgar during the first two sub-sessions. I thought Edgar had begun to trust me, which affected the way he told his story, as I noted in my research diary afterwards:

*“I felt a connection with him in the second interview as though I was really getting to know him and even he commented on “knowing me as you do” or something like that so he must have been telling me the ‘real’ story and what was ‘true’ to him.”* (Research Diary, 10 November 2010)

This ‘connection’ between us may have affected the way that I interpreted Edgar’s story, since many of the themes in his case account were introduced by Edgar himself. To some extent, I have taken these themes at face value. For example, I started to interpret Edgar’s interview immediately after sub-session 3. In my post interview self-debrief, I noted “masculinity”; “strong man identity” and “renegotiation of workplace identity” as initial interpretations of the interview content. These are themes that have remained and are present in his case account. As the interview process progressed, I became mindful of my interpretations of Edgar and how they might be structuring relations between us:

*“Did I start to play a role which fed into Edgar’s expectations of gender by asking him how to get to Dardbury? Was that me just making polite conversation or being a ‘typical female’ when it comes to being useless at driving and directions? Did I interpret masculinity as being important to him so was I playing to that interpretation in some way in order to establish a rapport?”* (Research Diary, 7 December 2010)

During the analysis phase, there were two occasions when I bumped into Edgar at Ashridge. In the first diary entry (26 February 2012) I noted that it was strange to see him. In our brief discussion, he asked about my analysis of his case and I said that I was struck by the positivity of his story. This was something he did not seem to recognise. He did not

remember his story being positive. His assessment was that he might have been “putting on a brave face” at the time. This made me question my interpretations and whether they reflected meanings that would be recognised by the participants themselves. Edgar couldn’t really remember how he was feeling at the time of the interview, which made me realise how his sense of himself was dynamic and shifting. The second time I bumped into Edgar (18 March 2012) he was doing some study and I was writing up his case. I noted in my diary that it was surreal seeing him when I was so immersed in writing about him. I felt embarrassed. I did not want him to see what I was writing in case he thought my interpretations were over-critical, or because did not recognise the interpretations I had made.

I found the witness interviews challenging for different reasons. Firstly, they were conducted at Flag; therefore I questioned whether this impacted on the tone of their talk. At one point during her interview Kerry says: “I’ll say this quietly in case there’s anyone listening” (line 228). She is clearly aware of being at work. I reflected in my research diary at the time that these interviews felt “business-like” and that I was being given the “party line” particularly from Caitlin. Secondly, Edgar brought each of the witnesses into the room and introduced them to me before their interviews began. I questioned at the time how this would impact the interview dynamic. At the time, I wrote:

*“Is it changing the way people talk given Edgar is bringing each of them to the meeting room and introducing them to me?”* (Research Diary, 7 December 2010)

Thirdly, the witness interviews were conducted back-to-back without a break, which was extremely tiring. I noted in my diary at the end of Caitlin’s interview, which was the last of the three witness interviews:

*“I feel tired. I am glad the tape was running because I was losing track of what she was saying at certain points and active listening became difficult. It is now four hours of interviewing with no break!”* (Research Diary, 7 December 2010)

I was struck at the time with the board’s perspective of emotional disclosure. I noted in my research diary that a key theme was Caitlin’s dilemma as a board member between showing her emotions and staying strong for the rest of the organization. In this final case account, this initial idea remained and became the ‘feeling rules’ theme. These diary extracts show that despite the multi-dimensional approach to reflexivity that was adopted in the present study, retaining a position of critical self-reflection on my part had value, not only for my

understanding of the topic, but also to generate deeper levels self-awareness on my part as a researcher.

#### 4.9 Adapting the methods

In this first case, I applied Biographic Narrative Interpretative Method (BNIM) and Interpretative Phenomenological Analysis (IPA) in full. The purpose of applying these methods was to test their 'fitness' for purpose both in addressing the research objectives of the present study and for the analyses of the cases that follow. The purpose of this section is to reflect on the application of these methods and my adaptation of these methods for the cases that follow.

I chose to apply BNIM and IPA to Edgar's case since BNIM drove the approach to data collection. With its single question aimed at inducing narrative (SQUIN); the 'minimalist passive' (Jones, 2004) approach to researcher intervention in the interviews; and the probing for PINs; this helped to elicit an uninterrupted narrative where Edgar told his own story in his own way. This was important to me as I did not want to engage in an interview conversation, either consciously or sub-consciously, simply because something resonated (or not) with my own personal experience. Furthermore, in BNIM, with its 'hermeneutics of suspicion' through the use of 'blind' interpretative panels, other voices were brought into the frame. Panel members imagined multiple ways in which Edgar might have experienced his trauma and thus the position from which he told his story (see appendices 13 -15). Here, BNIM was invaluable. I initially tried to 'destabilize' the narrative myself (Langdridge, 2007:139) by adopting a critical hermeneutic position, however I found this extremely challenging. For me, 'stepping outside' of myself was impossible. As I noted in my research diary at the time:

*"It is difficult for me to conduct a 'blind' analysis as I had prior knowledge having conducted the interview. I am conscious that I still know what Edgar said about his life and the way he evaluated events and justified his actions so it is difficult to be imaginative beyond what I believe I know."* (Research Diary, 5 July, 2010)

In the panel discussions, I found it much easier to be imaginative and to challenge my assumptions, by listening to other panel members who came from different backgrounds and who critiqued his narrative through different hermeneutic frames.

IPA was drawn upon during the analysis of the witness interviews since there is no exemplar case within BNIM for the treatment of third party accounts within a research design.

However, in applying both of these methods in full, I have found that Langdridge's (2007) Critical Narrative Analysis (CNA) has value too. I did not choose to apply CNA initially because it does not account for the PINs, and as I have just explained, the critical hermeneutic position that Langdridge suggests that the researcher adopts during analysis was difficult for me to execute. The three methods share the same philosophical underpinnings, since all three are grounded in phenomenology (see Table 4.2); however, applying each method without adaptation to the cases that follow would not best equip me to meet the objectives of the present study. For example, BNIM has a rigid analysis procedure where not all of its ten stages are helpful for this study; notably, the separate twin-track interpretation of Edgar's 'lived life' and the 'telling of his told story'. The present study does not seek to look for divergence between objective events in an individual's life and the representation of these events within a story of their life. The individual narratives that are relayed take place within a socio-historic context, which shape the participant's experience, however, this is not the primary unit of analysis. The primary unit of analysis in the present study is the individual within their work context. Consequently, the individual's socio-historic background should support, not drive, the analysis.

Each method has strengths in its own right, for example BNIM and CNA advocate a more critical approach to analysis; yet CNA, unlike BNIM is not truly multi-perspective. It is the 'blind' interpretative panels in BNIM that I believe can better help to destabilize the narrative than the researcher seeking to do this alone.

Table 4.2: Tick-box comparison of the methods

	BNIM	IPA	CNA
PHENOMENOLOGY	x	x	x
HERMENEUTICS	x	x	x
CRITICAL	x		x
MULTI-PERSPECTIVE	x		
NARRATIVE APPROACH	x		x
IDIOGRAPHIC		x	x
REFLEXIVE	x	x	x

Furthermore, Table 4.2 illustrates how BNIM and CNA adopt an explicitly narrative approach to understanding individual experience. In BNIM, it could be argued that the focus on

narrative is deeper given it is also a narrative approach to data collection. Also, with its focus on the emotions and metaphors contained in the precise incident narratives (PINs), this helps to illuminate deeper levels of individual experience.

It is for these reasons that in the cases that follow, an adapted version of CNA is applied. I have adapted this method in two key ways. Firstly, through a re-ordering of the analytic flow proposed by Langdridge (2007:134) and secondly by drawing on key aspects of the BNIM process to deepen its critical narrative focus. The original stages of CNA are outlined in Figure 4.3. The method's six stages begin with a critique of the illusions of subjectivity, where Langdridge suggests that the researcher reflexively engages by critiquing him or herself using an appropriate hermeneutic (e.g. gender; class; sexual; race; age; disability). Stage two is concerned with identifying the tone and function of the narrative. The focus of stage three is 'identities and identity work', as Langdridge puts it: "*this stage of the analysis looks at the particular self being brought into the narrative*" (2007:138). Stage four involves an identification of themes and relationships between themes; and then stage 5 argues for a destabilization of the narrative. In this stage, instead of turning the hermeneutic on him or herself (as in stage one) the researcher critiques the text in order to view the story and its narrator through other social lenses. Using an appropriate hermeneutic of suspicion, (e.g. gender; class; sexual; race; age; disability) the researcher aims to interrogate the narrative to explore alternative ways of reading the text. Finally, stage six of Langdridge's original CNA is to present a synthesis of the findings.

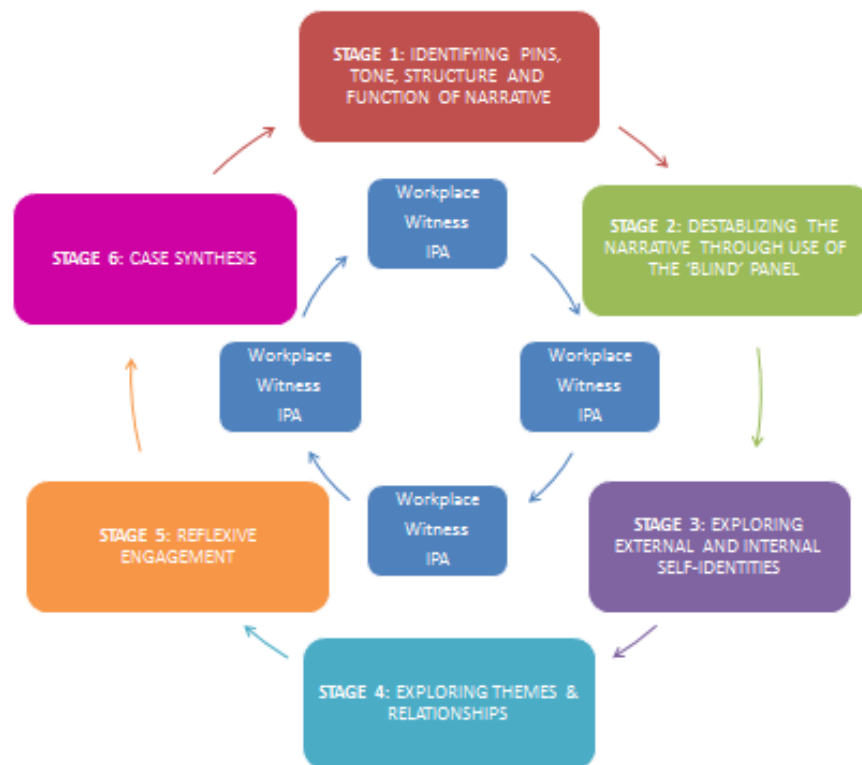
Figure 4.3: Critical Narrative Analysis (CNA) (Langdridge, 2007)



There are two key aspects of BNIM that are brought into the adapted version of CNA. Firstly, by retaining its focus on the PINs, this supports a deeper exploration of the participant's experience. PINs are often the most emotional parts of the story, where emotions shed light on deeper levels of experience; therefore by bringing PINs into an adapted version of CNA this aids understanding of the individual and their experience. Secondly, by bringing the 'blind' interpretative panels from BNIM into CNA, this creates an improved hermeneutics of suspicion. In the cases that follow, multiple interpretative voices destabilize the narrative, as opposed to it being me alone as is suggested by Langdridge in stage 5 of CNA. By continuing to surface different interpretative voices in the analysis of the cases that follow, this also guarded against my own researcher myopia in favouring one line of interpretation. This adapted approach also fits well with IPA because of its grounding in hermeneutics. As the focus in IPA is a "*hermeneutics of meaning recollection*" (Smith and Obsorn 2008:18); critical hermeneutics can be overlooked. Therefore, this adaptation is one way that IPA could learn from BNIM and CNA by developing a "*hermeneutics of suspicion*" (Smith and Obsorn 2008:18) within an IPA methodology.

My adapted version of CNA is outlined in Figure 4.4. The key difference in the analytic flow compared to Langdridge's original CNA is that I have chosen to identify the PINs at the outset (stage 1) and to foreground the voices of the interpretative panel (stage 2). This is because of the challenge I encountered when trying to engage in a self-critique at the beginning of the analytic process (as advocated by Langdridge). In Edgar's case, having been part of the interview, it was then impossible to 'bracket-off' this experience and to adopt a different hermeneutic position. It is for this reason that in my adapted version of CNA, I chose to turn to the interpretative panels early in the analytic process. I then return to my own reflexive engagement later in the process (stage 5). In the section that follows, I provide a brief description of each of the stages of my adapted version of CNA.

Figure 4.4: Adapted CNA for subsequent case analysis



#### Stage 1: Identifying PINs, tone, structure and function of the narrative

The first stage involves searching for the main narrative theme and the PINs within the text. This stage also explores the tone, structure and function of the narrative. By exploring these aspects, it provides insight into how the individual experienced their trauma and thus the position from which they tell their story.



#### Stage 2: Destabilizing the narrative through the use of the 'blind' panel

This stage draws on the support of independent panel members to work on a 'future-blind' 'chunk-by-chunk' interpretation of the narrator's story. Here, panel members move around the hermeneutic circle by imagining who the person is and the possible meanings the story they tell. By adopting different hermeneutic positions, such as age or gender, panel members offer alternative interpretations of the story and the person who told it.

#### Stage 3: Exploring external and internal self-identities

Stage 3 looks at the internal and external self being brought into being in the narrative. By focusing on the PINs, this stage enables a deeper exploration of the person and their experience by glimpsing past states of mind and emotions as encapsulated in their PINs.

#### Stage 4: Exploring themes and relationships

This stage involves the identification of themes and relationships between themes. This stage captures descriptive and interpretative comments and identifies emergent themes by highlighting key words, phrases and metaphors that encapsulate the essence of the participant's experience. This stage also involves mapping connections between themes in the order in which they appear in the narrative. This is done to maintain the narrative flow which in itself helps to reveal the essence of the teller.

#### Stage 5: Reflexive engagement

Stage 5 encompasses a reflexive critique, which includes an examination of my on-going diary reflections; my experience of the interviews and my experience of the analysis process.

#### Stage 6: Case synthesis

The final stage presents an overview of the key areas of convergence and divergence between the participant and witness accounts and concludes with a write-up of the reflexive engagement work that took place in stage 5, by surfacing observations of the reflexive approach that was adopted across the case.

Like BNIM and IPA, my adapted version of CNA is also idiographic. It is idiographic on two levels. Firstly, within the cases themselves, it is only after engaging in stages 1 - 5 with the participant narratives that I then draw on IPA to analyse the workplace witness accounts (as represented as the inner circle in Figure 4.4). It is only then that a 'within-case' synthesis can occur. Secondly, like Edgar's case, each case that follows continues to be analysed

separately and in its own right. It is only in chapter 8, following the analysis of all four cases, that a 'cross-case' synthesis is presented.

By applying BNIM and IPA to the analysis of Edgar's case, it has moved these methods into management research and beyond the fields of sociology and psychology in which they have been predominately applied. Furthermore, in the adapted version of CNA that is applied to the cases that follow, it has offered an opportunity to make a methodological advancement within critically reflexive management research. This is three-dimensional reflexivity (3DR) (Armstrong et al, 2013) one of the contributions in present study which is discussed in chapter 8.

It is Bill's case that now follows as his trauma experience mirrors Edgar's in two ways. Firstly, he experienced leukaemia, which is also a form of cancer; and secondly he also nominated three workplace witnesses. Bill was, therefore, an ideal test case for the application of my revised approach to analysis moving forward.

## **5. BILL**

## 5.1 Introduction

At the time of the interview in January 2011, Bill was working for Medinet (a fictional name for his employer), a research organization based in the South East of England with approximately 3,000 staff. Bill joined the organization in 1999 as Head of Learning and Development and according to him (sub-session 1, lines 121-126) his role at that time involved the line management of seven people. Bill chose to nominate three workplace witnesses; Felicity who became Bill's boss during his period of trauma; Paul and Natalie who were Bill's direct reports. Natalie accompanied Bill on a business trip to Africa during which he became conscious of early symptoms of his illness.

Bill talks about having had a university education (sub-session 1, line 129) and moving to London to take up a post at Medinet (sub-session 1, line 128). He does not describe his family background or his upbringing, apart from mentioning that he has a sister (sub-session 1, line 193). Bill does not report having a wife, partner or family of his own. Bill's interviews took place in a private meeting room at Ashridge. Bill was diagnosed with Leukaemia in 2001 when he was 33 years old.

## 5.2 Bill's self-presentation: a struggle for self-control

Most of Bill's story is set in a hospital where he spent six months undergoing treatment for leukaemia. During this time he had little contact with the outside world. During his chemotherapy, Bill constructs a new reality for himself which exists within the confines of the hospital ward. In this altered 'illness reality', the hospital television becomes an important anchor to the outside world. As a result, Bill's narrative is characterised by a distinctly cinematic style which reflects the position from which he experienced his trauma, that is to say, alone, lying in a hospital bed, connected to the outside world by the news images on the television. Bill's narrative thread describes his physical and psychological struggle to re-gain self-control following a debilitating illness and a de-humanising experience in hospital.

### 5.2.1 Exploring the structure and tone of Bill's narrative

Bill provides "*a bit of background*" (sub-session 1, line 111) to his life at the beginning of sub-session 1. However, unlike Edgar, whose "*background*" (Edgar, sub-session 1, line 18) continues for 200 lines, Bill's self-introduction occupies only the first 20 lines of his narrative (sub-session 1, lines 111-132) and when he recounts his trauma story he does so chronologically (sub-session 1, line 132). At the beginning of the narrative, his time horizons are compressed. The initial episodes are described in terms of hours (sub-session 1, lines

162-163; 201), which become weeks (sub-session 1, lines 199; 307; 309; 507; 534; 565-567) and then months (sub-session 1, lines 198-200; 230; 365; 443; 446; 449; 503; 525; 569; 622-624). At the end of his story, when he reflects back on his trauma experience, he talks in terms of years (sub-session 1, lines 595; 601; 622; 630; 665; 701; 703; 706).

Bill's sub-session 1 narrative falls into eight episodes:

1. Noticing the symptoms (lines 140-141)
2. Going to see the GP (lines 151-155)
3. Hospital admission (lines 161-166)
4. Diagnosis (lines 177-190)
5. Undergoing treatment (lines 196-403)
6. Return to work (lines 406-571)
7. Reflections on his career since the illness (lines 590-610)
8. Descriptions of life today (lines 611-666)

At the time of the interview, ten years had passed since Bill's illness. He repeatedly says that he can't "*remember*" much (sub-session 1, lines 238; 261; 296; 356; 357; 460; 470; 509; 511); however, vivid and graphic memories are contained within the diagnosis and treatment episodes. Most of the sub-session 1 PINs also occur in this section (lines 173-195; 203-213; 239-257; 270-280; 353-371). Over a third of the sub-session 1 narrative (lines 177-403) is dedicated to these two phases of his experience (i.e. diagnosis and treatment). For Bill, this is where the shock of the trauma was most intense.

Like Edgar, Bill crafts his story in a way that builds suspense but whether this is intentional remains unclear. This suspense is built in three ways. Firstly, he captures the listener's attention very early in the narrative by saying "*everything was going pretty well*" (sub-session 1, lines 123-124). The interpretative panel imagined what this statement might mean for the events that would follow. Three lines later, he builds further suspense by saying: "*I've never had any illness I'd been absolutely fine*" (sub-session 1, lines 126-127). He then repeats his first statement again: "*everything was going fairly sort of erm fairly smoothly and fairly I guess predictably in a way*" (sub-session 1, lines 127-128). This left the interpretative panel anticipating what might come next.

Secondly, Bill's early descriptions are suggestive yet sparse. For example, when he describes his initial visit to his GP, he reports the GP saying: "*we've had the blood results back from the hospital there's something they need to look into further can you go back to A&E and they'll take you in and just take some clothes with you*" [..]" (sub-session 1, lines

159-161). Bill does not elaborate on the “*something*” (sub-session 1, line 159) they need to look into and by reporting the GP saying “*just take some clothes with you*” (sub-session 1, line 161). Again, this has the effect of building further suspense for the listener.

Thirdly, the actors in Bill’s story remain anonymous. This is a story in which Bill is the main protagonist. He does not name the colleague that accompanies him to Africa when his illness symptoms first arise (sub-session 1, lines 138-139). It is Natalie, his workplace witness who reveals this during her interview (line 368). Also, when recounting his initial visit to A&E, Bill simply says “*someone gave me a lift*” (sub-session 1, line 157). It is only later that Bill identifies this as his housemate and someone who supported him through his experience (sub-session 1, line 626). It is only in sub-session 2 that Bill gives his housemate’s name (sub-session 2, line 167). Bill’s sister on the other hand remains unnamed throughout. This suggests Bill is a private person and that he suffered alone. Most of his trauma was spent within the confines of the hospital ward without the ‘normal’ social interactions that happen in the outside world. His illness was a solitary experience both physically and psychologically, which is reflected in its re-telling. It results in the creation of an introspective story in which most of the characters are anonymous, apart from Bill himself. For example, Bill describes his diagnosis experience without naming any of the doctors or consultants involved: “*there’d been a few people appear but suddenly they all appeared*” (sub-session 1, lines 176-177). Bill uses the word “*they*” 116 times in the sub-session 1 narrative to describe other people within his story. He talks of “*the consultant*” (sub-session 1, line 178) taking him to “*a room*” (sub-session 1, line 179) with “*someone else*” (sub-session 1, lines 179). Bill’s descriptions of the diagnosis are detached and de-personalised, which appear to mirror his experience of diagnosis. About the consultant who delivers his diagnosis, he reflects:

*“It was quite a clinical factual position that he put across erm and er you know I [laughs] I certainly wouldn’t have managed the situation like that”* (sub-session 2, lines 23-25)

Bill’s experience was frightening and de-humanising. The tone of his narrative reflects this position. In parts, it takes on the cinematic style of a horror movie:

*“I’d had an operation they couldn’t stop me bleeding erm and [...] but anyway [says crying] they decided [says crying] [.....] erm the scan was more important than the bleeding [says crying] which was a medical decision [says crying] because they couldn’t stop me bleeding [breathes in] so they said “well look [says crying] [clears throat] you know we have to carry on*

*with the scan erm so we'll we'll do the scan we'll be alright we'll be outside" so basically I was still bleeding from my chest and they put me in this tube for about 20 minutes while the blood was running down [says crying] and erm [crying] [.....] but they were all there [says crying] and when they came back they cleaned it all up and the only thing they could do was get sheets they tore a sheet up and they put this sheet around and they tore the sheet [says quietly and breathlessly] and pulled the sheet quite tight [says quietly and breathlessly]" (sub-session 1, lines 243-256)*

This PIN is graphic in its visual imagery. In this single PIN his entire trauma experience is encapsulated. When he says for example: *"the scan was more important than the bleeding"* (line 245), it suggests that the medical staff were more interested in the science than protecting his dignity as a human being. When he describes himself being left alone in a scanner to potentially bleed to death while *"they were all there"* (line 252), it implies that the hospital staff stood by and watched while he suffered. His descriptions of the 'clean up' after the scan evoke the imagery of a makeshift hospital in a warzone. He says:

*"The only thing they could do was get sheets they tore a sheet up and they put this sheet around" (line 254-255)*

This war-like vocabulary appears again later when he says others thought he was a *"brave soldier"* (sub-session 1, line 736). He cries when recounting this PIN, which illustrates his painful memories. When speaking, Bill is breathless. He recoils in pain when he remembers the sheet being pulled tight around him to curb the bleeding:

*"They tore the sheet [says quietly and breathlessly] and pulled the sheet quite tight [says quietly and breathlessly]" (lines 255-256)*

This cinematic tone characterises many parts of Bill's narrative. He describes parts of his own experience as a *"news story"* (sub-session 1, line 229) as he remembers lying in his bed watching the news images on the hospital television. In his re-telling, he draws on these memories to help him to locate episodes in his illness timeline:

*"Then I became really rough it was around the time of the election God knows when the election was then but it would be around the election and I was really bad I couldn't get out of bed" (sub-session 1, lines 258-261)*

In the 9/11 PIN (sub-session 2, lines 84-94), the events that Bill describes become a metaphor for his entire trauma experience. Bill compares the television images of a world in turmoil, to his inner world that is simultaneously collapsing. It is a profound piece of prose:

*“When September 11<sup>th</sup> happened it was [...] it was it was difficult it was a difficult time you know the world had fallen around me anyway and then that happened and the world was falling around everybody and I remember I could sort of I felt like I could deal with one or I could deal with the other but I couldn’t deal with both because I remember in my mind you know on that day and the days afterwards and you were stuck in this ward and just the TVs were on all the time because half the people can’t hear and so they’re really loud and it’s just on when that that plane was just crashing in the ward constantly and I asked them to turn the TVs off again because I just couldn’t cope”* (sub-session 2, lines 84-94)

In hospital, Bill becomes institutionalised. Not only is he physically incapacitated, which he remembers as imprisonment: *““you’re going to be in hospital for two months before you’re let out first time”*” (sub-session 1, lines 198-199); *“I was in a four walled ward forever”* (sub-session 1, lines 425-426); *“I hadn’t really seen daylight”* (sub-session 1, line 482), he is in psychological turmoil, suffering alone:

*“I’m not accepting this as a sort of place I can stay not the physical place but the mental place”* (sub-session 2, lines 205-206)

From the tone of Bill’s talk, it is clear that his hospital experience lacked what Dahlberg, Todres and Galvin call *“humanely sensitive care”* (2009:266). These scholars have called for health practitioners to move away from an ‘expert-led’ approach to healthcare towards *“lifeworld-led healthcare”* (Dahlberg et al, 2009; Todres, Galvin and Dahlberg, 2007), in which health practitioners seek to understand the complexities of health and illness through the existential experience as expressed by the patient themselves. As they suggest:

*“Such an interaction, if well informed, can lead to the patient feeling more ‘deeply met’ in both their vulnerability and possibilities.”* (2009:270)

Instead, Bill’s hospital experience was disempowering and dehumanising, in which neither his *“vulnerabilities”* nor his *“possibilities”* (Dahlberg et al, 2009:270) were met.



### 5.3 Exploring themes in Bill's narrative

#### 5.3.1 Fear and uncertainty

Much of the information Bill receives from hospital staff and from his work colleagues during his illness provokes fear and uncertainty (sub-session 1, lines; 164-66; 184-188; 194-195; 211-212; 358-362; sub-session 2, lines 28-29; 267-279; 347-351; 358-362). He talks about a fear of public judgement over his physical condition (sub-session 1, lines 237-238; 263-264; 265-269; 282-284; 491-493; 518-522). He recounts a series of fearful experiences at hospital (sub-session 1, lines 244-246; 250-252; 273-277; sub-session 2, lines 184-187; 206-208). He describes a lack of compassion shown by his employer (notably HR) during his illness, which causes him anxiety (sub-session 1, lines 225-234; 296-301; 431-434; 465-467; sub-session 2, lines 238-246; 380-385; 393-397).

The shock of his diagnosis turns Bill's world upside down. His views of himself and his life are sent into disarray. As he reflects:

*"There was so much information and so much change to my perspective on life I couldn't feel a lot because I didn't really know what was going on"* (sub-session 2, lines 105-107)

Many of his initial interactions, both with hospital staff and work colleagues did not bring him reassurance (e.g. sub-session 2, line 79). Instead, much of the information he was given generated deep fear and uncertainty. The 'diagnosis PIN' illustrates this (sub-session 1, lines 176-195):

*"He said that I'd got Leukaemia which was a complete shock erm he said that I had two years to live [voice shakes with emotion] erm probably up to five maximum [voice shakes with emotion] [.....] erm [says crying] and then then then it was quite weird he went on about this erm I had to have this line in which I got used which was a Hickman line or whatever but he then said "well we need to start treatment" and erm "here this line and here's how it works" and I remember thinking "but hold on a second you've missed the first bit here what is going on?"*" (sub-session 1, lines 180-188)

In this PIN, Bill is told by a consultant, who remains unnamed, that he has leukaemia and that he has, at most, five years to live. Bill remembers the consultant moving quickly onto the technical details of the treatment before he has a chance to absorb the news. He later

acknowledges: *“I remember just being left there in complete shock complete shock”* (sub-session 1, lines 189-190). Bill says the hospital staff showed him little empathy. They talked to him in a *“clinical factual”* way (sub-session 2, line 23), in order to transfer the ‘technical’ medical knowledge that Dahlberg et al (2009) talk of; as opposed to viewing him as a living, experiencing person who needs understanding and care. According to Bill, not only did the hospital staff lack compassion, they also displayed incompetence. Concerning his diagnosis, he notes: *“actually it turned out to be wrong because I’m still here”* (sub-session 2, lines 29-30). Later, during the ‘tunnel PIN’ (sub-session 2, lines 160-178), which is his recounting of an experience in the body scanner. Bill remembers that his fears were exacerbated by the medical staff:

*“I was just scared I guess I was just really scared I was scared because I didn’t know what to do but I was also scared because I picked up vibes they didn’t know what to do either”* (sub-session 2, lines 163-165)

Bill uses the word “scared” four times within the space of two lines to describe this particular incident. Not only does Bill’s diagnosis and subsequent treatment cause him distress, he is further traumatised by the lack of compassion shown by medical staff (sub-session 2, lines 175; 179). For example, in the ‘hospital lunch’ PIN (sub-session 1, lines 270-280), Bill describes an ignominious encounter with a nurse, where, in one short exchange, he loses all sense of dignity and self-worth:

*“One of the nurses brought in lunch and I you know [sniffs] basically I was incontinent [voice shakes with emotion] and I couldn’t get they didn’t have internal loos there and I couldn’t get erm to this they brought in this and I couldn’t get there in time so it had all gone everywhere sort of thing and she brought lunch and erm I said [crying] “you know I have a bit of a mess here” and she said “oh we’re too busy” and she just plonked my lunch on top of me [says quietly and breathlessly] and all the stuff you know and just [says crying] that was the only time I felt “I can’t do this” [says crying] that was the only time I thought “Jesus this is getting ridiculous” erm [...]”* (sub-session 1, lines 270-280)

It is through de-humanising experiences like the hospital lunch PIN that the purpose of Bill’s story becomes clear. He reflects: *“It was about the degradation... it was about the loss of control”* (sub-session 2, lines 185-186). Bill’s entire experience becomes a fight to re-gain his

dignity. As he says:

*“No one should have to go through this no one should be treated like this no one should be put in this position”* (sub-session 2, lines 207-209)

It was not just medical staff that provoked fear and uncertainty; his interactions with his work colleagues were also stressful. For example, the initial lack of medical information hindered his ability to communicate effectively with his employer (sub-session 1, lines 171-172; 194-195; 207-212; sub-session 2, lines 128-133). This hindrance is double-edged, not only was Bill impaired by a lack of information about his condition: *“I didn’t have any information as to really what or why or where I was”* (sub-session 1, lines 211-212); the psychological shock of the diagnosis prevented him from being able to think straight or to communicate effectively. He says:

*“I remember thinking “I don’t know how to how to word this how to put this across how to manage this conversation”* (sub-session 2, lines 130-132)

This struggle to communicate with his employer causes him embarrassment (sub-session 1, line 208) and anxiety (sub-session 2, line 133). Other workplace interactions provoke fear and uncertainty, notably his dealings with HR. Bill remembers three such episodes. These are; the visit by the welfare officer; the gap in the sickness form and the end of his sick pay. The first of these episodes concerns a visit from a welfare officer who was sent by his employer during his illness, but without providing him with information about the purpose of his visit. Bill recalls:

*“I remember being concerned that he was coming to see if I was still ill enough to be off [laughs] and looking in hindsight [says laughing] looking back in hindsight that was a ridiculous thought but I remember thinking he was like the sort of illness police”* (sub-session 1, lines 358-362)

This visit was anxiety-provoking on several levels. Firstly, Bill remembers feeling he was being “assessed” in some way (sub-session 2, line 279) since HR had not made the purpose of the visit clear (sub-session 2, lines 281-283). Secondly, Bill describes finding it “distressing” (sub-session 1, line 237) to see people from work while he was ill and him not

wanting people to see him *“in that state”* (sub-session 1, line 284). However well-intentioned, the visit from the welfare officer leaves Bill feeling suspicious of his organization:

*“They’re still the employer and they still in the back of their mind are thinking “oh well if this doesn’t go the right way we’ll have to terminate for sickness” you know what I mean there is that there’s always that edge with your employer I mean it’s not a friend it is an employer however supportive they are as individuals and I think I was always conscious of that duality”* (sub-session 2, lines 289-294)

The behaviours exhibited by his organization added a further layer of anxiety at a time when Bill was at his most vulnerable. Bill remembers a specific incident where his HR department called him in hospital to tell him that there was a two-day gap in his sickness form and requested that he send in a new form to cover the two missing days (sub-session 1, lines 296-301). Bill remembers the stress that this caused him:

*“When you’re lying in bed and you can’t move and you see the consultant twice a week and your brain is completely fuzzy and you’re in a complete mess emotionally even though you probably don’t realise it erm and you’re just trying to sort out what is going on in terms of your treatment the concept of even producing filling-in signing getting a consultant to sign a form get that sent off whatever is actually surprisingly [says laughing] quite difficult”* (sub-session 2, lines 226-232)

Bill talks about wanting to *“do the right thing”* (sub-session 2, line 234) and talking of personnel he says he tries to stay *“in their good books”* (sub-session 1, line 304) because he was off sick. Bill remembers feeling guilty for being off work (sub-session 2, 269-274; sub-session 3, lines 738-740) and believes they did not understand what he was going through (sub-session 2, lines 238-246). When Bill’s sick pay comes to an end, he describes having no choice but to return to work (sub-session 2, 381-383; 394-398; 399). In his vulnerable state, the announcement that he was dropping to half-pay appears to cause Bill to lapse into a cycle of ‘cognitive distortions’ (Beck, 1979), that is to say a series of inaccurate thoughts which reinforce his anxiety:

*“I had absolutely no savings no backup whatever and there were a couple of things I was worried about one going onto half pay you know how am I going to pay the mortgage and the second I was really conscious that after having six nine months off if somehow I didn’t perform at work or they sacked me from work either performance or illness or whatever reason I couldn’t get another job cause I’d just had nine months off and therefore how would I get an income and how would I pay the mortgage this sort of really started erm playing on my mind quite a bit [swallows]” (sub-session 1, lines 439-448)*

Many of these fears were beyond his control. Pre-trauma, Bill describes himself as someone who was used to being in control. During the illness he lost control and subsequently part of his re-adjustment was about re-gaining control again. As he acknowledges:

*“You go from a situation of being in charge to being at the bequest of a] your body and b] all the people round you and you’re not in control and you get quite used to that being in control and then you almost probably get quite used to the not being in control” (sub-session 1, lines 335-339)*

The second theme in Bill’s story is one of ‘control’; both in terms of the loss of physical and psychological control, and his struggle to re-gain control of himself, his work and his life post-illness.

### 5.3.2 Control

Bill is able to regain control of his physical state while in hospital. Half way through his narrative, he talks about starting to “*manage*” his illness (sub-session 1, line 334; 342; 351) where he makes decisions about his own treatment (sub-session 1, lines 344-350). Mentally, he starts to take control once he is discharged from hospital (sub-session 1 lines 372-373; 401-403). Emotionally, however, Bill continues to struggle, especially where his work is concerned. He is so deeply impacted by his trauma experience that he finds it difficult to re-adjust. Despite physically healing, Bill’s emotional resources are depleted. He remembers facing mental health issues on his return to work: “*that period at work I was still in a bit of a psychological state over my illness*” (sub-session 1, line 570). At the time when Bill was trying to re-integrate back into the work environment, he was still struggling to come to terms with his trauma experience. For example, he talks about the fear caused by his boss’ visit to discuss his return to work because he’d “*been out of it for so long*” (sub-session 1, line 417).

This is an interesting choice of words. Bill was physically out of the loop from work, but he had also been mentally “*out of it*” through the shock and trauma. He later reflects:

*“I remember (...) feeling that I didn’t really know what was going on because she was talking about various things and I just wasn’t really clued up I remember thinking “Christ I don’t really know what what’s going on here””* (sub-session 2, lines 359-363)

Bill remembers feeling pressure from work to perform as soon as he returned (sub-session 1, lines 442-444; sub-session 2, lines 447-448); despite being “*in a complete mess emotionally*” (sub-session 2, line 228). He describes returning to work too early (sub-session 1, line 539) and remembers thinking “*I’m not up to this*” (sub-session 1, lines 540-541). He says:

*“I got a bit nervous that if I didn’t perform then I might get you know moved or something might happen so I was trying very hard but it was difficult at the time”* (sub-session 1, lines 536-539)

This internal angst remained hidden from his colleagues. Bill assumed that since he looked better, his work colleagues thought things were back to normal:

*“Everyone presumed my brain would be erm would be functioning like it should always function [says laughing] and in hindsight really my brain wasn’t it wasn’t as bright”* (sub-session 1, lines 422-424)

Bill talks about his return work as another shock to the system (sub-session 1, lines 502-504). He remembers questioning where he “*fitted in*” (sub-session 1, line 502). He also recalls finding it stressful to interact with large groups of people (sub-session 2, line 571-572). Bill may have outwardly appeared to be the same person; however, he clearly felt different on the inside. On his return to work, Bill remembers experiencing self-doubt about who he was at work (sub-session 1, lines 515-517; sub-session 2, lines 471-473), which made interacting difficult:

*“Before I was perfectly used to small groups large groups interacting whatever I’d spent quite a long time just quite isolated with only people I knew and very small and suddenly you’re in*

*large rooms and it was I was OK but it was quite strange and I wasn't my former self"* (sub-session 1, lines 518-522)

His struggle to re-adjust back into the work environment triggers a crisis of self-identity as well as sparking mental health issues. The experience of returning to work appears to create a tension between his internal anxiety and the external self he is trying to portray at work. These issues are best explored through two particular PINs - The 'cry for help' PIN and the 'being the boss again' PIN. Consequently, these two PINs are the focus of the next section.

## **5.4 Bill's inner self: Focusing on the PINs**

### **5.4.1 'Cry for help' PIN (sub-session 2, lines 483-506)**

The cry for help PIN emerges in sub-session 2 when I asked Bill if he remembered any more about the time when his housemate said *"you need you need some help here"* (sub-session 1, line 549). I prompted for a PIN at this point, since it was a time he remembers feeling deeply upset and his emotions may shed light on the deepest aspects of his self. As a result of my prompt (*"can you talk more about that particular day"*, sub-session 2, line 480), Bill recounts more about that incident:

*"I'd been out (...) with some friends I think we'd been to the cinema and then I think we'd gone to a pub for a beer or two it wasn't particularly late it was it was probably late evening and I remember coming in and he must have been in and so I must have either grabbed a drink or a (...) tea or something and sat I was sitting at the kitchen table and erm (.....) I just (.....) he was asking asked about something and erm (.....) he'd asked about I think it was when my next test was or something like that just as a casual you know "when you next in?" and erm (..) I said (..) when I was going in and erm I must have been working because I said something about work I said erm you know "I'm trying to work and I've got to go to hospital and erm I'm not sure how things are going" and blah blah blah blah blah and erm (...) I yeah did I say I it was something like "I just can't cope with all this" or "I just I can't deal with this" or erm "it's all been so awful" or it was something like that sort of phrase erm (...) and then I was in I was in tears and I remember I had a drink not a lot but I had a drink and I wonder if the drink had got something to do with it and erm (...) actually he said it the following day as well he said the following day "Bill last night" blah blah blah "you need some help" (..) erm "you're clearly" not right but he said "you're clearly not sorted" he said "you need some help" and erm I reflected on the previous evening and thought "yeah that*

*behaviour isn't it demonstrates there's something going on so I need some help*"" (sub-session 2, lines 483-506)

In this PIN, Bill re-lives the experience in its re-telling. He says *"I remember"* (lines 486; 499) while he takes himself back to the evening when he breaks down in front of his housemate. He also slips into the present tense *"I wonder if the drink had something to do with it"* (lines 499-500) which shows the immediacy of his memories. Bill also uses reported speech which indicates that he is re-living the experience in its re-telling. In this PIN, it is one of two occasions where Bill acknowledges the support he received from his housemate Geoff during his trauma experience. His emotional breakdown comes in direct response to Geoff's question about when he would next be having his hospital tests (line 491). Bill describes *"trying"* to work (line 493) which indicates that he was not fully functioning at the time. Bill also remembers saying that he couldn't *"cope"* (line 496) or *"deal"* (line 496) with the *"awful"* (line 497) situation he was in. He appears to be at breaking point. Bill remembers questioning if his emotional outpouring was alcohol induced (lines 499-500), which suggests that displays of emotion are out of character. It may have been unexpected, since it was his housemate who suggests he needs professional help. At the time, Bill may not have been aware of the impact that the trauma was having on him, nor the emotional resources that would be required to function back at work. By *"pretending"* that he was coping and that everything was back to normal at work (sub-session 1, line 532), he puts pressure on himself.

Bill's use of *"blah blah blah"* in the PIN (sub-session 2, lines 495; 502) and on several occasions elsewhere in his trauma story (sub-session 1, lines 172; 216; 493; 510-511; 635; sub-session 2, lines 274; 315; 513) is interesting. It is a narrative device, which may indicate his struggle to find the words to describe his experience; or it may be a way of trying to suppress his emotions. For example, immediately after the 'cry for help' PIN, Bill says:

*"It was almost as if there was a whole load of stuff going on down there that was being blocked at a conscious level I was blocking I wasn't thinking about things I wasn't going there I just wasn't going there erm (..) I was looking forward I was dealing with the issues as they came up blah blah blah blah blah (..) and every time I took my mind into that reflective space about what had happened (..) it almost said "whoa don't go there and come back" erm (...) and then when I did go there it was just too painful to stay there so I just blocked it and came back"* (sub-session 2, lines 509-517)



The 'cry for help' PIN and his subsequent reflections show the extent to which Bill was affected by his experience. His return to work and his self-induced pressure to perform (e.g. sub-session 1, lines 442-446; lines 515-517; sub-session 2, lines 447-448) put a strain on his mental health. It was only after he started counselling that he was ready to move forward (sub-session 1, lines 567-568). Bill recounts another work-related episode where his struggle to re-adjust triggers mental health issues and this is the 'being the boss again' PIN.

#### 5.4.2 'Being the boss again' PIN (sub-session 1, lines 509-517)

In sub-session 1, Bill recounts an experience within his first few days back at work where his desire to perform and to project normality triggers additional stress for Bill. He says:

*"I remember one conversation and I can't remember the details but Natalie coming in and asking me something and blah blah blah blah and she said something and I can't remember the words she said but I know what she meant she meant "Bill you're the boss here you need to be making the decision" which had never been a problem before I'd beforehand you know and I clocked that I thought yeah you know [...] whatever has happened they're still expecting me to be the manager or the boss and I wasn't in that space at that time you know I was still like woo what's going on?"* (sub-session 1, lines 509-517)

This short PIN shows Bill's struggle to re-adjust back at work. For example, he describes his inability to make decisions at the time (lines 513-514). He cannot remember the "*details*" (line 509) or the "*words*" (line 511) that were said to him; however he remembers his interpretation of the exchange. The meaning of her words may not have been as Bill interpreted, yet his interpretation is connected to a self-induced pressure to perform and to take responsibility as the boss again. Bill acknowledges that his internal mental state was not something that he displayed or shared with his work colleagues. This short PIN is an illustration of the detrimental impact of 'emotional labour' (Hochschild, 2012) which, among its propositions, points to the detrimental effects of suppressing one's true emotions at work. Furthermore, this PIN shows the intersubjectivity of human exchange. In her interview, Natalie does not recount the same interaction; therefore it is difficult to ascertain if the meaning that Bill attached to this experience was the meaning that Natalie intended.

### 5.5 Exploring third party views: Bill's workplace witnesses

Bill nominated three workplace witnesses. Felicity, Director of HR at Medinet and who became Bill's line manager while he was on sick leave; Paul who was one of Bill's direct

reports; and Natalie, who also worked for Bill. Both Paul and Natalie knew Bill before and after his trauma experience. Each of these witnesses had left Medinet in the ten years since Bill's illness but had subsequently kept in contact with him. The witness interviews took place in their homes between the months of March and June 2011. In this section of the case account, I first explore the tone of each of the witness interviews in order to illuminate the position from which they speak. I then explore the themes that were shared across the three witnesses before moving on to synthesise the case.

#### 5.5.1 Felicity

At the time of Bill's trauma, Felicity was Director of Human Resources at Medinet. She says she prefers "*people things*" (lines 999-1000) which is evident in her interview tone. When it comes to describing Bill, her account is personable: "*I have very positive and fond memories of working with Bill*" (lines 175-176). She appraises him as his boss by talking about his approach to work and his management style (e.g. lines 512-516; 524-525) and when doing so her tone is positive: "*Bill's approach to management is very kind of consultative very engaging*" (lines 508-509) and at times, maternal. For example, she describes Bill as growing as a manager post-trauma and draws on the metaphor of a young bird leaving the nest to "*spread his wings*" (line 389). Felicity talks as though she is a proud mother: "*I do remember thinking it's almost sort of like seeing a child kind of leave home and flourish*" (lines 387-388). Felicity's account is also emotionally attuned. She discloses traumatic memories of her own (e.g. lines 991-993) and relates them to Bill's experience:

*"I can remember being a bit anxious erm about what I was going to encounter and experience because he was somebody with a life-threatening illness he was off work and the personal dynamic for me I suppose was I lost my father when I was quite young through cancer and that was that sort of left a sort of fairly traumatic memory in me in terms of what people are like when they're ill and I always think of hospitals and hair falling out and great distress and people not talking about things so I always sort of carry that a little bit with me"* (lines 205-213)

Unlike Caitlin, the HR Director in Edgar's place of work, Felicity's account is not business-like or 'corporate'. This may reflect the context in which her interview took place, since Felicity was interviewed at home, whereas Caitlin was interviewed at work. Furthermore, Felicity no longer worked at Medinet, so there was no reason for her to present the 'party line'. Felicity's account emphasises the 'human' in 'human resources'. She talks about wanting to extend "*a hand*" (line 221) to Bill while he was ill, to "*re-assure*" (line 222) him and states that: "*there*

*was never any question that he...couldn't come back to the job"* (lines 706-707). Felicity also talks about her belief in the importance of maintaining contact with him during his illness (lines 219; 224; 253; 249; 271-272):

*"I just felt at a human level I wanted to go and see him and say hello and just talk to him about issues and find out how he is and that sort of stuff"* (lines 267-269)

By adopting this compassionate tone, Felicity positions herself in marked comparison to 'personnel' at Medinet. Her language contrasts sharply with the words she uses to describe the "*woman*" (lines 235; 696; 840; 841) from HR who deals with the administration of Bill's sick leave:

*"She was the most incredibly manipulative and devious individual and that's a good day for her [laughs]"* (lines 626-628)

When describing Bill's interactions with the woman, who remains unnamed throughout, Felicity uses words such as "*difficult*" (line 234); "*frightening*" (line 642); "*undermining*" (line 642) and "*distress*" (lines 756; 857). Despite being co-located in head office (lines 160-161), Felicity juxtaposes her own self-presentation with that of the personnel side of HR. According to Felicity, personnel represent the "*formal*" channels (lines 228; 644) into the organization, which Felicity does not see herself being part of. Felicity is formally Bill's line manager, although she tries to position herself as having an informal relationship with him (e.g. line 177). Furthermore, by not naming the "*woman*" (lines 235; 696; 840; 841) from head office, this enables Felicity to further distance herself from this side of HR. Personnel (as characterised by the unnamed woman) is presented as bureaucratic, de-personalised and unpleasant:

*"If you could go back and rewrite history and you know you had a gun with those magic bullets in I know who I'd be aiming at the result of which would be to have made Bill's process of being off sick and recovering easier for him"* (lines 860-863)

### 5.5.2 Paul

Despite working for Bill, early in the interview Paul positions himself as Bill's colleague (line 99) and friend (lines 121). His interview tone reflects an understanding of Bill which is unlike the other two witnesses (e.g. line 598). For Paul, Bill's trauma was a levelling experience

(lines 98-99; lines 280-281) which drew them closer:

*“When he came back to me certainly he talked about him a lot more and he (..) he talked about him in a way that it was sort of you know he was very open about sort of his lifestyle and sort of his sexuality”* (lines 186-189)

Paul’s interview tone reflects the interpersonal closeness between him and Bill that is not apparent in the other witnesses. Despite saying that Bill kept *“himself to himself”* (lines 439-440; 453-454) on his return to work, he disclosed his feelings to Paul (e.g. lines 129-132). Given Bill’s account is introspective, where few people are mentioned; Paul’s account sheds light on Bill as a social being. Paul talks of two occasions where Bill confides in him (lines 129; 413), which demonstrates the position of trust that was afforded to him. In this case, Paul is to Bill as Kerry is to Edgar in the previous case, that is to say close friends who care for one another. As with Kerry, Paul’s tone is protective when it comes to Bill’s perceived premature return to work (lines 407-410):

*“Bill probably came back to work a little bit early than probably he needed to erm (..) he still looked incredibly frail incredibly ill I felt when he came back”* (lines 385-389)

Paul remembers Bill’s return being prompted by financial concerns:

*“Bill mentioned that you know he had to at some stage erm make a decision about coming back because in essence financially it was proving to be quite difficult not to come back”* (lines 413-416)

This memory is shared between Paul and Bill, which shows the disclosure that took place between them. In his narrative, Bill also surfaces his financial concerns as prompting his return to work (sub-session 1, lines 439-448). Again, like Kerry in Edgar’s case, Paul, in this case suggests an inflexibility in the sick pay policy (lines 390-393). Bill echoes this belief:

*“I felt (...) part panic over the mortgage but part you know anger frustration that they were erm (...) forcing their hand by moving to half pay I think someone else had said erm “Oh what they do downstairs they get you onto half pay if they think that you’re er it’s about time you came back” or something and that encourages you to get back quicker and erm absolutely you know I remember thinking “Absolutely it is””* (sub-session 2, lines 392-398)

### 5.5.3 Natalie

Unlike Paul, the tone of Natalie's account comes from the position of work colleague as opposed to personal friend. She acknowledges that friendship "*wasn't the relationship*" (line 330) between them. Despite travelling to Africa with Bill when his illness symptoms emerged, Natalie's tone is more detached than that of Paul or Felicity. For Natalie, their shared experience in Africa appears to have driven them apart as opposed to bringing them together. Natalie remembers Bill revealing his symptoms to her during the trip (lines 369-373; 396-401). She acknowledges the significance of this disclosure given that she views Bill as private (lines 323-324) and emotionally contained (line 176; 375). She says:

*"For somebody who doesn't disclose a lot of what they are feeling that was fairly telling [laughs]"* (lines 459-460)

Natalie laments that she failed to respond to his disclosure (lines 390-394) and admits to being "*scared*" by his trauma (lines 406; 437). By failing to relate, she describes feelings of guilt (line 363) at not having better supported him (lines 377-379; 389-393; 403-405). This would explain the consequent 'distance' in the tone of her interview account. Given her perceived failure to connect with Bill before his diagnosis, Natalie is left feeling uncertain about his emotional state on his return to work post-trauma (lines 543-544): "*I don't know what he was feeling*" (line 294). Natalie's language displays mistrust about his behaviour on his return. For example, she talks about Bill knowing how to "*manage himself*" (line 283, 295). She describes his emotional regulation as the "*business*" of being "*closed*" (lines 204-205); and says: "*he gave the impression of being able to do the work*" (lines 240-241). She also recalls a consultant having "*sussed Bill out*" (line 289) in terms of his ability to manage his emotions at work post-trauma. The use of the word "*suss*" here suggests an investigation. Indeed, the term was originally used as a shortened version of 'suspect'. The investigative tone is also apparent through her use of the word "*detect*" and its derivatives, which she uses on three separate occasions (lines 364; 392; 546). Natalie alludes to her 'investigation' of Bill when recounting an exchange between them soon after his return to work. She remembers questioning Bill as to why there was no observable change in him at work post-trauma:

*"I asked him you know "you're just kind of performing as normal but you had this major thing happen to you" you know what "how is that happening?""* (lines 230-233)

Natalie does not appear to have responded to Bill's disclosures in the same way as Paul, which may have led to mistrust and disconnection between them.

## 5.6 Shared themes

There are three core themes that converge across the witness accounts. The first relates to Bill's self-presentation post-trauma. The second relates to Bill's managerial growth post-trauma, and the third is a shared negative assessment of personnel's handling of Bill's sick leave. Each of these themes will now be addressed in turn.

### 5.6.1 Bill's self-presentation post-trauma

The witnesses talk of Bill's positivity (Felicity, lines 178; 434; 437; 527; 965), enthusiasm (Paul, line 89) and friendliness (Natalie, lines 143; 166; 175) at work post-trauma. Felicity notes that in all the time she worked with Bill, he never appeared negative (lines 183-186). They talk about Bill's emotional intelligence, with Natalie describing him as "*attuned*" to people (line 143) and Felicity describing him as "*aware of people and their dynamics*" (lines 515-516). Paul notes that Bill is "*absorbing of the people around him*" (line 197). Despite these shared views of Bill, their beliefs about the extent to which Bill changes post-trauma vary, notably between Paul and Natalie who worked most closely with him. Paul remembers a significant "*shift*" (lines 218; 250; 263) in Bill, whereas Natalie is unclear as to whether Bill changed or not (lines 144-145). In her account, Natalie oscillates between describing Bill as unchanged (lines 225-233; 336-337) to saying he was different in his management style (lines 201-202) and more emotionally "*contained*" (line 168) or more "*closed*" (lines 204-205). This may reflect the difference in the closeness of their respective relationships with Bill. Natalie admits "*there was a different relationship*" (line 178) between them, which for her appears to be a more distanced one. For example, Natalie questions if Bill was "*different in himself*" (lines 182-183) since he did not share his feelings directly with her (lines 177; 323-324). She is left to reflect on whether the trauma led Bill to ask "*deep questions*" of himself and his life as a result (lines 270-274). Paul, on the other hand, comments on an "*apparent*" and "*visible*" (line 263) shift in Bill's approach to work. Paul and Bill may have been brought closer together since Bill disclosed some of his feelings to him (lines 120-121; 127-132). Paul mentions feeling an empathy for Bill (line 598), which may explain the trust and connection that was built between them. This may also explain why Paul saw a "*shift*" in Bill's management style post-trauma (lines 218; 250; 263).

### 5.6.2 Managerial growth

Paul describes Bill's managerial growth (lines 219; 248-252) as being "hands off" (lines 137; 534) and talks of Bill becoming "much more of a coach" (line 222) as opposed to his previous "directional" style (line 248). Paul also sees Bill as more relaxed (line 133) and more open about his personal life (lines 186-189). Natalie, on the other hand, describes herself as more self-sufficient as opposed to it being Bill who drove this change (lines 194-195). She explains that they had to "run without him" (line 178) while he was away. Paul sees it differently and describes Bill as giving them the autonomy to run projects themselves (lines 148-151). Both Paul and Felicity describe Bill becoming more confident (Felicity, line 412; 422); more ambitious (Paul, lines 100-101; 103-107; 536; 579) and achieving career promotion following his trauma (Felicity, lines 384-387; 387-389). Paul describes Bill's career progression as a "meteoric rise" (line 118). This is one of the most visual descriptions Paul uses in his interview and conveys the scale of professional growth that Paul believes he witnessed in Bill post-trauma. It is a word that struck me as memorable during Paul's interview (Research Diary, 21 March 2011). In her interview, Felicity describes Bill's career progression as a physical growth. Figuratively, Felicity saw Bill as a bigger person as a result of his trauma:

*"He'd come through this terrible experience and all that remained intact and not only that but then seemed to kind of grow and fill much bigger spaces"* (lines 956-959)

### 5.6.3 Bill's sick leave

All three witnesses describe deficiencies in the way the personnel department handled Bill's sickness absence. Paul and Natalie comment on the inflexibility of the sickness-pay policy (Paul, lines 390-393; Natalie, lines 533-535) which leads them to question if Bill was ready to return to work (Paul, lines 407-410; Natalie, lines 543-544); or if it was the reduction in pay that forced him back to work (Paul, lines 413-416; Natalie, lines 545-546). Natalie and Felicity talk about personnel's lack of compassion (Natalie, lines 537-539; Felicity, line 245). In sub-session 3, Bill delineates between personnel's "schizophrenic" response (sub-session 3, line 442) and the "human" (sub-session 3, line 450) interaction he experienced between himself and his line manager (i.e. Felicity) and his colleagues. Bill describes personnel as "challenging" (sub-session 3, line 456). Felicity blames personnel for the "distress" (lines 756; 857) Bill suffered. In sub-session 3, Bill reflects more generally on the "over-bureaucratisation" (sub-session 3, line 505), which in his view made it "transactional" (sub-session 3, line 519). He says that this prevents line managers from providing important "personal" support (sub-session 3, lines 496; 526) to individuals in the face of trauma. On

personnel's mishandling of Bill's sick leave, Felicity says:

*"A bad phase that the organization went through basically and unfortunately Bill was at his most vulnerable"* (Felicity, lines 867-868)

## 5.7 Case synthesis

The purpose of the final part of this case account is to highlight the threads of commonality and difference that run across Bill's story and his witness' accounts. In Bill's case, this centres on his psychological struggle at work post-trauma. He reveals the depth of this struggle within his own story; however his witnesses question his psychological state, which suggests that his mental health issues remained hidden at work. Connected to his psychological struggle, is the concept of 'emotional labour' (Hochschild, 2012). By *"performing"* (Natalie, line 230) at work, Bill conceals his struggle. Where work is concerned, Bill describes feeling a pressure to *"perform"* (sub-session 1, lines 444; 537; 733; sub-session 3, lines 131; 194). When I asked Bill why he had chosen to volunteer for the study, he said that employers needed to better understand the *"true impact of trauma be it physical or mental"* (sub-session 3, lines 644-645). Bill's psychological struggle at work appears to have left an indelible mark upon him and motivates him to share his story. In sub-session 3, he talks about becoming a more *"holistic"* manager as a result of his experience (sub-session 3, line 198) and how he now recognises the *"damaging"* (sub-session 3, line 195) impact of personal trauma on employee performance. He says:

*"Sometimes in terms of illnesses the emotional side of illness is not given enough credence... medically in treatment but also sometimes in the sort of the reactions within the workplace"* (sub-session 3, lines 101-104)

The emotional impact of trauma was significant in Bill's case, particularly in terms of re-adjusting back at work. In the story itself, Bill recounts the mental struggle he faced both in hospital (sub-session 1, lines 278-280; 335-339; sub-session 2, 104-106; 108-109; 184-187; 226-228; 444-446); and on his return to work (sub-session 1, lines 440-448; 5160517; 547-549; 569-570; sub-session 2, lines 444-446). Additionally, his witnesses notice that he may have been facing psychological issues on his return to work. This theme characterises the case synthesis.



### 5.7.1 Noticing the hidden:

Bill describes his re-adjustment back at work after his six-month stay in hospital (sub-session 1, lines 198-199; 425-426; 482 sub-session 2, lines 205-206) as *“quite challenging”* (sub-session 3, line 339). He reflects on this struggle in sub-session 1:

*“That period at work I was still in a bit of a psychological state over my illness”* (sub-session 1, lines 569-570)

Both Felicity and Natalie suggest that Bill may have been hiding the extent of his suffering on his return to work (Felicity, lines 538-539; Natalie, lines 236-238). Paul remembers Bill disclosing that he found work *“stressful”* (lines 130-132). Bill himself acknowledges that mental health *“issues”* emerged for him (sub-session 3, line 121). Felicity suggests that Bill was feeling *“a little bit out of control”* (lines 503-504). In sub-session 3, Bill reflects back on the avoidance strategies (e.g. Zeidner and Saklofske, 1996) he used to cope at the time:

*“I would say you try to not go back there... or try and block certain aspects of the trauma from your mind and focus on other areas be it practical areas or areas you’re more in control of or areas you can move forward in erm so I think there’s a there’s a sort of I think one strategy is definitely avoidance of going there* (sub-session 3, lines 111-117)

Despite his physical healing, Bill was not psychologically ready to return to work (sub-session 1, lines 540-542). Paul also believes that he went back too soon (lines 386-389; 407-410). Bill acknowledges that he needed to build up his confidence (sub-session 3, line 129) on his return to work; but admits that this was quickly *“overtaken by a need to perform”* (sub-session 3, line 131). Bill’s self-imposed pressure to perform led him to create an image of himself at work as someone who was coping. Felicity describes seeing *“no evident impact on the way he went about his work”* (lines 308-309). Natalie did not notice any reduction in his capability (lines 547-548). Bill, on the other hand, admits that he was struggling (sub-session 1, lines 569-570; sub-session 3, line 120; 590-595; 602). Bill describes an expectation not to show his feelings at work:

*“At the time I wasn’t too emotional that was expectation erm and that’s probably true erm (.....) yeah I think that’s about trying to think (.....) professionally (....)”* (sub-session 3, lines 304-306)

Like others in this study, Bill equates professionalism with emotional containment. By not displaying his true feelings his colleagues are given the impression that he is coping. Felicity describes Bill's "*personal robustness*" (lines 334-335) and talks about being impressed with the way he "*held things together*" (lines 567-568). Natalie marvels at his ability to cope (lines 375-376). Bill's projection of emotional stability appears to have created a work identity that his colleagues believed to be authentic. Felicity, for example appears to have no idea of the struggle Bill was facing (lines 577-578), whereas Natalie admits to not actually knowing his true feelings (lines 293-294). In his interview, Paul reflects on the 'modus operandi' in the workplace, where personal difficulties are neither noticed nor discussed:

*"Normally at work you sort of you can blindly sort of er go on without sort of really recognising sort of colleague's traumas and trials and tribulations and things"* (lines 617-619)

Bill does not believe he received emotional support from his work on his return (sub-session 3, lines 587-595) and after six months, he describes the business having moved on; but there still being psychological issues "*lurking*" for him (sub-session 3, line 602). He says: "*the organization moved on quite quickly*" (sub-session 3, lines 629-630) while he was still coming to terms with the trauma. For Bill, it was his emotional breakdown at home (sub-session 1, lines 532-546; sub-session 2, lines 481-504) and the subsequent counselling that enabled him to moved forward (sub-session 1, lines 657-658).

## 5.8 Reflexive critique

By shifting between different reflexive positions (i.e. critical self-reflection, intersubjective reflection and mutual collaboration) at different stages in Bill's case, not only did this help to surface different reflexive voices, it also helped to prevent against my own researcher myopia and to build a picture of the multiple subjectivities that exist. For example, during data collection I engaged in critical self-reflection, which led to learning on my part. In the self-debrief that followed Bill's interview I noted:

*"I'm surprised how open people are being and how long they talk for. It seems that they really want to share their story with me even though we've never met before."* (Research Diary, 19 January 2011)

By critically self-reflecting in this way, I was able to understand how the interviews became

therapeutic for some of the participants and also I became aware of my competence as a researcher in being able to establish trust between myself and those involved. For Bill, the interview setting provided him with a space to critically-self reflect. In sub-session 3, for example, he realised that his emotions surrounding his trauma were still evident:

*“I found it interesting to look back and reflect because it’s quite a while ago erm I was slightly surprised that I still got emotional”* (lines 37-39)

These reflexive comments show how his sense of self and the meanings of his trauma experience are dynamic and shifting. He goes on:

*“There are certain aspects which I always find emotional to talk about and perhaps they always will be”* (sub-session 3, lines 43-44)

Bill also shifted into intersubjective reflection during data collection by reflecting on how the interview dynamic between us had affected him. The ‘silent space’ that was created in the interview was disconcerting for him. He voiced this to me after sub-session 1:

*“He also said he found it difficult making eye contact with me during interview as he could see me nodding, but without a verbal response it made him feel a bit odd. He said he found it easier to look at the table in order to take himself back to that time and to remember what happened.”* (Research Diary, 19 January 2011)

This diary extract shows that the biographic narrative approach to data collection, which aims to limit researcher intervention, so that the individual’s story may be completed in full, may have unnerved as opposed to empowered some of the participants. In Bill’s case, my presence alone affected his embodied experience of the interview. His reflexive comments illustrate how his sense of self and the meanings of the interview experience itself emerged as a dynamic process. Nicolson (2003) calls the reflexive relationship that is established between the researcher and participant the “*third actor*” in the research scenario (2003:138), which would not have been surfaced without an approach to reflexivity that enabled a shift between reflexive positions and one that foregrounded Bill’s reflexive voice.

Furthermore, when I listened to the audio recording of Bill’s interview again during the analysis of his case, I noted how I struggled emotionally to deal with the material, because it was more graphic and hard hitting than I had remembered:

*“I can’t remember finding the interview as emotional as I found it going through the transcript and audio again. I realise I wasn’t emotionally prepared for what I would read, then hear again and it made me think that I must prepare the panel for this.”* (Research Diary, 31 July 2012)

Here, my experiences were being shaped by a form of intersubjective reflection, but instead of it being person-to-person, like Bill’s reflections of the interview encounter, this was a person-to-text reflexivity when I re-engaged with Bill’s story in the written form. Bill’s reflexive engagement appears to have continued beyond the interviews. For example, several months after the interviews had taken place, he sent me an email giving his consent for the interpretative panel. In this email, he continues, unprompted, to critically self-reflect:

*“I feel I need to say that sadly Geoff who I think I spoke about in my interview sadly died end of last year of leukaemia. I started a new job just a couple of weeks afterwards which was probably more traumatic than having it myself - anyway appreciate your research is by definition time bound but I guess my sense is now that traumas at work are roller coasters on a continuum rather than a once in a lifetime event that has an end point. Anyway, that off my chest, on a more positive note well done for getting this far - and keep at it.”* (15 July 2012)

This quote shows how the reflexive process and the relationship between us developed over time. By shifting between different reflexive positions, not only did this help to surface different reflexive voices and to build a picture of the multiple subjectivities that exist, it was also an important vehicle for self-insight. For Bill, this appears to have become an unintended, but important consequence of the research process. These elements were integral to the reflexive approach in this study and contribute towards the new conceptualisation of reflexivity that is presented in chapter 8.

## **6. DIANE**

## 6.1 Introduction

At the time of the interviews in January and March 2011, Diane (aged 50) was working as a senior manager in a third sector organization in the South-East of England. Both interviews were conducted in Diane's place of work and she requested that information about her role and the nature of her organization remain confidential, therefore they will not be described in any detail. In 2008, Diane suffered a double bereavement, losing both her sister and her father to cancer in the same week.

## 6.2 Diane's self-presentation: nowhere to grieve

### 6.2.1 Exploring the tone and structure of Diane's narrative

Both the tone and structure of Diane's sub-session 1 narrative appear to reflect how she experienced her trauma. Her narrative is short, at 140 lines, its brevity contrasts with the narratives of other participants', such as Edgar's over 800 lines, Bill's over 600 lines and Peter's over 350 lines. She describes her narrative as a *"story in a nutshell"* (sub-session 1, line 268), in which the word *"nutshell"* carries a double-meaning. Not only is her sub-session 1 narrative short, but also self-protective in tone. It lacks emotional detail, which manifests itself in the story structure. For example, it is told chronologically as a series of reported events (e.g. sub-session 1, line 128; 131-132; 140; 161-162; 172-173; 190; 217). By relaying the 'facts' of her experience, Diane keeps her emotions contained (e.g. sub-session 1, line 139). This may have been driven by feelings of vulnerability, since trust was not yet established between us. Indeed, as the interviews progress the tone of Diane's interview changes and she begins to show emotion in sub-session 2 (e.g. sub-session 2, line 21). However, unlike Edgar (sub-session 2, lines 223- 237); Bill (sub-session 1, lines 243-256) or Peter (sub-session 1, lines 317-318; sub-session 2, lines 77-78); there is no display of grief in Diane's story. Her emotionally-regulated tone may reflect the way in which she experienced her trauma. In sub-session 3, for example, she admits that she needs to 'hold it together':

*"Everyone around me is collapsing at home my mum's in a terrible state she's not coping my brother's having a nervous breakdown my husband's almost on the verge of one you know my sister she was you know she was having a terrible time because she was also almost at the same time she was pregnant and they nearly lost the baby and at work you know what I've got to come in and do my job what's going to happen if I fall apart it was almost like I can't do that and luckily it's not in me to completely fall apart I'm not saying I didn't have bad days I had very bad days but it's about erm you know I wasn't allowed to [laughs] so I you know it was almost like I can't allow myself the luxury of falling apart because if I go that's it*

*everything goes [laughs]*" (sub-session 3, line 315-326)

It may be that the context of the interview affected Diane's willingness to open up. Diane's interviews took place at work, a setting in which she admits she does not discuss her trauma (sub-session 2, lines 304; 321-323). Diane appears to be in 'work mode' during the interview. At times, she uses management speak. For example, she describes her mother as though she is appraising a team member "[she is] *not a very capable person*" (sub-session 1, line 148). She also talks about needing to "*manage*" her family's feelings (sub-session 1, line 150). I felt that the work context affected the tone and content of her talk. I made a note of this in my research diary at the time:

*"Diane's office setting may have contributed to what I feel was a sanitised version of her story."* (Research Diary, 21 January 2011)

Diane describes grief as a "*luxury*" (sub-session 3, line 325; 327; 328), which suggests she does not give herself permission to grieve. She equates the outpouring of emotion with "*falling apart*" (sub-session 3, lines 312; 321; 323; 326) and instead puts pressure on herself to hold it together. As a result, this stress surfaces as displaced anger, which is echoed in her narrative. In sub-session 1 for example, as soon as Diane starts to express anger (lines 261-263) she closes down her narrative and draws the story to a close (line 268).

#### 6.2.2 Exploring themes in Diane's narrative

One key theme pervades Diane's narrative, and that is of "*disenfranchised grief*" (Hazen, 2003:149) or "*stifled grief*" (Eyetssemitan, 1998:470). This concept describes situations where individuals are unable to openly express their grief, which means they are unable to fully heal (Bento, 1994). Diane's background and upbringing appears to have been formative in shaping her attitude towards emotional expression. She talks about coming from a family in which emotions are not shared (e.g. sub-session 2, lines 50-53) and describes feeling as though she had a responsibility to remain stoical for the rest of her family (e.g. sub-session 1, lines 149-150). Diane's work environment also appears to have "*stifled*" (Eyetssemitan, 1998:470) her grief. For example, she describes working in an environment where she does not feel it is safe to share her feelings (sub-session 2, lines 322-323; 342-343). With no channel for her grief, either in her professional or her personal life, anger becomes her only emotional outlet.

### 6.2.3 'Stifled' grief at home

Diane was brought up in a large Catholic family (sub-session 2, lines 35-36; sub-session 3, lines 414-415) in which she is the eldest of six children (sub-session 1, line 152; sub-session 2, line 23; 36). She talks about her relationship with her parents during the period of her father and her sister's illnesses, particularly her relationship with her mother (sub-session 1, lines 147-148; sub-session 2, lines 48-49; 54-57; 210-214; 386-395). She describes the anger she feels towards her mother because of her denial of her father and sister's illnesses (sub-session 2, lines 48-49) and her mother's inability to cope (sub-session 1, line 147-148; sub-session 2, line 388-389). Diane tries to counter her mother's ineptitude by presenting herself as a stoical matriarch, both in her work (e.g. sub-session 1, lines 206-208; 236-237; 239-242; sub-session 2, lines 263-267; 288-289) and in her home life (sub-session 1, lines 143-146; 149-150; 155-157; sub-session 2, lines 277-280). Diane also describes the anger she feels towards her mother for 'stifling' the sharing of her grief between her and her father (e.g. sub-session 2, lines 48-51; 394-395). In one narrative segment she says:

*"She refused to believe it she refused to say he wasn't going to get better and I was very angry with her afterwards because I wanted to him to have the opportunity to have the conversations for a good death not that there is any good deaths but I wanted him to have erm you know be able to talk about what he wanted and things and that was never able to happen"* (sub-session 2, lines 47-54)

The 'feeling rules' (Hochschild, 1979) in this family appear to be that emotions are not shown or shared. In this quote she begins by saying *"I wanted him to have"* and then hesitates. It is as though she is about to go on and say *"the opportunity to talk"* but instead she says *"to be able to talk"*. Diane's choice of words here suggests that her parents failed to create a space where feelings could be shared at home (sub-session 2, line 395); therefore the family may not have learned how to express emotion. This is evidenced earlier in her narrative when Diane describes not knowing *"how to be or react"* (sub-session 1 line 212) when faced with death and then in a PIN in sub-session 2 when, in conveying the news of the death of her sister, she simply says *"she's dead"* (sub-session 2, line 196).

Diane's 'feeling rules' may govern her interview behaviour. She appears reticent to open up emotionally during her sub-session 1 narrative and cries only once during the interview process. This is at the beginning of sub-session 2 (line 21) when I ask her what she remembers about the day of her father's diagnosis. It is her memory of the image of her



father in hospital, when he was reduced to the ignominious position of carrying his clothes in a paper bag, which causes her to cry (sub-session 2, lines 19-22). However, when Diane does cry, it is momentary. There is no outpouring of grief. Instead, she takes two long pauses (sub-session 2, line 21). The first, an eight second pause, appears to be while she replays the events in her mind, and the second, a twelve second pause, appears to be an attempt to regulate her emotions. Not only does Diane talk about her family life lacking the “*space to talk*” (sub-session 2, line 195), but also she describes there being no “*safe*” space at work (sub-session 2, lines 435; 441). This may be because, in a stoical attempt to cope, she ‘stifled’ her own grief at work (sub-session 2, lines 269-270; 288-289) and instead used it as a form of avoidance coping (e.g. Zeidner and Saklofske, 1996) (sub-session 2, lines 290-293; 295-297). For example, she says:

*“It was better for me I think to be at work rather than thinking about it because the only thing is sometimes on the way in and the way out of work when I had moments to think I got very very upset”* (sub-session 2, lines 290-293)

Diane’s work environment appears to have played an important role in shaping how she responded to her trauma.

#### 6.2.4 ‘Stifled’ grief at work

Diane describes feeling a pressure to maintain a level of ‘professionalism’ at work post-trauma (sub-session 3, lines 257-258). Without being able to openly express her emotion at work, her grief becomes displaced anger (sub-session 1, line 263). In her narrative, Diane recognises this anger (sub-session 1, line 262; sub-session 2, lines 147-149; 257-259; 398-401; 408-415). For example, she says:

*“I remember being very angry all of the time and sometimes not being able to hide it very well it would you know it would pop up every now and again and really being very irritated with people so being on quite a short not a short fuse but certainly (..) feeling erm (..) really irritated (..) with people generally basically with everybody I was really really pissed off about everything and everyone [says laughing]”* (sub-session 2, lines 363-369)

This quote illustrates the negative effects of emotional labour (Hochschild, 2012) by trying to suppress her grief at work. Diane describes her anger as “*popping up*” (sub-session 1, line 262; sub-session 2, line 365) as though she is attempting to keep a lid on a pressure cooker of emotions. Her anger was noted by Diane’s boss (Gary). In his interview, he describes her

behaviour as “*turbulent*” (line 158) during the time of her trauma. Diane’s anger is directed towards other people; such as her boss (sub-session 2, lines 241-244; 257-259); and her work colleagues (sub-session 2, lines 132; 134-135; 136-137; 398-401). In a workplace where there is often a lack of understanding about the grief process among managers or colleagues (Hazen, 2009; 2008; 2003), this may have had a detrimental impact on Diane’s relationships at work as a result. As she reflects:

*“I think probably some relationships in the organization I had were not good (...) I found it really hard to erm when I felt that I wasn’t being given due care or respect or being listened to I got incredibly angry about it”* (sub-session 2, lines 398-401)

Diane talks about not being “*listened to*” (sub-session 2, lines 149; 410; 401) at work, yet she also acknowledges that she did not talk about her trauma at work (sub-session 2, lines 301-304; 304-305; 321-323). She also uses the phrase “*due care*”, which suggests that Diane feels she was owed care from those around her at work. In a conversation with her boss where she relays the news of her sister’s death, she remembers wanting to resign because of the lack of care she receives:

*“When I phoned that it was like “oh well you’re not coming back then on Monday?” and it was like “no” [laughs] “hello?” “my sister’s just died now on top of my father and it’s going to be another week before we can organise a funeral” and I remember feeling quite annoyed because I wasn’t annoyed at the fact that he was making the right noises he was making all the right noises you know that’s great you know it’s very sad and everything but I did get this underlying sense of pressure and I thought it was really inappropriate and I was so annoyed I think I probably I if he had said to me pushed it in any way at all I’d have probably just said “I’m not coming back I’m handing in my notice right now” I was so angry”* (sub-session 2, lines 249-259)

This quote highlights the intersubjective nature of human exchange. Diane’s boss (Gary) may not have been empathic to her situation at the time. Gary, describes himself as not being supportive (Gary, lines 607-609). However, it may also have been that he did not know what to say, therefore his response was inappropriate: “*oh well you’re not coming back then on Monday*”.

Like Bill, Diane talks about feeling a pressure to perform when she is at work and instead displays to work colleagues that she is coping. She remembers telling them *“I don’t want to be treated with kid gloves”* (sub-session 1, lines 206-207; sub-session 2, line 265). Diane believes that her organization expects her to put on a brave face (e.g. sub-session 2, lines 305-308), so she reciprocates with a stoical self-presentation at work. However, this professional façade places further stress on Diane. She acknowledges that she did *“just cope”* (sub-session 2, line 270) and describes herself as *“going a little bit mad for two years”* (sub-session 1, line 234-235).

Diane’s projection of herself as coping at work may have also prevented colleagues from displaying compassion. She says that she wanted people at work to show her kindness (sub-session 1, lines 246-247) however, by telling people not to treat her with *“kid gloves”* (sub-session 1, line 207; sub-session 2, line 265); stating *“I’m not a victim”* (sub-session 2, line 267), work colleagues may not have felt they could show her compassion. Diane says she felt unsupported at work (sub-session 1, line 201-202; 246-247; 254-256; 257-259; 264-266; sub-session 2, line 261-263). However, by not talking about her grief, work colleagues were not given the opportunity to support her. There may be contextual reasons that Diane *“didn’t elaborate too much”* (sub-session 2, lines 304-305). Diane’s organization may have followed the same kind of ‘feeling rules’ (Hochschild, 1979) that existed in Edgar’s organization (e.g. Kerry, lines 725-726; Michael, lines 745-749), where everyone says they are *“fine”* no matter how they are feeling. ‘Feeling rules’ are the unwritten social codes in organizations about how much of one’s true feelings should be shown or shared. Diane remembers adhering to these social norms in her organization:

*“When people ask me how I was and maybe some people did have genuine care I would’ve said “I’m fine” what am I going to say? “Actually no I think I’m going a bit mad””* (sub-session 2, lines 305-308)

In this quote, Diane recognises that colleagues may have attempted to show her genuine care, however, by saying she was *“fine”* they were effectively ‘shut out’. Like Edgar’s organization, Diane’s workplace also appears to operate within ‘rules’ which deny the expression of real feelings. Diane describes having to hide her vulnerabilities in order to protect her status (sub-session 2, lines 321-323). Like Edgar and Bill, Diane describes how the economic context affects the way she views her absence from work (Edgar, sub-session 1, lines 569-572; Bill, sub-session 1, lines 442-446). This fear leads to a self-induced

pressure to return to work quickly:

*“I was really worried about taking six weeks off of work and I was I have to say I was worried for my job because there’s a lot of people being made redundant there’s a lot of changes and I didn’t want to give people any excuse”* (sub-session 2, lines 325-328)

Edgar describes his Managing Director giving him re-assurances that his job was safe (sub-session 1, lines 647-650; sub-session 2, lines 917-918). However, like Bill, Diane does not receive the same re-assurance from her own manager. Diane’s narrative of “*stifled grief*” (Eyetsemitan, 1998) is also evident in two of her PINs, which both occur in sub-session 2.

### **6.3 Diane’s inner self: Focusing on the PINs**

#### **6.3.1 Seeing it in the sky PIN (sub-session 2, lines 178-196)**

This PIN emerges in sub-session 2, when I ask Diane if she remembers any more detail about the day her sister died. As a result of my prompt “*do you remember any more about that particular day?*” (sub-session 2, line 165), Diane recounts:

*“I remember the sky (..) it was really strange the sky on the motorway I was driving up there and it was like it was like er I’ve never seen a sky like it was full of colour and erm it was almost like you know something terrible was going to happen but it was there in the sky and erm and I just remember you know stopping off buying a toothbrush er getting my brother to erm to book the hotel getting to the hospital going in and David and his mother were there that’s his er and erm sitting by the bed and he said you know “do you want to you know say anything?” I really didn’t know what to say and I remember looking at the machine and then it was like “beep beep beep” and it literally did just go into a line and the nurse came in and she said erm she’s she’s “she’s going” and I and she said to me you know talk “you can talk to her because she can still hear you” and erm I just tried to get out the curtains because I had to get out the room and er couldn’t find my way out then I had to go into the corridor and phone my mum and my family and a lot of them were there at my mum’s house and I said my mum picked up the phone and I said to her “get my brother” and I said “she’s gone” and he said “what do you mean she’s gone?” I said “she’s dead” (..)”* (sub-session 2, lines 178-196)

Diane begins this narrative segment by saying “*I remember*” (sub-session 2, line 178) which indicates she has begun to re-live the experience in its re-telling. She also pauses to visualise the sky again. This PIN hinges around a vivid memory of the sky on the day of her

sister's death, in which it becomes an apocalyptic metaphor: *"something terrible was going to happen"* (sub-session 2, lines 181-182). She says: *"I've never seen a sky like it"* (sub-session 2, line 180). For Diane, the sky carried a prophetic message: *"it was there in the sky"* (sub-session 2, line 182). This PIN gives further insight into Diane's family dynamic as one in which emotions are not easily shared. In this PIN, she remembers bypassing her mother and delivers the news of her sister's death to her brother instead: *"I said to her 'get my brother'"* (sub-session 2, line 195). Her family's lack of emotional language is demonstrated in the matter-of-fact tone Diane uses to break the news of her sister's death: *"I said she's gone and he said what do you mean she's gone I said she's dead (..)"* (sub-session 2, lines 195-196). Diane appears to attempt to cope with the loss of her sister and her father by *"losing herself"* in her work (sub-session 2, line 289). However, by compartmentalising in this way (sub-session 2, lines 290-293; 295-297) her grief is 'stifled' at work and anger emerges in its place. The 'anger at work PIN' is the next focus of discussion.

### 6.3.2 Anger at work PIN (sub-session 2, lines 421-436)

In sub-session 2, I ask Diane what she means by the phrase: *"it's almost like you go little bit mad for two years"* (sub-session 1, lines 234-235). In the PIN that ensued, Diane's use of the word *"mad"* carries a double-meaning:

*"I remember we were in a meeting and actually the project manager was going on about erm I can't really remember what it was now but I really lost it and I just said erm 'why' you know 'don't ask me ask so and so why are you asking me now because you never have asked my opinion previously?' and 'I have already told you' you know 'why are you asking me?' 'just ask them because that's who you've got working on this' when you should actually have me working on it and I got very angry and I lost it a little bit I didn't like it was hugely bad because I actually instead of just sitting passively as people tend to do in meetings you're not actually allowed to have an opinion in a meeting that sort of strong opinion you know in the workplace you have to choose your words very carefully and actually be a bit robotic but if you're passionate about something and you really care and it makes you angry there are very few organizations you can do that in a safe way without being seen as being difficult"* (sub-session 2, lines 421-436)

The anger described here illustrates the stress Diane was under at the time of her trauma. Not only does Diane 'go mad' in an emotional sense, she also says that she *"lost it"* (sub-session 2, line 423; 428) suggesting that she was under psychological strain. She evaluates

this display of anger at work as being “*hugely bad*” (sub-session 2, line 429) given the ‘normal’ conventions of meeting behaviour, that is to say “*sitting passively*” (sub-session 2, line 429) and being “*robotic*” (sub-session 2, line 433). These descriptions may allude to an organizational culture in which people’s feelings are suppressed: “*you’re not actually allowed to have an opinion in a meeting*” (sub-session 2, lines 430-431; and in which her grief is ‘stifled’. In this PIN, Diane’s behaviour is childlike. For example, she says: “*why are you asking me? Just ask them*” (sub-session 2, line 426). The outburst represents a child-like tantrum. In a family where “*conversations for a good death*” (sub-session 2, line 51) are not allowed, it is unsurprising that Diane’s emotion surfaces inappropriately elsewhere. In this outburst, Diane may have been looking for an outlet for her grief. She says: “*there are very few organizations you can do that in a safe way without being seen as being difficult*” (sub-session 2, line 434-436). If her colleagues had truly understood Diane and the psychological strain she was under at the time of her trauma, they may have offered her professional support for her grief. Instead, this was picked up by her GP some time later (sub-session 1, lines 259-263). In this PIN, Diane again alludes to the ‘feeling rules’ (Hochschild, 1979) that govern behaviour at work, which prevent her from expressing her true feelings. In this PIN, she says: “*in the workplace you have to choose your words very carefully*” (sub-session 2, lines 431-432). In the ‘anger at work’ PIN, Diane calls for a “*safe*” workplace in which her emotions can be displayed without fear of judgement or reprisal. This could be interpreted as Diane calling for a culture of compassion that supports her to be her true self at work.

#### **6.4 Exploring third party views: Diane’s workplace witnesses**

Diane chose to nominate two workplace witnesses. The first is Gary, who was a Managing Director in Diane’s organization and her line manager at the time of her trauma. The second witness is Nicola, who is one of Diane’s direct reports. Both interviews took place in March 2011. I interviewed Gary at his new place of work (he had left Diane’s organization) and I interviewed Nicola in both her and Diane’s place of work. In this section of the case, I first examine the tone of each of the witness interviews in order to provide an insight into the position from which they speak. I then move on to explore their shared themes before synthesising the case as a whole.

##### **6.4.1 Gary**

Gary’s interview is self-reflective. He draws parallels between his own trauma experience and that of Diane (lines 317-321). He talks about the death of his mother to cancer (lines 272-275) as a learning experience (lines 289-295; 312-314; 319-321; 325-327; 554-557). This experience helps him to empathise with Diane (lines 504-510; 527-532). For example,

he says:

*“I went through a traumatic experience you seem to have lots of records playing in your head at the same time and it just makes decision-making and judgement quite difficult”* (lines 537-539)

In this quote, Gary uses an analogy of multiple records playing in his head to describe his interpretation of the impact of trauma on individuals when they are back at work. For Gary, the interview becomes a site of reflexive engagement and creates an introspective tone to his talk. For example, he reflects on trauma as re-shaping self-identity as a result (lines 434-435) and describes himself as *“hardened”* (line 290) as a result of his own experience. Gary also adheres to the prevailing ‘feeling rules’ by describing himself at work as a patriarchal man who carries a *“stiff upper lip”* (line 321; 551-552). Gary reflects on himself as a manager and questions the amount of support he offered Diane: *“at times I wonder how really empathetic I was”* (line 308). He remembers not responding to Diane with compassion because he himself had not received support when he experienced his own trauma: *“I sort of had a level of indignation about that and then you think well I didn’t get much support”* (lines 309-311). He also reflects on himself as *“driven and demanding”* (line 326) despite Diane’s emotional fragility at work. He remembers there being limits to the support he offered Diane at the time, because in his mind, *“there was a job to be done”* (line 295). These reflections create a confessional tone to Gary’s interview. He ends his interview with expressions of guilt about the way in which he managed Diane:

*“Yeah feel a bit do you feel guilty about it yeah a bit [laughs] but sometimes not at all sometimes yeah am I being manipulative rather than supportive”* (lines 607-609)

#### 6.4.2 Nicola

In contrast to Gary, Nicola’s interview carries a child-like tone (lines 457; 462). At times, it is hesitant (line 101; 143) and un-assured. For example, she says “erm” 187 times during the course of her interview. She struggles to find the right words (lines 274-275; 477-478) and appears to be trying to say the ‘right thing’ (lines 157-161). At the beginning of the interview, it also appears as though she is trying to please me as the researcher:

*“Actually until we’ve just sort of sat down I was thinking before God you know this was years ago because it was a couple of years three four years ago now and you know first of all I*

*might not be able to remember but secondly I don't know she's been the same but actually just sitting here now and just the way you've just gone through obviously the thing is there have been changes"* (lines 98-104)

This quote suggests that Nicola may not have previously reflected on Diane's trauma experience. It is in the interview itself that she has the space to reflect, which leads her to realise that Diane and her relationship with her is now different. For Nicola, the interview is a site of "real-time reflexivity" (Weick, 2002:893) as she reflects in-the-moment.

Much of the content of Nicola's interview hinges around her relationship with Diane both before and after her trauma (lines 146-148; 173-175; 236-237). In their relationship, Diane plays the role of a mother and Nicola is a child. Nicola describes Diane as a "mother-hen" (lines 117; 360) who looks after the team like "her little babies" (line 362). Like Gary, Nicola views Diane's trauma through the lens of her own experience, which for Nicola is the experience of motherhood (e.g. lines 144-145; 173-175; 266-272). There are three PINs in Nicola's interview, all of which depict the relationship between her and Diane before and after the trauma (lines 275-292; 319-362; 390-410). Like Gary, her interview is also a site of reflexive engagement. At the end of the interview, she notes:

*"Our relationship I suppose since erm like the last three or four years when I came back the second time it's completely different and I I've never really thought about it really why erm but actually maybe it's to do with this maybe it's to do with erm you know with everything that happened on a personal level"* (Nicola, lines 723-728)

For both Gary and Nicola, the interview gives them an opportunity to reflect on their experiences and to draw learning from them. Consequently, the reflexive space that is created during the interview process was taken up by both of them.

## **6.5 Shared themes**

Diane's witness accounts converge in two areas. Firstly, in their impressions of Diane at work immediately after her trauma, and then in the longer term, the way in which her trauma led to her 'managerial growth'. The second area of convergence is in their descriptions of the organizational culture in which they work. Each of these themes is now discussed in turn.



### 6.5.1 Managerial growth

Gary describes Diane immediately after her trauma as swinging between “*euphoria and despondency*” (line 190) or between optimism and pessimism (lines 191-192). He remembers Diane being “*turbulent*” (line 158), which may be his interpretation of her angry outbursts. Nicola remembers Diane being “*tired*” (line 423) and “*drained*” (line 424) following her bereavements. Unlike Gary, Nicola does not describe her as experiencing mood swings. Instead, she remembers Diane as highly self-regulated:

*“If you knew her you knew she wasn’t her usual self really but she you know she was professional she came in and got on with her work”* (Nicola, lines 435-437)

This quote illustrates how Nicola, like Caitlin in Edgar’s case (e.g. Caitlin, lines 519-522) equates not showing emotion with being ‘professional’. She describes Diane’s ‘professionalism’ post-trauma on several occasions (lines 367; 417; 421; 437; 617).

When reflecting over a longer time horizon, both Gary and Nicola witness changes in Diane. Nicola describes Diane now as “*completely different*” (lines 175; 724-725) and having “*completely changed*” (lines 172; 492). Both Gary and Nicola describe her as more “*relaxed*” at work (Gary, line 139; Nicola, lines 184; 189; 208; 232; 248; 306; 313; 485), which Diane also recognises herself (sub-session 3, lines 177; 180; 212; 223; 227; 495). Gary describes Diane as having found more “*balance*” (line 144) in her life, which again is echoed by Diane (sub-session 3, lines 146; 151-152; 155-156). In sub-session 3, for example, she says: “*work is important but it is not life*” (sub-session 3, line 143). Nicola witnesses managerial growth in Diane, describing her as “*a better manager*” (line 750) as a result. Diane also describes herself as becoming a better manager (sub-session 3, line 167), particularly in terms of the insight and empathy that her experience has given her. Diane describes it as an ability to look beneath the surface of how people present themselves at work (sub-session 3, lines 160-162).

### 6.5.2 Organizational culture

The second area of convergence is their descriptions of their organizational culture at the time of Diane’s trauma. Nicola describes it as a culture in which people are “*getting away with different things*” (line 77), which indicates some level of wrong-doing. Gary also holds this view. He says:

*“Good people that worked hard and were going through a difficulty didn’t seem to get a lot of slack it was more sympathy given to people who just weren’t performing” (Gary, lines 395-397)*

Gary laments that this is as a problem characteristic of the non-profit sector where poor performance is tolerated (lines 403-407; 591-598). He also believes that the organizational culture contributed to Diane’s stress during her trauma (lines 159-162; 177-178; 365-367; 411-412; 437; 439-440); particularly unfair criticism surrounding her performance at the time (lines 350-356; 362-364; 467-477). He recounts one particular incident in which Diane was criticised in a particularly unprofessional manner. (Some words in this quote have been removed for reasons of anonymity.):

*“We’d been in a meeting [laughs] and the person at the other end obviously thought the conference call had ended and went on to criticise the performance of the team and Diane’s attitude and this that and the other and (....) so I think she just felt that there were and she wasn’t alone you know there were other teams who experienced the same thing it was just very easy in the organization to sort of slag off (people) you know it’s “they haven’t done this they haven’t done that” but I think it sort of knocked her confidence a bit and it probably you know that lack of confidence grew during the period of trauma” (lines 467-478)*

Gary admits that he did not protect her adequately at the time and was instead driven by self-interest (lines 557-560; 570-571; 577-580; 603-605). He remembers saying:

*“I know you’re having a really difficult time but there are some tasks to be done they still have to be done [says laughing]” (lines 303-305)*

Diane also remembers being managed in this way by Gary (sub-session 2, lines 246-247). In sub-session 3, for example, she says:

*“Gary did try to give me some informal support he did talk to me and you know he was up to a point but I think that he found it embarrassing and I honestly don’t think he knew how to deal with it at all and I you know if I wanted to talk in any depth it was really just about getting the job done” (sub-session 3, lines 625-630)*

Diane suggests that Gary's attitude reflected the culture of the organization at the time (sub-session 3, lines 564-565); therefore Diane's compassionate management style post-trauma is viewed as counter-culture (Gary, lines 315-321; Nicola, lines 356-362). Gary describes the culture as "*very challenging*" (line 70) in which there is "*superficial sympathy*" (line 419). He sees the organization as a feudal system in which clashes occur (lines 74-75). Nicola also describes the culture as combative. On several occasions, for example, she describes Diane as having to "*fight*" their corner (lines 114; 135-136; 205; 316; 317). Diane describes feeling "*battle weary*" at the time (sub-session 2, line 158). Both Gary and Nicola describe the organization as a high stress environment (Gary, line 408; Nicola, lines 130-131; 269-270) and Gary admits that one of the reasons he left the company was because of its "*nasty politics*" (line 356). Given their converging views of the organization, it is unsurprising that the work environment fuelled Diane's negativity at the time (e.g. sub-session 1, lines 199-202; 246-247; sub-session 2, lines 261-263). In moving on to synthesise the case, a theme that emerges across all accounts is a plea for a culture of compassion to be fostered in their place of work.

## 6.6 Case synthesis

### 6.6.1 Calling for a culture of compassion

Gary remembers Diane seeking "*refuge*" (lines 253; 259; 265) within the safety of her own team during her trauma and Diane herself says that she would have liked a "*safe*" space at work (sub-session 2, lines 435; 441) in which she could openly grieve. However, Diane and her witnesses appear to have been guided by the prevailing 'feeling rules', with Nicola viewing emotional containment as professionalism (lines 367; 417; 421; 437; 617) and both Gary and Diane viewing grief as "*self-indulgent*" (Gary, 273-274) or a "*luxury*" (Diane, sub-session 2, lines 325; 327; 328). Gary talks about adhering to these rules by carrying a "*stiff upper lip*" (Gary, line 321). Both Diane and Nicola talk about just "*getting on with it*" (Diane, sub-session 1, line 236; sub-session 2, line 289; sub-session 3, line 265; Nicola, lines 113; 264; 565; 737; 757). Their accounts demonstrate a culture at work in which emotions are not shared. The modus operandi appears to be one in which they just 'get on with it' (Nicola, lines 397; 402; 426; 548; 745; Diane, sub-session 3, line 732). Diane believes that this prevents honest conversations from taking place and stops managers from digging beneath the surface of self-presentation at work (sub-session 3, lines 287-289; 292-294). She says:

*“If somebody came and said “I want to talk about it” I’d have said “look I’m fine everything’s fine go away” erm but they should’ve been a little bit more probing there should’ve been a refusal to take no for an answer”* (sub-session 3, lines 589-592)

Similarly, Gary recognises that individuals may try to “*pretend*” or “*act*” their way out of a trauma (lines 458-459). In this case, Diane argues that managers should seek to look beyond the professional façade that is presented by individuals at work (sub-session 3, line 603), especially given that the effects of trauma may continue long after the individual has returned to work (sub-session 1, lines 243-246). In sub-session 3, Diane suggests ways in which organizations might better support individuals post-trauma. For example, she calls for the appointment of a “*well-being manager*” (sub-session 3, line 742), who the individual can talk to, in confidence. She explains:

*“You must go and sit down and talk about it and have somebody who’s really professional you know I’m not suggesting that the HR assistant does it but you know time is given to erm by a professional to just gauge how you are how things might be going and somebody who’s got the professional insight and knowledge to be able to see whatever somebody’s presenting what’s underneath it”* (sub-session 3, lines 597-603)

I got a sense from Diane that she wanted to get a message across in her interviews about the way in which her organization had failed to adequately support her during her trauma (e.g. sub-session 3, line 285; 311; 567-568), which I noted in my research diary at the time. In his interview, Gary also acknowledges how little support she received from work (e.g. lines 295; 303-304; 311; 557-559; 570-571; 579-580). Diane appears to have learned from the mistakes made by her organization through her own managerial growth. For example, she talks about making sure her own staff are supported during times of personal struggle (e.g. sub-session 3, lines 62-64) and argues that other managers need “*personal insight*” (sub-session 3, line 62; 630-634) to support their staff adequately. Nicola acknowledges that her relationship with Diane has improved because of the detail they share about their personal lives (Nicola, lines 723-728). In her interview, Diane talks about wanting to ‘lift the lid’ on her own organization so that others may learn from her case (sub-session 1, lines 90-93).

## **6.7 Reflexive critique**

In Diane’s case, the importance of remaining sensitive to the concept of reflexive time became evident. During data collection for example, myself, participants and others reflected forwards, backwards and in-the-moment, which not only led to a more comprehensive

understanding of the topic, but also led to self-insight being gained on my part as the researcher and on Diane's part as the participant. During Diane's interviews, for example, I engaged in "*real-time reflexivity*" (Weick, 2002:893), or "*constitutive reflexivity*" (Shaw, 2010:237) by reflecting 'in-the-moment', which became a vehicle for my own self-development as a researcher. This was important otherwise post-hoc reflections would become detached estimations of how I believe I experienced the research encounter, as opposed to my actual thoughts and feelings at that time. During the first interview, I made critically self-reflexive notes about my competence as a researcher:

*"This is the shortest interview I have done so far and I wonder if this means the data will be less rich or whether its brevity means that it has been a less successful interview?"*  
(Research Diary, 21 January 2011)

Having already conducted Edgar and Bill's interviews, these research diary notes enabled me to compare the interview experiences and to challenge my competence as a researcher. Furthermore, by reflecting backwards after the interview, the self-debrief helped to ensure that the interview remained focused on Diane. I was able to privately surface the emotions I felt during the interview to ensure that it remained firmly rooted the domain of the participant. I wrote:

*"I found this interview the hardest so far to remain a passive observer. There were quite a few points in the interview where I wanted to verbalise my empathy or to say "I know what you mean" but I didn't, I just nodded and listened, however it was more difficult than I'd found it in other interviews. Maybe this was because her story was about bereavement which is the type of trauma I can most closely relate to."* (Research Diary, 21 January 2011)

In this instance, the research diary helped me to prevent the interview from becoming solipsistic and instead I was able to remain focused on executing my skills as an interviewer. During data collection, Diane not only reflected back on her trauma experience as she told her story, she was also able to be critically self-reflective of her interview experience. For example, at the beginning of sub-session 3, she reflected back on the previous interviews:

*"It did make the memories of that difficult time actually quite fresh again I was really surprised by that because I thought in many ways I thought that the getting over it part was maybe better than it had been so that was really interesting and I did think a lot about you know particularly about those family members that I'd lost and erm and yeah it was erm it was quite*

*reflective really*" (sub-session 3, lines 43-48).

Like Bill, Diane's involvement in the research process became an on-going reflexive journey. I emailed Diane two years after the interviews had taken place to ask for her consent for the interpretative panel and to show her the narrative chunks I planned to use in the panel session. In reading her own narrative extracts, she was able to reflect back on her attitude towards work at the time of the interviews:

*"It's funny how reading this I was really concerned about doing my job well, and it made no difference as I was made redundant."* (15 January 2013)

Given the dynamic nature of knowledge, this quote shows the importance of remaining sensitive to the concept reflexive time in research. By reflecting backwards, sometime after the interviews had taken place, self-insight was gained on Diane's part as she was able to see how her sense of herself and her work had changed over time. These elements (i.e. surfacing different reflexive voices other than my own and reflexive engagement forwards, backwards and in-the-moment at different points in the study) were integral to the reflexive approach in this study and contribute towards the new conceptualisation of reflexivity that is presented in chapter 8.

## **7. PETER**

## 7.1 Introduction

At the time of the research interviews, which took place in a private meeting room at Ashridge in February 2011, Peter was 48 years old. He lives in the Midlands with his wife, a son and twin children and works for Valley (a fictional name), which is a private subsidiary of a large American engineering company. He has worked as a Project Manager in this organization for over 25 years and manages a team of 14 people. Peter chose to nominate one workplace witness, Nigel, a colleague with whom he works in the same organization, although Nigel has since relocated to another part of the UK. In 1999, Peter's second child was born critically ill with severe brain damage and cerebral palsy and died six weeks after birth. Since then, Peter has suffered recurring bouts of anxiety and depression.

## 7.2 Peter's self-presentation: trying to "*work through it*"

### 7.2.1 Exploring the tone and structure of Peter's narrative

There is sadness in Peter's sub-session 1 narrative. His tone appears to reflect how he experienced his trauma. He does not say much (his sub-session 1 narrative is only 350 lines long) yet, he manages to present a poignant image of life during his trauma. For example, he talks about the futility of trying to be a 'normal' family in the short weeks following his son's birth:

*"We tried to do normal things really people came round to visit us at home they brought him [laughs] the normal sort of gifts you would get but that was pretty distressing because we knew he would never play with them and he'd never wear the clothes that he was getting erm we took him to the park you know as I say we tried to do normal things spent time with our other child David tried to be the complete family that we were hoping to be"* (sub-session 1, lines 187-194)

Peter compares his life during the weeks that his son was alive and his image of 'normal' family life (sub-session 1, lines 187-188; sub-session 2, lines 57; 108; sub-session 3, line 594). He seeks this 'normality' and feels that the trauma prevents them from being a 'complete' family. Peter uses the word 'normal' and its derivatives on 30 separate occasions. In his sub-session 1 narrative, Peter speaks slowly and deliberately. There are many pauses in his speech (sub-session 1, lines 159; 172; 182; 202; 215; 221; 266; 275; 286; 294; 306; 314; 323; 330; 348; 362; 379; 381; 389; 391; 402; 436; 437; 447), which indicates that he is thoughtful when relaying his account. At times, he struggles to find the words to convey his experience (e.g. sub-session 1, line 281; sub-session 2, lines 292-293; 811-812). On



occasion, there is a tremor in Peter's voice, which conveys an emotional fragility. I observed this during the interview and noted it in my research diary at the time:

*"Peter was very fragile. He never broke down, but had tears in his eyes the whole way through and I felt he was on the edge throughout."* (Research Diary, 3 February 2011)

The way in which Peter attempts to structure his narrative appears to mirror his sense of self. He identifies himself as a 'Project Manager' (sub-session 1, line 178; sub-session 2, line 601; 735; 768; 869; sub-session 3, line 66) and therefore looks to present his story with structure and logic. Like Edgar's, Peter's story begins with a *"bit of background"* (sub-session 1, line 112), that is to say some biographical information about his university education and his home life. He then attempts to present a coherent account of his experience. Like the 'task-focused' Project Manager he sees in himself (sub-session 2, lines 869-870), Peter has 'prepared' for the interview (sub-session 1, line 306-307) and talks about having created a *"mind-map"* as an *"aide memoire"* (sub-session 1, line 227).

During his narrative, Peter monitors the 'quality' of his storytelling, by reminding himself to *"keep on track"* (sub-session 1, lines 182). Peter appears to believe that a good story is one that develops logically and coherently. For example, when his story begins to wander, Peter engages in a reflexive self-dialogue and critiques himself: *"I'm rambling a bit now"* (e.g. sub-session 2, lines 178; 634; 850). However, the emotions that surface during the recounting of his experience prevent him from presenting the logical account he seeks. At one point in the interview he says *"I've gone off all over the place"* (sub-session 2, line 381) and admits: *"I can't even remember what your question was"* (sub-session 2, lines 380-381). At the end of sub-session 2, he describes himself as emotionally *"spent"* (sub-session 2, line 974). The emotions of his experience appear to take over and Peter re-lives his trauma experience in its re-telling. He reflects on this at the beginning of sub-session 3:

*"I was surprised at how much stuff came back to me when we went through the session I'd done some prep for it but on the day itself there were quite a lot of things I hadn't thought about that came out I was surprised at how even though it was 12 years ago thinking about it again made it feel like it was yesterday"* (sub-session 3, lines 51-57)

### 7.3 Exploring themes in Peter's narrative

Peter has worked in the same role at the same company for over 25 years; consequently, his sense of self appears to be bound up in his work identity. He defines himself by his job. At one point, for example, he says: *"I'm a project manager so by definition I'm very task-focused"* (sub-session 2, lines 869-870). Peter is an un-assuming man who describes himself as trying to *"work through"* his trauma (sub-session 1, lines 446; sub-session 2, line 560). This phrase carries a double-meaning whereby Peter talks about literally *"working through"* (sub-session 1, lines 446) during his trauma by taking very little time off work (sub-session 1, lines 172-173; 224-226). His work becomes a way of avoidance-coping (sub-session 1, lines 224-226; 284-286; sub-session 2, lines 416-418; 947-950). However, twelve years on from the death of his baby son, Peter continues to 'work through it' from a psychological point of view by trying to come to terms with the loss. For example, Peter talks about his on-going grief (sub-session 1, lines 219-221; 315-318) and his recurring bouts of anxiety and depression (sub-session 1, lines 319-320; 334-340; 387-391).

Peter appears to contain his emotions, both at home (sub-session 1, lines 385-386; sub-session 2, lines 366) and at work (sub-session 2, lines 373-375; sub-session 2, line 639). This connects to the main narrative thread that runs through Peter's story, which concerns communication at work. Peter's case is an illustration of both the positive and negative consequences of communication. 'Acts of silence' and 'acts of disclosure' appear to shape his sense of self; his perceptions of others; and his relationships at work. For example, by remaining silent and not communicating how he would like people to address him and his trauma on his return to work, this disconnects him from some of his relationships and prevents him from being supported (sub-session 2, lines 35-40; 501-503; 505-509; 515-522). On the flipside, when Peter engages in acts of disclosure with colleagues (sub-session 2, lines 640-648) or clients (sub-session 2, lines 617-629); trust and connection are built and in some cases this leads to a counter-disclosure (sub-session 2, lines 329-336; 337-346).

#### 7.3.1 Acts of silence

Peter says of himself: *"looking back I guess I was depressed but I wasn't on any medication and I worked through it (.....)"* (sub-session 2, lines 558-560). Clearly, Peter suffers in the days, weeks and months that follow the death of his baby son. He acknowledges that he coped by literally *"working through it"* (e.g. sub-session 1, lines 446; 344-345). Peter talks about work being a *"distraction"* for him (sub-session 1, lines 226; 285; sub-session 2, line 175; 947). As he explains:

*“It was a relief to have something else to think about rather than the problems we were having at home (.....)”* (sub-session 2, lines 416-418)

Peter appears to appreciate the structure and routine of work during his trauma (sub-session 2, lines 415-416; lines 953-954) because it prevents him from ruminating about the death (sub-session 2, lines 946-947; 971). However, work becomes a form of avoidance coping (sub-session 1, lines 284-286; 444-445; sub-session 2, 947-950), so Peter appears not to “*work through*” his trauma in a therapeutic sense, rather he appears psychologically ‘stuck’ when coming to terms with his son’s death. Perhaps this is because he has stayed silent when it comes to expressing his feelings about his loss. Furthermore, he admits that he has never recovered from some conversations that took place after his son’s death. One of these conversations concerns his father and the funeral arrangements for his son (sub-session 2, lines 69-75), which he describes as still “*on his mind*” (sub-session 2, line 75). Another interaction concerns a work colleague, who, at a social function joked about childbirth soon after the death of his son (sub-session 2, 545-551) and about whom he admits “*I’ve not liked the woman since*” (sub-session 2, line 551).

Peter admits that he does not speak about his trauma experience at work (sub-session 2, lines 373-375; 634; 639), yet he is surprised that his colleagues fail to address it (sub-session 2, lines 501-503; 515-522). By staying silent and not communicating his expectations of people at work, his colleagues may be unsure as to whether they should acknowledge his trauma or not. However, Peter interprets this as “*their way of avoiding a difficult situation*” (sub-session 2, line 509). Peter’s behaviour at work may compound the situation. For example, he talks about “*putting on an act*” (sub-session 2, line 387) at work. By “*going through the motions*” (sub-session 2, lines 85-86; 205) and trying to carry on as normal at work, this is emotionally draining for Peter. As he describes:

*“I suppose a lot of the time you were putting on an act putting on a front so everything became really laborious and tiring because I suppose I was trying to do my normal job but underlying that I was sort of acting all the time and putting on a front so everything became pretty tiring”* (sub-session 2, lines 387-391)

This quote connects to the concept of emotional labour (e.g. Hochschild, 2012), which, among its propositions, points to the detrimental effects of suppressing one’s true emotions at work. Over the longer-term, Peter describes having suffered from recurring bouts of

anxiety and depression (sub-session 1, lines 319-320). However, by not acknowledging the stress he is experiencing, work colleagues remain unaware and therefore unable to provide the support he requires. He says:

*“What generally happens is people think I’m fine at work they can’t see any difference in me but internally I’m feeling the stress and then I kind of fall off a cliff take some time off work just normally only a couple of weeks go and see the doctor get on medication and then go back to work fade myself back into work because I find it helpful and within a month I’m kind of back into work full-time and have reset myself”* (sub-session 1, lines 334-340)

Peter does not appear to be aware that by ‘fading’ (sub-session 1, line 339) himself back into work, this is only a short-term solution as the cycles of anxiety and depression are recurrent. On the flipside, when Peter engages in self-disclosure, he describes building trust and connection with people at work. These ‘acts of disclosure’ are the next focus of discussion.

### 7.3.2 Acts of disclosure

Despite Peter’s admission that his trauma is not something he speaks about (sub-session 2, lines 634; 639), he also acknowledges that he finds it *“helpful to talk”* (sub-session 1, lines 441-442). On several occasions in his narrative, Peter describes contexts in which he opens up to colleagues and clients about his trauma, and the therapeutic benefits of doing so.

These ‘acts of disclosure’ appear to take place outside of the normal work environment, such as on flights (sub-session 2, lines 337-346; 640-648) and in restaurants (sub-session 2, lines 617-629) where Peter is less in ‘work mode’. These contexts appear similar to Van Maanen and Kunda’s (1989) ‘organizational time-outs’, which they describe as settings off work premises and outside working time which involve non-work talk and include the expression of ‘real feelings’ that would otherwise be seen as inappropriate within the normal work environment. Peter describes how one such disclosure leads to trust and connection being built between himself and a colleague. The act of self-disclosure leads to a counter-disclosure, the outcome of which appears to be intersubjective understanding between them. He says:

*“I also remember being away on a business trip with the general manager he was a very unemotional he had a reputation for being a hard businessman type thing and I remember being away with him and on the flight home we ended up talking about it and he ended up relating a similar personal story of his I found that very helpful actually as I say this bloke who*

*I'd got a working relationship with him but didn't know him at all personally but he was prepared to share his own I think it was something I think it was about his sister you know a personal story that he shared with me I found that really helpful" (sub-session 2, lines 337-346)*

In this quote, Peter acknowledges the therapeutic benefits of talking about his experience, which appear to positively re-shape his relationship with this person as a result. By disclosing, Peter legitimises the sharing of emotions. By talking about his own trauma experience, not only does create an opportunity for others to counter-disclose, he also discovers that he is not alone. As he later reflects:

*"You do discover how many other people have suffered something similar and it is surprising but people don't talk about it until they know that you've suffered the same" (sub-session 1, lines 408-411)*

Peter talks about these disclosures being helpful for him (e.g. sub-session 2, lines 532-535). They appear to be unplanned and in-the-moment and in contexts outside of work. Conversely, when he relays his experiences of disclosure within the work context, they appear to be less positive. For example, he talks about one interaction with a "very *unemotional*" (sub-session 2, lines 48-49) colleague at work who puts her arm round him to comfort him (sub-session 2, lines 46-52). He describes this gesture as having "*cracked*" him up (sub-session 2, line 51) because "*she'd never done anything like that to anybody*" (sub-session 2, line 52). This quote illustrates how an act of compassion can be perceived to be misguided if it contravenes the norms of workplace behaviour. However, this incident shows that by acting compassionately, a connection is created. Despite being an awkward connection, it is a connection all the same. We are social beings and we make sense of ourselves and others through our interactions. In this case, without these interactions Peter would be unable to make sense of himself and his situation. Peter acknowledges that by talking about his trauma experience at work, his relationships have changed as a result:

*"I learned of quite a few colleagues who'd been not necessarily through the same thing but through similar types of things I guess that was quite helpful and maybe my relationship with those people at work changed a little bit as a result of it" (sub-session 1, lines 411-415)*

Peter also describes his trauma experience leading to his own professional growth, particularly in terms of the way he manages others. Peter's 'managerial growth' is characterised by him relating to others with compassion.

### 7.3.3 Managerial growth

During sub-session 1 and sub-session 2, Peter reflects on his changed sense of self as a manager at work. He describes himself as “*less task-focused*” (sub-session 2, line 489) and “*more compassionate*” (sub-session 1, lines 415-416). Peter also talks about taking a holistic perspective to managing his team members, by acknowledging that the whole person goes to work and that any problems in their personal lives will inevitably affect them at work (sub-session 1, lines 420-424; sub-session 2, lines 887-888). He reflects:

*“In those days [sighs] I used to definitely think about work and home life as being two completely separate things... and it's actually probably only been in the last five or six years that I've had a different view on it and they really are one in the same thing”* (sub-session 2, lines 481-486)

Peter also talks about being more “*mindful*” (sub-session 2, line 878) of picking up the signs if any of his team members appear to be struggling with something beneath the surface at work (sub-session 2, lines 878-881). In this situation, he talks about making sure he gives people the opportunity to talk if they want to (sub-session 2, lines 905-909). He recounts one team member as having disclosed an experience of personal hardship to him, which he assesses as having managed well (sub-session 2, line 897):

*“I guess I must have handled that well because a month or so no six months later when we had a formal appraisal you know the first thing he said was “I'd like to just say thanks very much for supporting me earlier on in the year”* (sub-session 2, lines 897-900)

By encouraging open communication, Peter legitimises the sharing of emotions among his team members, which enables him to build trust and connection and to manage them more effectively as a result. As previously discussed, his self-perceptions and his relationships with others are shaped through ‘acts of silence’ or ‘acts of disclosure’. These themes can be explored in more detail in his PINs, two of which appear in sub-session 2. These are the ‘reciprocation PIN’ (sub-session 2, lines 617-629) and the ‘breakdown’ PIN (sub-session 2, lines 774-836).

## 7.4 Peter's inner self: Focusing on the PINs

### 7.4.1 Reciprocation PIN (Sub-session 2, lines 617-629)

This PIN emerges as a response to me asking Peter to talk in more detail about the support he receives from Nigel, his workplace witness (sub-session 2, lines 583-592). Peter begins to talk about Nigel and their work with the Energy clients, which then sparks a train of thought about these clients who openly acknowledge his loss at the time of his trauma (sub-session 2, lines 611-614). As previously discussed, Peter wanted people to acknowledge his loss, but he did not express this need to them. Peter then goes on to recount a particular incident in which a disclosure takes place during an evening meal in a restaurant approximately a year after the death of his baby son and just before the birth of his twins. He says:

*"I went out for a meal with the client and for some well not for some reason I ended up we ended up talking about the twins and I must have said something like you know "we're a little bit nervous because of what happened a year ago" and I remember telling him about it telling the client about it for some reason and he was great he was really sympathetic and when the twins were born I remember him you know sending a gift he sent me some baby grows and a card etc and this was you know a client that I didn't know particularly well it was going to be a fairly fleeting working relationship over six or nine months but erm (..) he was and the Energy clients were probably more supportive and open about it than the people I'd worked with for a decade strange (...)"* (sub-session 2, lines 617-629)

The interaction described in this PIN can be seen an illustration of the difference between empathy and compassion. Compassion is defined as the emotional outcome of appraising suffering in another person (Goetz, Keltner and Simon-Thomas, 2010) and it has been distinguished from empathy and sympathy in its actionable outcomes (Atkins and Parker, 2012). In the present study, compassion is seen as an attempt to connect and care for others (Miller, 2007) by responding to try and alleviate their suffering (Clark, 1997). In this PIN, the client shows compassion *"he was great he was really sympathetic"* (sub-session 2, line 623), by sending gifts at the birth of the twins (sub-session 2, lines 624-625). This compassion interaction would not have taken place without Peter's initial disclosure: *"we're a little bit nervous because of what happened a year ago"* (sub-session 2, lines 620-621).

While recounting this incident, Peter attempts to make sense of why it happened. For example, he questions why the disclosure took place *"and for some well not for some*

*reason*" (sub-session 2, line 618). This disclosure took place in a non-work setting, in which Peter may have been more relaxed. Again, this context appears to mirror an 'organizational time-out' (Van Maanen and Kunda, 1989), that is to say a setting in which his real feelings are expressed outside of working time and off work premises. According to Van Maanen and Kunda (1989) emotional expression during 'organizational time-outs' defy 'normal' social relations and rules of workplace behaviour because they are situationally re-defined.

Peter then goes on to say *"I ended up"* (sub-session 2, line 618) and then corrects himself to say *"we ended up talking"* (sub-session 2, line 619), which suggests that he remembers it as being a shared experience, in which a connection between them is built. He calls the client *"him"* (sub-session 2, lines 621; 624) and *"he"* (sub-session 2, lines 622; 623; 624; 627) more often than he calls him *"the client"* (sub-session 2, lines 618; 622; 625) which suggests a closeness both in his memories of the incident and in the connection between them. Peter does not, however, disclose his name. He may not remember his name given twelve years have elapsed since his trauma. Alternatively, it may indeed have been a *"fleeting"* connection that was built between them (sub-session 2, line 626). This suggests that, at the time, the disclosure took place spontaneously with a person he felt he could trust and in an environment in which he felt psychologically safe. His disclosure, therefore, took place in relative anonymity, which perhaps made it feel safer for Peter. Peter reflects on the 'safety' of this relationship. He admits that he *"didn't know him particularly well"* (sub-session 2, lines 625-626) therefore there were no established norms of behaviour between them. He ends this PIN with reflection about the safety of anonymity:

*"He was and the Energy clients were probably more supportive and open about it than the people I'd worked with for a decade strange"* (sub-session 2, lines 627-629)

This PIN becomes a site of reflexive engagement for Peter. As the previous quote illustrates, in the moment of recounting the PIN, Peter voices his sense-making *"strange"* (sub-session 2, line 629); as he comes to the realisation that people outside of his normal work environment had been more openly communicative and thus more supportive of his trauma than friends and colleagues within his organization.

#### 7.4.2 'Breakdown' PIN (sub-session 2, lines 782-836)

Unlike the previous PIN, which describes a compassion interaction outside of the workplace, in an environment in which Peter felt safe to disclose; the 'breakdown' PIN is an illustration of a compassion interaction within the work environment. In this PIN, Peter tries to share his



personal problems with his manager. However, his manager refuses to communicate. Without the opportunity to discuss his personal issues, Peter describes becoming anxious and depressed and consequently misses an opportunity for promotion. This PIN emerges in sub-session 2 when I ask Peter to talk more about the cognitive behavioural therapy (CBT) he speaks of in sub-session 1 (sub-session 1, lines 325-362). The 'breakdown' PIN that ensues runs for 85 lines (sub-session 2, lines 751-836). However, only a segment of the PIN is analysed here. The section of the PIN that is presented involves an incident in which Peter's boss at the time (Simon) refuses to communicate with Peter. In the first part of the PIN (sub-session 2, lines 757-761), Peter sets the scene by describing how Simon, his boss of five years, is assigned to a new position in Europe with Peter being lined-up as his direct replacement. Peter describes being given no support in this role transition (sub-session 2, lines 767; 769-770) which leads him to feel "very anxious" (sub-session 2, lines 766; 771). It is the remaining segment of the PIN that is presented here:

*"The guy literally wouldn't answer my calls so I'd ring him on his personal mobile or whatever and he just wouldn't answer I'd leave him messages and he wouldn't return my calls I'd send him emails and he wouldn't respond erm and I was in an anxious when you're in one of these situations you look on everything you look on the black side of everything so you do think about losing your job and becoming homeless you know really silly things illogical thoughts but clearly when your boss is completely blanking you that just ratchets up the anxiety because you read things into the situation [intake of breath] so as I say I eventually said "look this isn't on" and I suppose I effectively made a complaint to the HR Director and said "look this is how I'm being treated by Simon will you at least speak to me" so he did which was good but really the first conversation I had with the HR Director was just the HR Director telling me that Simon wanted me to follow this play it by the book be independently access by an external doctor who would then establish whether I was depressed or not and then the doctor would come up with a return to work plan for me so it was really unhelpful but I said "OK" but the HR Director said "look I can't really argue with that approach we'll follow it" so I said "OK fine" so I had the first meeting with this independent assessor bloke and I think he must have confirmed that I was depressed you know I knew I was [laughs] and erm and then on the back of that there must have been part of the management plan return to work thing must have involved having some kind of cognitive behavioural therapy was an option so I said "yeah great we'll try that" erm and I suppose after that I did build up a relation I suppose the HR Director was a little bit nervous as well because it's I suppose it's a very politically correct world we live in and I work for an American organization which are very what's the*

*word they are aware of the litigious side of things and I guess they're worried about being they were worried that they needed to be seen to be doing the right things from a legal point of view I think that's what happened really erm so the HR Director was a little bit nervous because I was telling him about what had happened to me in the past and how I'd dealt with it and how I wanted to do the same again but I think he felt nervous of buying into that because I think his view was "well you're either ill or you're not" and what I was saying was there's different kinds of intensities of the illness I recognise for the first couple of weeks I'm no good coming to work I won't be able to work I need to be off but after that I know that I can steadily increase the amount of time that I'm back at work until I'm fully healthy again but he really wanted me to stay off work until some independent person said "you are fully fit to go back to work" and erm that wasn't helpful for me at all in fact the longer I if I'd been forced to stay off longer I would have probably got worse so I suppose I had to negotiate with the company through the HR Director because my boss wouldn't talk to me I had to convince him that what I wanted to do manage my own return to work was the right thing but I could have done without that really [intake of breath] and I guess when I went back I suppose when I went back I formally withdrew myself from this Ops Director's position so I contacted his boss who was the Vice President and said you know "I'm sorry but this is the situation I don't feel like I can go forward with it" (sub-session 2, lines 782-836)*

This PIN is an illustration of the importance of the relationship between line manager and direct report when it comes to trauma (Hazen, 2003). Here, the lack of communication between Simon and Peter appears to affect Peter's sense of self and his attitude towards work. Despite having worked together for five years (sub-session 2, lines 757-759), Peter does not appear to have established a close relationship between himself and his manager (e.g. sub-session 2, line 782). Clearly, Peter was trying to connect with Simon outside of the work environment by trying to call him on his "*personal mobile*" (sub-session 2, line 784). His language appears frenzied, which shows his internal state of mind at the time (sub-session 2, lines 783-786). Like Bill (sub-session 1, lines 439-448), Peter also appears to lapse into a cycle of 'cognitive distortions' (Beck, 1979), that is to say a series of inaccurate thoughts which reinforce his anxiety. As he says:

*"When you're in one of these situations you look on everything you look on the black side of everything so you do think about losing your job and becoming homeless not you know really silly things illogical thoughts but clearly when your boss is completely blanking you that just*

*ratchets up the anxiety because you read things into the situation*" (sub-session 2, lines 786-791)

Peter seeks re-assurance from his manager, and when it is not forthcoming, he fears the worst. Peter blames his boss for increasing his anxiety, which he attributes to him for failing to respond. This is the rumination that Peter said he could avoid by being at work (e.g. sub-session 2, lines 964-967) and is evidence of a negative downward spiral of thought. It is surprising, therefore that he presents his emotions in such a measured way to the HR Director *"look this isn't on"* (sub-session 2, line 792) and is perhaps further evidence of Peter's emotional labour (Hochschild, 2012). Peter also talks of his boss wanting to *"play it by the book"* (sub-session 2, line 797). This choice of words suggests that his organization were desensitised to his suffering and instigated an HR process designed to protect them as an organization as opposed to supporting Peter as an individual. In his witness interview, this is something Nigel also recognises (Nigel, lines 936-937). Peter describes his organization as *"aware of the litigious side of things"* (sub-session 2, line 812). Peter's mental health issues appear to have been seen as dangerous at the time. For example, he describes the HR Director as *"nervous"* (sub-session 2, lines 816; 818) and Peter talks of being *"independently assessed"* (sub-session 2, line 798). By playing it *"by the book"* (sub-session 2, line 797), his organization was legally *"seen to be doing the right things"* (sub-session 2, lines 813-814), but in compassion terms, his organization appears to have been lacking. Their policy-led approach prevents them from supporting Peter's individual needs (sub-session 1, line 819), which in his case, was the need for cognitive behavioural therapy (sub-session 1, lines 331; 358; 361). Peter talks about wanting to manage his own return to work (sub-session 2, line 831), and acknowledges that work is part of his coping (sub-session 2, lines 827-828). However, in their litigious approach to HR, Peter's boss interprets going *"by the book"* (sub-session 2, line 797) as not communicating with him at all, which to Peter interprets as providing him with no support at all.

This PIN illustrates the potentially damaging impact of a relationship between a line manager and their direct report when communication and support is lacking. Not only does this interaction destroy trust and connection with his manager, it also prevents Peter from having the confidence to take a promotion.

## 7.5 Exploring third party views: Peter's workplace witness

Peter nominated one workplace witness, Nigel, an Engineer at Valley and a long-standing colleague. The interview took place in Nigel's home in March 2011. Like Peter, Nigel has also worked for Valley for over 20 years, although they are now based in different parts of the UK, and no longer work together on a regular basis. In this section of the case account, I first explore the tone of Nigel's interview. I then explore the main theme to arise in Nigel's account before moving on to explore 'compassion interactions' as a shared theme.

### 7.5.1 Nigel

Nigel's interview is the longest of any of the workplace witnesses. His transcription runs to 1043 lines. He speaks openly and discloses his feelings early in the interview encounter (e.g. lines 173-176). His language is empathic (e.g. lines 317-318; 362; 410-414; 530-531; 555; 627-629) and reflective (e.g. lines 547-548; 577-585; 673-676; 1023-1029; 1036-1040) which suggests the position from which he experienced the trauma. Nigel's interview also contains several PINs. In these PINs, he recounts his own experiences in detail, both related to Peter's trauma (e.g. lines 303-316) and related to his own life (e.g. lines 533-548; 633-668; 901-927). It appears that Nigel seeks to understand Peter and his trauma through the lens of his own experiences. For example, in one PIN in which he describes the trauma of his own mother's death, he reflects:

*"I just went back to work afterwards and nothing much was said and these days I can talk about it without getting particularly upset about it much more matter-of-fact so that's how I rationalise that it should be possible to overcome these things over a period of time so then when I compare Peter's situation and responses it doesn't seem equal but then it's a different situation it's quite different and as I say I can't imagine what that must be like and these things obviously do affect people in very different ways"* (lines 549-557)

In another PIN concerning a confrontation he has with a colleague at work, Nigel judges Valley's response to Peter's trauma in the light of his own experience. As he says:

*"He didn't get fired it was just kind of smoothed over and move on and that was before Peter's trauma so at that time I don't think they were doing anything more than the absolute minimum and probably what suited their interests most"* (lines 933-941)

In an attempt to convey his feelings about Peter's trauma, he likens his experience to the popular film, *"Sliding Doors"* (lines 296-299). Peter describes how, like the film, he becomes involved in a sequence of events, which he believes changes the nature of his relationship with Peter from that moment on. Nigel's account hinges around one PIN, a chance interaction between Peter and Nigel on Peter's front doorstep where Peter discloses his trauma to Nigel (lines 303-316). Despite Peter's positive assessment of Nigel as a *"great support"* (sub-session 1, line 247; sub-session 2, lines 593-594), Nigel takes the opposite view. Instead, he describes himself as a *"walking reminder"* of Peter's trauma (line 287). Nigel believes that because he *"walked in on the situation unwittingly"* (lines 472-474), he knows more about Peter's trauma than anyone else in the organization (lines 474-475; 582-582). He also believes that their unforeseen interaction on the doorstep leads to unhappy memories being triggered in Peter each time they meet (lines 268-270; 335-337; 383-387; 465-471; 597-599; 600-602; 745-747). As he explains:

*"My perception is that all the memories were being triggered and coming back (...) and it got to the point quite honestly where I would actually try to avoid him for the simple reason that I didn't want to trigger that especially not with him being in a working environment where he wouldn't be comfortable"* (lines 277-281)

In this quote, Nigel expresses a perception that is shared among other witnesses in the study (e.g. Caitlin, lines 488-489; 519-522; 1050-1052; 1065-1070; 1078-1079) that individuals should contain their emotions at work. In Nigel's account, however, it is clear that he feels responsible for being the 'trigger' for Peter's 'inappropriate' displays of emotion at work (lines 278; 280; 286; 290; 337; 385; 463; 526). This relates to the main theme in Nigel's account, 'a burden of compassionate responsibility', which is the next focus of discussion.

#### 7.5.2 Nigel's theme: A burden of compassionate responsibility

One theme dominates Nigel's witness account and that is his sense of on-going responsibility towards Peter. The catalyst for this self-induced sense of responsibility is the aforementioned interaction that takes place between Nigel and Peter on the doorstep of Peter's house (lines 303-316); which he believes henceforth changes the nature of their relationship. As he reflects:

*"Things could have been so different if I hadn't gone round that night to congratulate them"*

*and I'd found out like everybody else in the office what was going on maybe this would never have happened and I wouldn't have had that effect on a friend and colleague and we could have carried on as normal but it did happen that effect does occur and it's had an effect yeah sure and it's gone on for a very long time and that's the thing that's struck me most of all is how many years that can still affect somebody"* (lines 613-621)

This quote shows how Nigel was unprepared for the interaction that takes place on Peter's doorstep. Earlier in his account, he acknowledges how this interaction changed the proximity of their relationship, from *"friends and colleagues"* (lines 315) to *"being part"* of his traumatic experience (line 316). Here, Nigel expresses his wish to be like *"everybody else in the office"* (line 615), where a 'professional' distance is maintained. However, instead he believes that he became a *"walking reminder"* (line 287) of Peter's trauma, which creates an inescapable connection between them and places a burden of compassionate responsibility upon him. In Nigel's sense of compassionate responsibility towards Peter drives him to take action to try and alleviate Peter's suffering. This connects to the definition of compassion that is offered in the present study, which conceptualises compassion as an action-oriented emotional response to another's suffering (Dutton et al, 2006). In Peter's case, Nigel acts to try and alleviate Peter's suffering by offering him practical support by supplying him with information about bereavement counselling (lines 320-326; 330-332). His empathic concern also leads him to inform work colleagues of Peter's trauma so that they would be *"tactful"* in their interactions (lines 371-375). His sense of compassionate responsibility leads him to interact in a way, which he believes benefits Peter. For example, he says:

*"You could be having quite a normal conversation about chitty-chat things and then about work but then suddenly you just get that moment where you think "Yeah it's all come back" and then it starts to get quite uncomfortable at that point you think "right best close the conversation I'll get out of the way and we'll carry on"* (lines 466-471)

Nigel's compassionate 'responding' (Dutton et al, 2006) is based on a set of assumptions about what is good for them both, not just what is good for Peter. For example, the discomfort he describes in the quote above may be experienced by Nigel alone. For Peter, this interaction may have been helpful and cathartic. However, without open communication between them, as he admits *"we've never really sat down and had a conversation about the events that went on"* (lines 332-334) and without a shared understanding between them, Nigel is unable to resolve these feelings of compassionate responsibility. Later in the

interview, Nigel reflects on the negative impact of interactions at work which are based on assumptions:

*“If somebody ignores you at the coffee machine you think “Oh what have I done to upset them?” What they’re thinking about is “Oh I’ve got to get that report out” they’re not really thinking about the fact that they’re being a bit ignorant to everybody and if those things aren’t discussed and dispelled then yeah...it can go on” (lines 1036-1042)*

Nigel’s acknowledges that without open communication, his burden of compassionate responsibility remains unaddressed, as he reflects in-the-moment during the interview:

*“There is some kind of underlying message here in terms of maybe we need to talk and try and get some kind of closure on things and try and move on” (lines 968-970)*

Like Peter, the interview becomes a site of reflexive engagement. Through the recounting of his experiences, Nigel appears to realise the importance of communication to build intersubjective understanding. He says:

*“The more I think about it the more I think the next time I am down there if I think the time is right I might just start to open up the subject and see if he’s receptive to talking things through a little bit” (lines 991-994)*

As a site of reflexive engagement, the interview also enables Nigel to see an opportunity to achieve closure and to unburden his compassionate responsibility:

*“That’s the opportunity for me to say “look I know you’ve had to go through events recently why don’t you and I have a conversation and make sure that we both have a clear understanding of our relationship between us then maybe it can help and things can move on”” (lines 1002-1006)*

## **7.6 Case synthesis**

In the final part of this case account, the threads of commonality and difference that run through Nigel and Peter’s accounts are examined. In this case, they relate to one theme. This is the theme of ‘compassion interactions’. Given the research design in the present study, which comprises accounts from participants and their workplace witnesses, salient episodes of interaction at work are remembered and recounted. Consequently, these

'compassion interactions' can be explored from both sides. The purpose of the first part of this section is to draw on the differing perspectives offered by Peter and Nigel to explore one particular compassion interaction in detail, the doorstep interaction (Peter, sub-session 1, lines 246-253; Nigel, lines 303-316). This interaction, along with others in Peter's case (e.g. sub-session 2, lines 609-614), follows and extends the existing tripartite model of compassion at work (Dutton et al, 2006) which is conceptualised as a process of 'noticing'; 'feeling' and 'responding' from the perspective of a compassion 'giver'.

Firstly, Nigel and Peter's doorstep interaction is two-way and is therefore viewed from Nigel's perspective as the compassion 'giver' and Peter's perspective as the compassion 'receiver'. Secondly, it takes place outside the workplace context, which as previously discussed may legitimise the sharing of 'real feelings' (Van Maanen and Kunda, 1989). Thirdly, this interaction is not interpreted positively on both sides. It is clear from this interaction, that compassion is a two-way process. In this exchange, Nigel is the compassion 'giver' and Peter is the compassion 'receiver'. However, Peter's memories of the experience appear to be less specific than Nigel's. For example, Peter says:

*"I do remember Nigel who was the workplace witness he was a great support he wasn't a close friend but he lived in the same village that we live in and he used to come round and see me particularly while I was at home on my own he'd come round and visit for you know just for half an hour maybe it was the last thing I actually wanted but erm I certainly didn't invite him but it was really good that he came"* (sub-session 1, lines 246-253)

In this quote, Peter remembers Nigel being generally supportive, as opposed to recounting the specific incident on the doorstep. This may be because his memories have been impaired because of the shock of the trauma. However, this quote illustrates Peter's sense of being the recipient of care from Nigel. In this quote he admits that he did not invite support from Nigel, but acknowledges that Nigel's visits were helpful. Conversely, as the compassion 'giver', Nigel views the interaction differently:

*"It just so happened that I went round to Peter's house to congratulate them on his birth now I wouldn't necessarily have gone round and done that but because we lived in the same village I did go round and do that and I knocked on the door expecting to see the proud father all cheerful and smiles and go in and congratulate everybody and of course I never actually got past the porch as it were because he said "oh I've got all the family in there and*



*er we're all a bit distraught I can't really invite you in" so I said "Well why's that?" and then he started to explain to me everything that had happened and I ended up with a grown man in tears in my arms because he at that point obviously was the height of the shock the trauma for him and that's quite an experience really because you go from being friends and colleagues to suddenly being part of this traumatic experience" (lines 303-316)*

This quote shows Nigel's differing perspective as the compassion 'giver' and helps to illustrate how unprepared Nigel was for the situation he faced when he arrived at Peter's house (line 316) and is therefore how he was not 'ready' (Workman, 2013) to engage with Peter in this way (lines 314-315). Furthermore, the influence of 'feeling rules' (Hochschild, 1979) in shaping their compassion interactions at work, as Nigel describes Peter displays of emotion at work as "not normal" (line 602) and something which *"just wouldn't happen in business"* (line 598).

The doorstep episode also shows how the compassion interaction is not exclusively positive. Nigel believes the doorstep interaction leads him to become a *"walking reminder"* (line 287) of Peter's trauma, which he sees as a *"curse"* (line 608) and *"baggage"* (line 610). Yet, Peter describes Nigel as a *"great support"* (sub-session 1, line 247). As previously discussed, this may be because Nigel was not 'ready' (Workman, 2013) to offer compassion as the doorstep incident was unplanned. Moving beyond the doorstep interaction, there are examples of other compassion interactions in Peter's case when the interaction begins the compassion 'receiver' as opposed to the compassion 'giver' as conceptualised in the existing model of compassion at work (Dutton et al, 2006). By engaging in a moment of disclosure, compassion interactions take place between Peter and his colleagues and clients (e.g. sub-session 2, lines 329-336; 337-346; 532-535; 617-629; 640-648; 692-699). Peter describes the power of these moments of disclosure in building trust and connection. As he reflects:

*"You do discover how many other people have suffered something similar and it is surprising but people don't talk about it until they know that you've suffered the same" (sub-session 1, lines 409-411)*

This quote shows how, as with the other cases in the present study, the interviews became a site of reflexive engagement both for participants and their witnesses (e.g. Peter, sub-session 3, lines 51-57; Nigel, lines 991-994). Through intersubjective reflection, participants and witnesses remembered salient episodes in which they interacted, such those described in

Peter's case. These dyadic accounts have helped to surface the second contribution in the present study, which is a suggested extension to the existing model of compassion at work (Dutton et al, 2006) by exploring compassion interactions both from the perspective of the compassion 'giver' and the compassion 'receiver'. This contribution is discussed in more detail in chapter 9. However, this chapter now closes with a reflexive critique. In Peter's case, this critique focuses on the voices of interpretative panel members which were prevalent during the analysis of his case.

## 7.7 Reflexive critique

In all of the cases in the present study, multiple reflexive voices were surfaced to ensure my own subjectivities were challenged and to build a more critical understanding of individual lived experience. During Peter's case for example, interpretative panel members talked about how they were emotionally affected by Peter's narrative. After the panel, I noted:

*"One of the panel members spoke to me this morning about how emotional she had found Peter's story. She said that he painted such a vivid picture of his experience that after the panel, she felt quite down herself. It made me think, once again, about the impact that these stories can have on people, just by reading their transcript. Consequently, I emailed round everyone in the panel to check how they are feeling."* (Research Diary, 2 May 2013)

The impact of Peter's panel on the panel members involved appears to have continued over time. For example, when reflecting on her experience of the panel process two months after Peter's panel had taken place, one panel member (Lucy) wrote:

*"When reflecting back on it, I realise that the experience was quite draining, more so than in Diane's panel analysis."* (3 July, 2013)

These comments from Lucy not only bring other reflexive voices to the fore, they also demonstrate the importance of reflexively engaging over time. For example, the interpretative panel members who engaged with Peter's narrative during data analysis appear to have experienced it in the same way as I did during data collection. Lucy describes the experience as *"draining"*, I which I also noted at the time of the interview. My 'in-the-moment' diary reflections during the interview mirror panel members' post-hoc reflexivity after data analysis. Furthermore, despite not being part of the interview itself, panel members appear to emotionally engage with the written transcript in the same way as I did with his spoken account. As Lucy notes:

*“The fact that we were reading excerpts from an interview, and not hearing the interview in full or seeing the person or being in the same room with them, also meant that in a way we were one removed from the experience itself. This meant that it was almost surprising how affected all the panel members, including myself, were by the second panel I attended – Peter’s interview.”* (3 July 2013)

Lucy also talks about her experience as a panel member engaging in the reflexive position of ‘mutual collaboration’ (Finlay, 2003) during data analysis. Here, the panel attempted to “destabilize” (Langdridge, 2007:139) Peter’s narrative by offering different suggestions of how his story would unfold. She said:

*“One thing I found, for both Peter’s and Diane’s interviews, was how often you couldn’t predict what would happen next. Sometimes it would be an event that we hadn’t thought of.”* (3 July 2013)

In Peter’s panel, the reflexive voices of the panel members emerged. The panel experience was not only developmental for me as the researcher; it also facilitated learning among panel members. For example, in an email sent to me after the panel experience, one panel member (Belinda) commented on how the process had helped her to become a more supportive manager herself:

*“I had a situation at work where a member of my extended team experienced a personal trauma and actually as a result of my experience on the panel I was able to better support her as the ‘employer’ and particularly to ensure our formal HR processes did not add to her anxiety and stress. I actually would go so far as to say that there is value in this research method both from a double check on the potential bias of the researcher, but also for the participants in the panel for learning how they can respond better to incidents of personal trauma amongst their own staff within their organizations.”* (10 July 2013)

These elements, that is to say the surfacing different reflexive voices which move between different reflexive positions at different points in the study, were integral to the reflexive approach in the present study and contribute towards the new conceptualisation of reflexivity that is presented in chapter 8.

## 8. STUDY SYNTHESIS: THREE AREAS OF CONTRIBUTION

### 8.1 Introduction

To re-cap, this study seeks to understand the impact of personal trauma on the professional lives of managers working in 'everyday' organizations in the UK, that is to say, workplaces where the experience of trauma is not commonplace. The research question that this study seeks to address is:

*How does the experience of personal trauma affect the way in which managers view and approach their work and their relationships at work?*

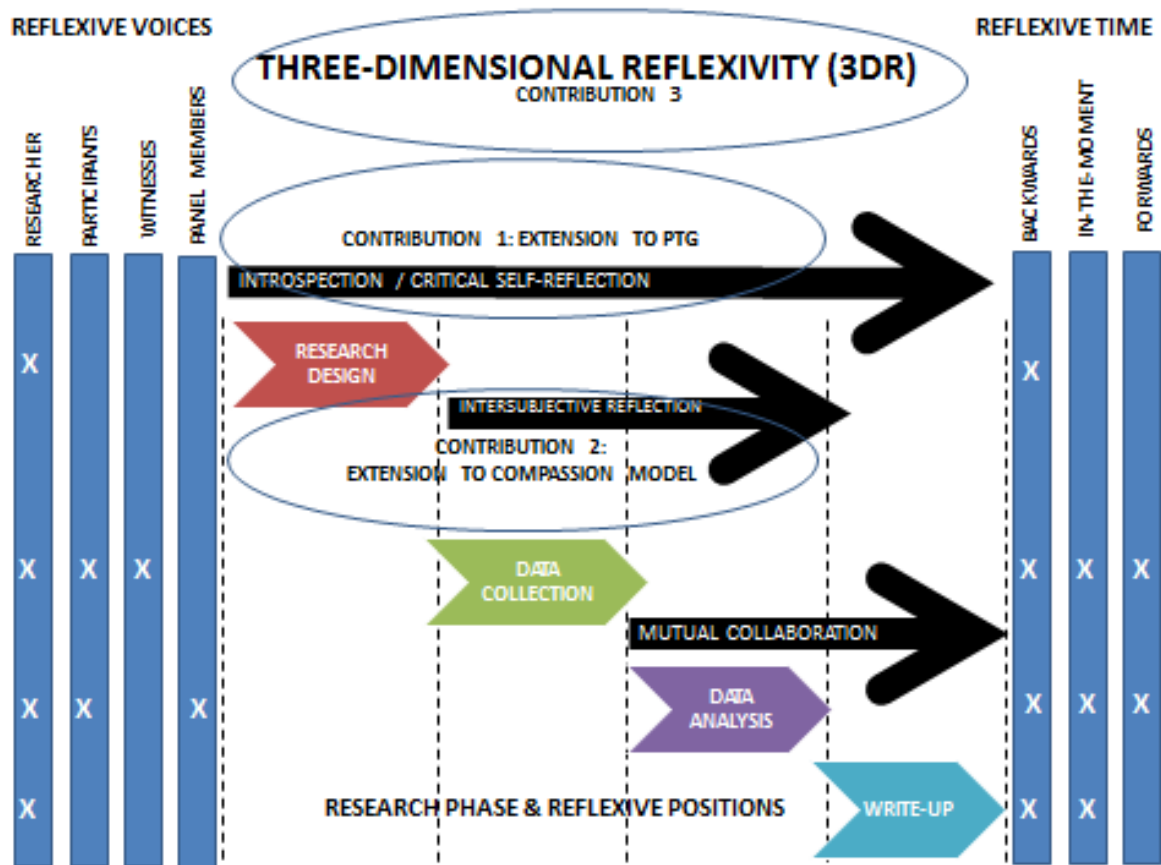
This is an interpretative phenomenological study examining the subjective meanings of personal experience. The study is underpinned by biographic narratives from four participants (Edgar, Bill, Diane and Peter) gathered over a series of three sub-sessions; and one semi-structured interview with each of the nine nominated workplace witnesses (Caitlin, Kerry, Michael, Felicity, Paul, Natalie, Gary, Nicola and Nigel). The biographic narratives that are present in this study have been analysed using an adapted version of Critical Narrative Analysis (CNA) (Langdridge, 2007), by drawing on key aspects of the Biographic Narrative Interpretive Method (BNIM) (Wengraf, 2001; 2010) and Interpretative Phenomenological Analysis (IPA) (Smith et al, 2009) to deepen its critical narrative focus.

As a consequence of the findings that have emerged across the four cases in this study, three contributions to theory are presented. The first area of theoretical contribution emerged through the reflexive process that was created during data collection, whereby participants engaged in critical self-reflection. Here, all four participants described their personal trauma as a professional growth experience for themselves as managers. The growth that these managers speak of manifests itself in self-reported behaviour change at work, with behaviour change in the present study being viewed as representative of professional 'learning' (Baumeister et al, 2001:334). This self-reported behavioural change is also independently observed by their workplace witnesses. This finding helps to frame the suggestion that the existing post-traumatic growth (PTG) framework would be strengthened with the addition of a new behavioural dimension called 'managerial growth', when applied to the context of 'ordinary' organizations.

The PTG framework (Calhoun and Tedeschi, 2006; Tedeschi and Calhoun, 1996) describes self-reported positive psychological change across five dimensions. These are: personal strength (i.e. the belief in an individual's ability to deal with adversity and an uncovering of new skills and strengths compared to a pre-trauma self); new possibilities (i.e. the discovery of a new life path or a new philosophy on life that was not present before the trauma); relating to others (i.e. feelings of closeness and intimacy in interpersonal relationships; increased self-disclosure; greater emotional connection with others; and the recognition that some social networks have become more meaningful while others have been weakened or ended); appreciation of life (i.e. the changing of life priorities and a great appreciation of the small things in life); and spiritual change (i.e. faith as a coping mechanism and spiritual growth that ensues as a result of trauma).

The second area of theoretical contribution also arose through the reflexive process that was created during data collection. Here, participants and witnesses engaged in intersubjective reflection, that is to say, they focused on the situated and negotiated nature of their encounters at work. During this process, they recounted episodes of compassion interaction. The second area of theoretical contribution thus seeks to extend the existing model of compassion at work (Dutton, Worline, Frost and Lilius', 2006), which views compassion as a one-dimensional process of noticing another person's suffering; empathically feeling their pain; and then acting to try and alleviate their suffering. It does this by proposing that compassion is a more complex dyadic interaction between a compassion 'giver' and a compassion 'receiver', in which the compassion receiver 'trusts' or 'mistrusts'; 'discloses' or 'withholds'; and 'connects or disconnects' with compassion giver. The third area of contribution is a new conceptualisation of reflexivity, 'three-dimensional reflexivity' (3DR) (Armstrong et al, 2013), which has been a springboard for the other two theoretical contributions (see Figure 8.1).

Figure 8.1: Three dimensional reflexivity (3DR) (Armstrong, Butler and Shaw, 2013)



It was in the coming together of the topic and the method, that the concept of 3DR (Armstrong et al, 2013) was born. During the research process, a reflexive space was created whereby participants, witnesses, interpretative panel members and myself could reflect on themselves and their relationships with others as a result of the trauma experience. 3DR (Armstrong et al, 2013) incorporates three of the elements that some scholars argue have been missing from critically reflexive management research, which are: working with multiple variants of reflexivity in the same study (Gough; 2003; Hardy, Phillips and Clegg, 2001; Nicholls, 2009; Tomkins and Eatough, 2010); the surfacing of different reflexive voices in order to protect against the researcher's (potentially) solipsistic own (Cunliffe, 2003; Weick, 2002); and remaining sensitive to the concept of reflexive time (Antonacopolou and Tsoukas, 2002; Giddens, 2003; McLeod, 2003; Weick, 2002). By bringing these three elements together in the same study, 3DR (Armstrong et al, 2013) not only provides a deeper understanding of the individual lived experience; it is also vehicle in which self-insight is gained not only on my part as the researcher but also on the part of participants. Furthermore, 3DR (Armstrong et al, 2013) has enabled me, participants and others involved in this study to develop personally and professionally as a result of engaging in its practice.

Each of the three contributions that have emerged in the present study will now be discussed in turn.

## **8.2 Domains of post-traumatic growth**

In their personal experience narratives, participants surfaced descriptions of their own growth and in Edgar's case (sub-session 1, lines 823-828), vicarious growth post-trauma. Accounts of growth emerged unprompted in Edgar's (lines 801-851), Bill's (lines 590-609) and Peter's (lines 406-432) sub-session 1 narratives, which indicates that each of them recognised positive changes in themselves as a result of their trauma. Four of the nine workplace witnesses involved in this study (Kerry, Michael, Natalie and Paul) also described growing professionally as a result of their colleague's trauma, which supports findings from previous empirical work which reports vicarious growth among professionals who have been exposed to trauma in the course of their work (e.g. Lonergan et al, 2004; Pistorius et al, 2008; Splevins et al, 2010). One superordinate theme (appreciation of life) unites all four cases in this study (see Table 8.1). This finding builds on other qualitative investigations of PTG through cancer and bereavement (Arman et al, 2002; Morris et al, 2012; Cadell and Sullivan; Coward and Kahn, 2005; Davis et al, 2007; Eide, 2007; Johansson et al, 2003; Lam and Fielding, 2003; Luoma and Hakamies-Blomqvist, 2004; Parry and Chesler, 2005; Smith et al, 2011; Winterling et al, 2004). In the present study, appreciation of life contains two themes. These are 'redressing work-life balance' and 'gaining perspective'. Again, this finding supports previous empirical work (e.g. Coward and Kahn, 2005). Some of the positive changes that participants in the present study speak of involve self-reported behaviour change at work, which is also independently observed by some of their workplace witnesses. This finding underpins the first contribution in this study, which calls for the existing PTG framework to be extended to include a behavioural dimension called 'managerial growth', when applied in the context of 'everyday' work. This would strengthen the existing framework, as some scholars argue that the test of true growth is the behaviour change that ensues following trauma (Hobfoll et al, 2007). Despite recent arguments for behavioural dimensions to be added to the current PTG framework (Shakespeare-Finch and Barrington, 2012), the existing framework still focuses solely on cognitive processes and outcomes. Furthermore, other scholars have recently called for PTG to be applied to 'ordinary' places of work (Maitlis, 2012). In the present study, 'managerial growth' appears to be a behavioural manifestation of the 'relating to others' dimension in the existing PTG framework. To re-cap, the PTG framework (Calhoun & Tedeschi, 2006; Tedeschi & Calhoun, 1996) suggests self-reported positive psychological change across five dimensions. These are: personal strength; new possibilities; relating to others; appreciation of life; and spiritual

change. Participants in the present study reported growth across four of the five existing dimensions. Spiritual change was not reported in any of the participant accounts. In the section that follows, each of these four domains of post-traumatic growth are discussed, beginning with appreciation of life, since this dimension unites all four cases in the present study. The discussion then moves on to describe how, in the present study, the relating to others dimension of post-traumatic growth manifests itself as changes to the way in which participants manage others at work. This behavioural change has been labelled ‘managerial growth’ as it includes managing with compassion; increased delegation; and the development of a coaching approach to management. As a result, the first contribution in the present study seeks to extend the existing PTG framework by including this new dimension of behavioural change when applied to managers working in ‘ordinary’ organizations, a context in which studies of growth through trauma do not appear to have been studied to date. The section then concludes with a discussion of the vicarious professional growth that is reported by some of the workplace witnesses in the present study.

#### 8.2.1 Appreciation of life

This superordinate theme emerged across all four cases. It contains two themes, ‘redressing work-life balance’ and ‘gaining perspective’ (see Table 8.1). For Edgar, his struggle with cancer provided him with an opportunity to reflect on his work-life balance and to change his work-life priorities. As he says:

*“I’ve probably missed an awful lot of their childhood not being there having dinner with them every night as most other families probably do but I need to actually really do something about this and had I not had this opportunity to stop and step back and think about that it would’ve been too late”* (Edgar, sub-session 2, lines 967-971)

This change in attitude is observed by Edgar’s witnesses. For example, Caitlin says of Edgar: *“work isn’t everything and (that) was definitely a big change”* (lines 283-285). Kerry (lines 373-376) and Michael (lines 172-178) also described Edgar as having redressed his work-life balance post-trauma (see Table 8.1). For Edgar, this change in attitude manifested itself in an attempt to change his behaviours:

*“Over the last few days I’ve found myself working until half past five and I’m (sound of him clicking his fingers) about to snap out of it again cause I’ve remembered that is what happens and it slips back”* (Edgar, sub-session 1, lines 598-601)



Both Diane (sub-session 3, line 143) and Peter (sub-session 1, lines 404-408) also described a changed attitude towards work, which for Diane was intersubjectively verified by Gary (lines 143-144) (see Table 8.1). Caitlin described having reviewed her own work-life balance as a result of witnessing Edgar's struggle with cancer (lines 428-432). 'Gaining perspective' is the second theme within 'appreciation of life', which is reported by Edgar (sub-session 2, lines 1095-1096) and observed by Kerry (lines 158-160) (see Table 8.1). Michael noticed this change in himself as a result of witnessing Edgar's trauma experience (lines 517-519; 578-584) (see Table 8.1). Peter talked unprompted about his experience of bereavement having "*put things into perspective*" (sub-session 1, line 408; sub-session 2, lines 934-935). This change in perspective appears to be related to the way Peter previously viewed his personal and professional life as "*two completely separate things*" (sub-session 2, line 482) and then, post-trauma, his realisation that "*they really are one in the same*" (sub-session 2, line 486). This shows how Peter's pre-trauma attempts to keep his home and his work life separate were fruitless since the 'whole person' goes to work (Rajandram, 2011). This theme builds on the findings from other qualitative studies of growth through cancer and bereavement that also report 'appreciation of life' as a growth outcome (Arman et al, 2002; Morris et al, 2012; Cadell and Sullivan; Coward and Kahn, 2005; Davis et al, 2007; Eide, 2007; Johansson et al, 2003; Lam and Fielding, 2003; Luoma and Hakamies-Blomqvist, 2004; Parry and Chesler, 2005; Smith et al, 2011; Winterling et al, 2004).

### 8.2.2 New possibilities

This dimension of post-traumatic growth emerged on two occasions in this study. In both instances, descriptions of growth emerge unprompted. In his opening narrative, Edgar acknowledged that his trauma had a vicarious impact on others around him at work:

*"There's other amazing things that have come out I mean Mary who's a lady that worked in our department resigned to go and pursue further education with a view to becoming a midwife and spoke to me and said it was as a result of what I'd been through because she realised life was too short and that she had to go and follow her dreams"* (Edgar, sub-session 1, lines 823-828)

In his sub-session 1 narrative, Bill described choosing a new life path for himself as a result of his struggle with cancer:

*"I chose to take the redundancy have a break do something else [...] take the risk and I'm pretty convinced that that goes back to all this situation [...] I was quite risk averse before or*

*quite stable stable is the wrong word I'm not unstable but I was quite erm yeah I probably would have worked to keep the corporate job whereas I just got the opportunity and thought you know what I'm going to take that opportunity and just have a break"* (Bill, sub-session 1, lines 615-621)

This finding supports previous empirical work into PTG through cancer and bereavement, where participants report finding new directions in life post-trauma, such as 'giving back' through volunteer work (e.g. Cadell and Sullivan, 2006).

### 8.2.3 Personal strength

In previous studies of PTG through cancer and bereavement, this dimension incorporates reports of self-development (e.g. Arman et al, 2002; Luoma and Hakamies-Blomqvist, 2004; Parry and Chesler, 2005) and in the present study, this dimension of growth appeared when, unprompted, Edgar described himself as more "*in-tune*" with himself (sub-session 1, line 802; sub-session 2, line 996) as a result of his struggle with cancer. The trauma experience gave him the opportunity to reflect and learn (sub-session 2, lines 996-999) which brought with it increased levels of self-awareness (sub-session 1, lines 801-804) (see Table 8.1). Diane also described herself as gaining "*insight*" (sub-session 3, line 129) as a result of the self-reflection that came about during her struggle with bereavement. This finding supports previous empirical work which has underlined the importance of intellectual self-reflection in fostering personal growth (e.g. Boyraz, 2011; Lindstrom et al, 2013; Taku et al, 2008; Tedeschi and Calhoun, 2004).

### 8.2.4 Relating to others

This dimension of growth is underpinned by two themes, 'empathy and compassion' and 'increased self-disclosure' (see Table 8.1). It is reported by three of the four participants in this study (Edgar, Diane and Peter) and is particularly prevalent in Peter's case. Compassion is included within the 'relating to others' dimension of growth (Tedeschi and Calhoun, 1996); however, recent studies have argued that it is a domain of growth in its own right and should be added as a sixth dimension of the PTG framework (Morris, Wilson and Chambers, 2013; Morris et al, 2012). There is a difference in the present study between reports of increased empathy (Edgar, sub-session 2, lines 1065-1066; Diane, sub-session 3, lines 162-164; Nicola, lines 191-193), which involved accounts of participants trying to put themselves in other people's shoes; and reports of compassion that involved actions that were taken to try and support others; (Peter, sub-session 1, lines 416-424; 426-430; sub-session 2, lines 488-493; 878-881; 905-909) (See Table 8.2.) These descriptions of compassion fit with the

conceptualisation of compassion that is presented in section 8.4 and support previous empirical work on growth through cancer and bereavement that has shown increased empathy and compassion as growth outcomes (e.g. Coward and Kahn; Eide, 2007; Luoma and Hakamies-Blomqvist, 2004; Parry and Chesler, 2005).

In the present study, increased self-disclosure emerged as a theme within the relating to others dimension of post-traumatic growth. The therapeutic benefits of self-disclosure are well-documented in the literature (e.g. Lepore and Smith, 2002; Neiderhoffer and Pennebaker, 2005; Pennebaker, 1993) and in previous empirical work, self-disclosure has been found to be related to growth (e.g. Taku et al, 2009). In the present study, Edgar's increased self-disclosure took the form of emotional openness in his willingness to talk about his feelings at work, which is observed by Kerry (lines 717-720). For Bill, his increased self-disclosure concerned an openness about his sexuality and private life, which is observed by Paul (lines 186-189). For Peter, his increased self-disclosure concerned the sharing of his trauma experience, which, as he reflects sometimes leads to counter-disclosure:

*"You do discover how many other people have suffered something similar and it is surprising but people don't talk about it until they know that you've suffered the same"* (Peter, sub-session 1, lines 408-411)

The process that Peter describes above is conceptualised as part of a compassion interaction between a compassion 'giver' and a compassion 'receiver' and is discussed in detail in section 8.4. Before then however, the following section continues to focus on the first contribution in the present study and argues for an extension to the current PTG framework using 'managerial growth' as a new behavioural dimension when applied to managers working in 'everyday' organizations that is to say workplaces in which experiences of trauma are not commonplace.

Table 8.1: Domains of post-traumatic growth (participants and witnesses)

SUPERORDINATE THEME	THEMES	Illustrative quotes
APPRECIATION OF LIFE	REDRESSING WORK-LIFE BALANCE	<p><i>"I've probably missed an awful lot of their childhood not being there for having dinner with them every night as most other families probably do but I need to actually really do something about this and had I not had this opportunity to <u>stop</u> and step back and think about that <u>it would've been too late</u>" (Edgar, sub-session 2, lines 967-971)</i></p> <p><i>"Work isn't <u>everything</u> and (that) was definitely a big change" (Caitlin on Edgar, lines 283-285)</i></p> <p><i>"Similar to Edgar I work long hours when maybe it's not always the most sensible thing to do erm and those kind of questions app y'know I'll apply to myself not that erm it was like to protect myself from getting ill but more about actually a bit of a life check" (Caitlin, lines 428-432)</i></p> <p><i>"He tried to address a better work life balance when he came back to work" (Paul on Bill, lines 139-140)</i></p> <p><i>"Work is important but it's not life" (Diane, sub-session 3, line 143)</i></p> <p><i>"I think in some ways it helped her sort of get a little bit more of a life balance" (Gary on Diane, lines 143-144)</i></p> <p><i>"I think the trauma made me it did make me re-evaluate that as I say probably the jury is probably a little bit out as to how successfully I've managed to recalibrate my attitude to work I still take it very seriously but it does put you know helps you put things in perspective" (Peter, sub-session 1, lines 404-408)</i></p> <p><i>"It's made me re-assess my life a little bit as well and so y'know think what is important and what isn't important and to enjoy my home life a bit more" (Kerry, lines 373-376)</i></p> <p><i>"He's definitely working less hours and spending more time with his family which for me is a fantastic thing and something that I hoped he <u>would</u> get from the experience if any <u>good</u> could come of it" (Michael on Edgar, lines 172-178)</i></p>
	GAINING PERSPECTIVE	<p><i>"I'm not as precious about things as I once was" (Edgar, sub-session 2, lines 1095-1096)</i></p> <p><i>"I'm not saying that he's any <u>less</u> dedicated but he does definitely have a better sense of perspective over what <u>is</u> important and what isn't important" (Kerry on Edgar, lines 158-160)</i></p> <p><i>"(..) I think it's provided <u>me</u> with a sense of perspective as well and a sense of what's important in life" (Michael, lines 518-519)</i></p> <p><i>"I've realised that you can only do so much and you can only deal with so much and then the rest of it is out of your hands so you need to be able to honestly say you've given <u>enough</u> but also keep a bit of yourself <u>back</u> because it isn't as important as some other things in your life so that's <u>it</u> that's probably the biggest change for me (..)" (Michael, lines 578-584)</i></p> <p><i>"I have to say sometimes what seemed to be a drama here or what people were focussing on I found <u>completely</u> laughable [laughs] so <u>inconsequential</u> in the scheme of things and I suppose even now you know there's times where it is inconsequential you know all this <u>nonsense</u> about <u>stuff</u> that is really is it really all that important?" (Diane, sub-session 2, lines 93-97)</i></p>

		<p><i>"In those days [sighs] I used to definitely think about work and home life as being two completely separate things ... and it's actually probably only been in the last five or six years that I've had a different view on it and they really are one in the same thing" (Peter, sub-session 2, lines 481-486)</i></p> <p><i>"I guess that this has helped me put things into perspective (.....)" (Peter, sub-session 2, lines 934-935)</i></p>
<b>NEW POSSIBILITIES</b>		<p><i>"I <u>chose</u> to take the redundancy have a break do something else [...] take the risk and I'm pretty convinced that that goes back to all this situation [...] I was quite risk averse before or quite stable stable is the wrong word I'm not unstable but I was quite erm yeah I probably would have worked to keep the corporate job whereas I just got the opportunity and thought "you know what I'm going to take that opportunity and just have a break" (Bill, sub-session 1, lines 615-621)</i></p> <p><i>"There's other amazing things that have come out I mean Mary who's a lady that worked in our department resigned to go and pursue further education with a view to becoming a midwife and spoke to me and said it was as a result of what <u>I'd been through</u> because she realised <u>life was too short</u> and that she had to go and follow her dreams"(Edgar, sub-session 1, lines 823-828)</i></p>
<b>PERSONAL STRENGTH</b>		<p><i>"I'm more in-tune with myself from a personal point of view as a result of being able to reflect but I don't think I would've had that opportunity had I not had this happen to me" (Edgar, sub-session 2, lines 996-999)</i></p> <p><i>"That's one of the other positive things that have come out of this whole situation is that I'm more in-tune with myself in terms of what I <u>want</u> I'm more aware of how other people within the industry <u>perceive me</u>" (Edgar, sub-session 1, lines 801-804)</i></p>
<b>RELATING TO OTHERS</b>	EMPATHY and COMPASSION	<p><i>"I actually probably empathise even more with other people now" (Edgar, sub-session 2, lines 1065-1066)</i></p> <p><i>"I have this <u>insight</u> has given me the ability I think to have a lot more understanding and empathy about what people's lives are like and I want <u>my</u> team to have a really good work life balance experience at work so in terms of managing people I think if anything maybe it's made me a much better manager (....) I seem to have a lot more insight (..) and emotional intelligence" (Diane, sub-session 3, lines 162-168)</i></p> <p><i>"She understands what pressures you're under as well I think a lot more than she did before" (Nicola on Diane, lines 191-193)</i></p> <p><i>"I'm much more concerned manager I'm <u>concerned</u> about their lives outside of work" (Diane, sub-session 3, lines 183-184)</i></p> <p><i>"I certainly think I've become (..) more compassionate as a result of it" (Peter, sub-session 1, lines 415-416)</i></p> <p><i>"I think before I was very much I still am but before more so very much task-focused and maybe didn't think about people's personal circumstances so much at work but certainly now I don't know whether it's just with the passage of time or whether it's as a result of this but if any of the people that work for me have ever got any family issues or you know personal problems or depression or whatever it may be I'm always very sympathetic and compassionate and I try and I try and be very supportive" (Peter, sub-session 1, lines 416-424)</i></p> <p><i>"I do make a point of following up and checking that they're OK and acknowledging the fact that I know they are going through something I'm not intrusive but you know I make a point of going to say "are you OK?" giving people the opportunity to talk if they want to" (Peter, sub-session 1, lines 426-430)</i></p> <p><i>"As a manager now I would try and be less task focused and think more about the relationship side of things and the people side of things I suppose I've sort of come to the conclusion over the years that if you get the people side of things the relationship stuff right then the task side of things will largely look after itself" (Peter, sub-session 2, lines 488-493)</i></p> <p><i>"I do try and be more mindful and pick up try and pick up signs of how people are behaving differently from they normally would as I say try and give people the opportunity to talk about non-task type of things" (Peter, sub-session 2, lines 878-881)</i></p>

		<p>"I would ask him periodically how things were going maybe just saying that and he would say "crap" or whatever but at least we talked about it I didn't pry but... I suppose that's what I think of as being compassionate" (<b>Peter</b>, sub-session 2, lines 905-909)</p>
	INCREASED SELF-DISCLOSURE	<p>"Before this all happened he would always say "fine" or "good" or "<u>yeah</u> a bit busy but fine" <u>now</u> if you ask him how he is he will say "I'm tired" or "I don't feel well" or "it hurts today" he's blatantly honest about how he feels" (<b>Kerry on Edgar</b>, lines 717-720)</p> <p>"When he came back to me certainly he talked about him a lot more and he (...) he talked about him in a way that it was sort of you know he was very open about sort of his lifestyle and sort of his sexuality etc" (<b>Paul on Bill</b>, lines 186-189)</p> <p>"You do discover how many other people have suffered something similar and it is surprising but people don't talk about it until they know that you've suffered the same" (<b>Peter</b>, sub-session 1, lines 408-411)</p>
MANAGERIAL GROWTH		<p>"I <u>believe</u> I'm a better manager as a result of the fact that I'm providing people with the opportunity to do their own thing and be grown-ups and all the rest of it so I think it kinda boils down to that I'm not getting as pre-occupied by the detail which is releasing me more time to think (smiles) that's allowing me a bit more prioritising in terms of what I do and what I don't do and therefore I'm probably I <u>think</u> acting better than I was before" (<b>Edgar</b>, sub-session 2, lines 1129-1136)</p> <p>"I have noticed recently that he seems to be erm (...) allowing Michael more autonomy than he would have done previously (...) and I don't know whether that's because he's genuinely not feeling up to dealing with some of those things <u>yet</u> or whether he's consciously erm recognising the contribution Michael made while he wasn't here I'm not sure I suspect it's a bit of both" (<b>Kerry on Edgar</b>, lines 304-310)</p> <p>"He became much more hands off" (<b>Paul on Bill</b>, line 137)</p> <p>"He was giving us much more flexibility and much more sort of freedom with how we would run the projects" (<b>Paul on Bill</b>, lines 149-151)</p> <p>"He involved me and Natalie much more in decision making" (<b>Paul</b>, lines 192-193)</p> <p>"Now it's very much like she just trusts us to get on with it" (<b>Nicola on Diane</b>, lines 263-264)</p> <p>"He did become much more relaxed and much more flexible about his approach and certainly his line management style did change quite a bit" (<b>Paul on Bill</b>, lines 133-135)</p> <p>"I think afterwards it was very much more of a coaching sort of scenario whereby he would he would basically sort of say "this is my opinion but you know you do it as you see fit" so there certainly was you know a real paradigm shift with respect to the way he would manage you" (<b>Paul on Bill</b>, lines 215-219)</p> <p>"I think she is a better manager because she's just she's fair she's very fair" (<b>Nicola on Diane</b>, lines 750-751)</p>
VICARIOUS MANAGERIAL GROWTH		<p>"Professionally I sort of learnt that you can step in to someone else's role not to <u>do</u> their role but to coach the people who <u>can</u> back-fill for him if you like so to coach them into how to step-up to that so that was erm probably a side of me that I hadn't really erm had to demonstrate before" (<b>Kerry</b>, lines 361-365)</p> <p>"It's demonstrated I guess to the business that I can <u>do</u> those things and I <u>can</u> take on that responsibility so for <u>me</u> it's not meant a massive development <u>short-term</u> but actually I think what it's done is it's probably helped me erm demonstrate to people that that I am ready for development whenever that opportunity might arise" (<b>Michael</b>, lines 351-357)</p> <p>"We were more self-sufficient if you like after he came back" (<b>Natalie</b>, lines 169-170)</p> <p>"Our workloads increased but not in a bad way in a way where actually we were privy to probably projects and information that we weren't doing we weren't having before (.....)" (<b>Paul</b>, lines 237-241)</p>

### 8.3 Extending the PTG framework

Some of the existing domains of post-traumatic growth that have been discussed in section 8.2 manifest themselves in the present study through self-reported and observed behaviour change at work. For example, as a result of his struggle with cancer, Edgar reported his life priorities as changing, and acted by trying to work less and to be at home more (sub-session 1, lines 598-602). Bill described his cancer experience as having helped him to forge a new life path and acted by taking a break from corporate life (sub-session 1, lines 615-621). Diane described her bereavement experience as having given her a greater understanding of the impact of people's personal lives on their work, which lead her to manage others in a more supportive way (sub-session 3, lines 162-168). Peter described feelings of care towards his colleagues, which lead him to manage with compassion (sub-session 1, lines 415-416; 416-242; 426-430; sub-session 2, lines 488-493; 878-881; 905-909) (see Table 8.1.).

In this study, a new dimension of growth has emerged in its own right. 'Managerial growth' appears to be the behavioural manifestation of the 'relating to others' dimension of the existing PTG framework when applied to managers working in 'everyday' organisations (see Table 8.1). This may be because much of the work of managers involves getting things done through others and with others, which Mintzberg (2009) terms 'interpersonal competencies'. Other studies of growth through trauma have highlighted 'professional growth' as an outcome (e.g. Lonergan et al, 2004). However, these studies focus on the vicarious growth of trauma workers, as opposed to the professional growth of managers as a direct result of their own trauma experiences. This new finding underpins the first contribution in the present study, which calls for the existing PTG framework to be extended to include the behavioural dimension of 'managerial growth'.

'Managerial growth' emerged during participants' descriptions of the positive changes that occurred in the way that they managed others as a result of their trauma. For example, Edgar (sub-session 2, line 1129) and Diane (sub-session 3, line 166) described themselves as "*better managers*" as a result of their trauma. For Edgar, 'managerial growth' was about learning to empower his direct reports (sub-session 2, lines 1129-1136). This change in management style was recognised by Kerry:

*"I have noticed recently that he seems to be allowing Michael more autonomy than he would have done previously (...)"* (Kerry, lines 304-305).

Managerial growth for Bill and Diane also appeared to be about empowerment. Paul described Bill's management style post-trauma as "*much more hands off*" (line 137) which gave both him and Natalie more "*flexibility*" and "*freedom*" (lines 149-150). Of Diane, Nicola said "*now it's very much like she just trusts us to get on with it*" (lines 263-264). Paul described the change in Bill's management style as "*a real paradigm shift*" post-trauma (line 219) and Nicola saw Diane as a "*better manager*" (line 750) as a result.

As other empirical work reports (e.g. Lonergan et al, 2004), the trauma experiences in the present study present an opportunity for vicarious professional growth. Kerry, Michael, Paul and Natalie talked of developing in their roles as a result of 'stepping-up' at work in the absence of Edgar and Bill. Kerry talked of acquiring coaching skills (lines 361-365). Michael described coping with more responsibility at work (lines 351-357). Natalie reported being able to work more autonomously (lines 169-170) and Paul described how he was trusted with sensitive company information that he had not had access to before (lines 237-241) (see Table 8.1).

In summary, then, despite recent calls for behavioural dimensions to be added to the current PTG framework in order to increase its validity (Shakespeare-Finch and Barrington, 2012); the framework still focuses solely on cognitive processes and outcomes. By adding the behavioural dimension of managerial growth, it would not only strengthen the existing framework, since some scholars argue that the test of true growth post-trauma is the behaviours that ensue as a result (Hobfoll et al, 2007); it would also enable the framework to be applied to a 'mainstream' work context. This is important since some scholars within positive organizational scholarship have recently called PTG "*a missed opportunity*" (Maitlis, 2012:909), since little has been done to explore growth in everyday workplace contexts. As Maitlis argues:

*"The richest opportunities lie in studies of growth in work settings not normally associated with trauma...given the sad inevitability of such experiences at work, POS [positive organizational scholarship] can make a major contribution to the field of organizational behaviour by increasing our understanding of how and when growth can emerge out of such traumas."* (2012:918-919)

Furthermore, other scholars have argued that despite its dominance as a construct, opportunities still remain to improve its validity. As Morris, Wilson and Chambers (2013)



explain:

*“An emerging body of qualitative research indicates there may be salient domains of PTG that are not emphasised in existing measures.” (2013:3372)*

In conclusion, by suggesting an extension to the PTG framework, it may help managers to encourage individuals to share their trauma experiences at work, so that their development value can be realised. This is critical since some scholars argue that the impact of personal trauma on an individual's professional life is still poorly understood by managers and organizations (Han, 2012; Hazen, 2003; 2008) and that line managers play a pivotal role in shaping how people cope with bereavement and illness at work (Bento, 1994; Charles-Edwards, 2009).

#### **8.4 Extending the ‘noticing-feeling-responding’ model of compassion**

The second area of contribution, like the first, emerged through a process of reflexive engagement which took place during the interview process. Here, participants and witnesses reflected upon the situated and negotiated nature of their workplace interactions. During the interviews, participants and witnesses recalled salient episodes in which they interacted at work. During these moments of intersubjective reflection, compassion interactions were recounted. It was the research design, comprising narratives from participants and their workplace witnesses that enabled compassion interactions to be unpacked from both sides. The second contribution in this study, therefore, seeks to extend the existing model of compassion at work (Dutton, Worline, Frost and Lilius', 2006), which views compassion as a one-dimensional process of noticing, feeling empathic concern and responding to try and alleviate an individual's suffering; by conceptualising it instead as a two-way interaction between a compassion ‘giver’ and a compassion ‘receiver’. There is evidence in the present study to suggest that there are three determining factors that influence compassion interactions as a dyadic process. Firstly, compassion interactions may begin from either side of the process. For example, they may begin with a compassion giver ‘noticing’ that a colleague is behaving differently; or equally they may begin with a compassion receiver ‘disclosing’ a personal struggle. Secondly, the way in which compassion interactions are interpreted depends on contextual factors (such as the quality of the relationship between the compassion giver and the compassion receiver; work group norms; or the place or situation in which the interaction takes place). Thirdly, compassion interactions are not always viewed positively.

Over the past ten years, organizational research has shifted its emphasis away from deficit and dysfunction in organizations, towards positive approaches to the world of work. Within this move, the study of 'positive organizations' has emerged (Cameron, Dutton and Quinn, 2003), which focuses on exploring positive human processes in organizations. Compassion is one such process, and in recent years, there has been a growing body of literature on compassion in organizations, with scholars positioning it as central to positivity, productivity and performance at work (Atkins and Parker, 2012; Dutton, Worline, Frost and Lilius, 2006; Frost, 1999; 2002; Kanov, Maitlis, Worline, Dutton, Frost and Lilius, 2004; Lilius, Worline, Maitlis, Kanov, Dutton and Frost, 2008; Lilius, Worline, Dutton, Kanov and Maitlis, 2011; Lilius, Kanov, Dutton, Worline and Maitlis, 2012; Pace, 2010). For example, empirical research has shown that caring managers and caring colleagues are two of the most important predictors of organizational performance (Harter, Schmidt and Haynes, 2002) and acts of compassion have been found to be linked to organizational commitment (Lilius et al, 2008); positive relationships (Kanov et al, 2004); and trust (Dutton et al, 2006).

Compassion is defined as the emotional outcome of appraising suffering in another person (Goetz, Keltner and Simon-Thomas, 2010) and it has been distinguished from empathy and sympathy in its actionable outcomes (Atkins and Parker, 2012). In this study, compassion is seen as an attempt to connect and care for others (Miller, 2007) by taking action to try and alleviate suffering (Clark, 1997). Compassion, however, appears to be a controversial concept in organizational research, with some scholars arguing that it is merely a subverted way of getting more from employees (Fineman, 2006). Notwithstanding this cynicism, this study views compassion as a basic requirement of managers (Charles-Edwards, 2009; Hazen, 2008; Frost, 2003; Solomon, 1998), with some scholars describing "*competent compassion*" as a key relational skill for managers (Lilius et al, 2012:276).

Systematic studies of compassion at work have been taking place for around ten years, however it is still an emerging field of enquiry (Lawrence and Maitlis, 2012) with "*many large questions*" remaining (Madden, Madden, Ray and Smith, 2013:7). Given its nascence, some scholars argue that the focus of compassion research should remain at the individual level at this stage, as Atkins and Parker (2012) state:

*"It is also vital to understand the processes of compassion within individuals otherwise organizations might waste resources putting in place practices when individual staff might be unable or unready, to experience compassion."* (2012:524)

The existing model of compassion at work (Dutton et al, 2006) conceptualises compassion from the perspective of the compassion 'giver', therefore it is important to extend our understanding of compassion in its dyadic form, since compassion is an interpersonal experience (Lilius et al, 2012). Compassion in the present study is thus conceptualised at the level of a dyad viewing it as a two-way process between a compassion giver and a compassion receiver.

#### 8.4.1 Limitations of the existing model of compassion at work

Compassion at work is currently positioned as a tripartite process of 'noticing, feeling and responding' (Dutton et al, 2006) with others more recently theorising it as a four stage process of 'noticing, appraising, feeling and acting' (Atkins and Parker, 2012). However, whether it is a three-stage or four-stage model, conceptualisations of compassion appear deficient in two ways.

Firstly, it may be an oversimplification of a more complex process. For example, taking the first element it is not always possible to 'notice'. In the present study (see Table 8.2), there is evidence that participants attempted to hide their true feelings at work (Bill, sub-session 2, lines 446-448; Diane, sub-session 2, lines 305-308; Peter, sub-session 1, lines 334-336), which made it difficult for colleagues to 'notice' their suffering (Natalie on Bill, lines 176; 294). Lilius et al (2012) posit that an individual's ability to notice another person's suffering is related to the quality of their relationship. For example, if the relationship contains high levels of trust and openness. Kahn (1998) suggests that a level of intimacy is required in strong working relationships, so that colleagues can pick up the signs of someone behaving differently.

Furthermore, there is evidence in the present study (see Table 8.2) that suggests that despite 'noticing', individuals may not have felt empathic concern. For example, Diane's manager, Gary, described not feeling empathy towards her because of his own feelings of indignation about the lack of support he received during his own trauma (Gary, lines 309-311). In this instance, Gary's actions appeared to become 'self-focused' rather than 'other-focused' (Atkins and Parker, 2012). The existing model (Dutton et al, 2006) suggests that after 'noticing' and 'feeling', individuals 'respond' to alleviate suffering. However, there is evidence in the present study that compassionate responses can be misguided, which suggests compassion is not always a positive process (as the existing model implies). For example, Natalie described not responding appropriately to Bill's disclosure of his illness because she did not know "*how to respond*" or "*how to support*" (Natalie, lines 377-379).

There are other incidences in the present study (see Table 8.2) where misguided acts of compassion added to an individual's distress as opposed to alleviating it (Bill, sub-session 1, lines 358-362; sub-session 2, lines 279-294; Diane, sub-session 2, lines 248-260; Peter, sub-session 1, lines 227-231; sub-session 2, lines 35-40; 46-52; 69-75; 467-469). Previous empirical studies have found that well-meaning individuals can be misguided in their attempts to provide social support (e.g. Harvey, Barnett and Overstreet, 2004) and Hazen (2008) suggests that misguided acts of compassion occur because of a lack of understanding among managers and employees about what to expect from someone who is experiencing trauma and how they might respond. As Harvey et al (2004) state:

*"Close others' reactions to disclosures and confiding are absolutely critical in influencing how successful the account maker will be in dealing with the loss experiences."* (2004:28)

The second area in which the existing model of compassion appears deficient is in its presentation of compassion as a one-dimensional process. For 'noticing, feeling and responding' to take place, there must be both a 'giver' and a 'receiver' of compassion. However, the existing model does not reflect compassion as a dyadic process. In the present study (see Table 8.2), there are compassion interactions which are described both from the perspective of a compassion 'giver' and a compassion 'receiver' (e.g. Peter, sub-session 1, lines 246-253; Nigel, lines 303-316), which enable the same interaction to be viewed from both sides. The richest description of this kind is the doorstep interaction between Peter and Nigel (Peter, sub-session 1, lines 246-253; Nigel, lines 303-316). Peter interpreted this experience positively and remembered Nigel as a *"great support"* (sub-session, 1, line 246). However, Nigel viewed the interaction differently:

*"It just so happened that I went round to Peter's house to congratulate them on his birth now I wouldn't necessarily have gone round and done that but because we lived in the same village I did go round and do that and I knocked on the door expecting to see the proud father all cheerful and smiles and go in and congratulate everybody and of course I never actually got past the porch as it were because he said "oh I've got all the family in there and er we're all a bit distraught I can't really invite you in" so I said "Well why's that?" and then he started to explain to me everything that had happened and I ended up with a grown man in tears in my arms because he at that point obviously was the height of the shock the trauma for him and that's quite an experience really because you go from being friends and colleagues to suddenly being part of this traumatic experience"* (lines 303-316)

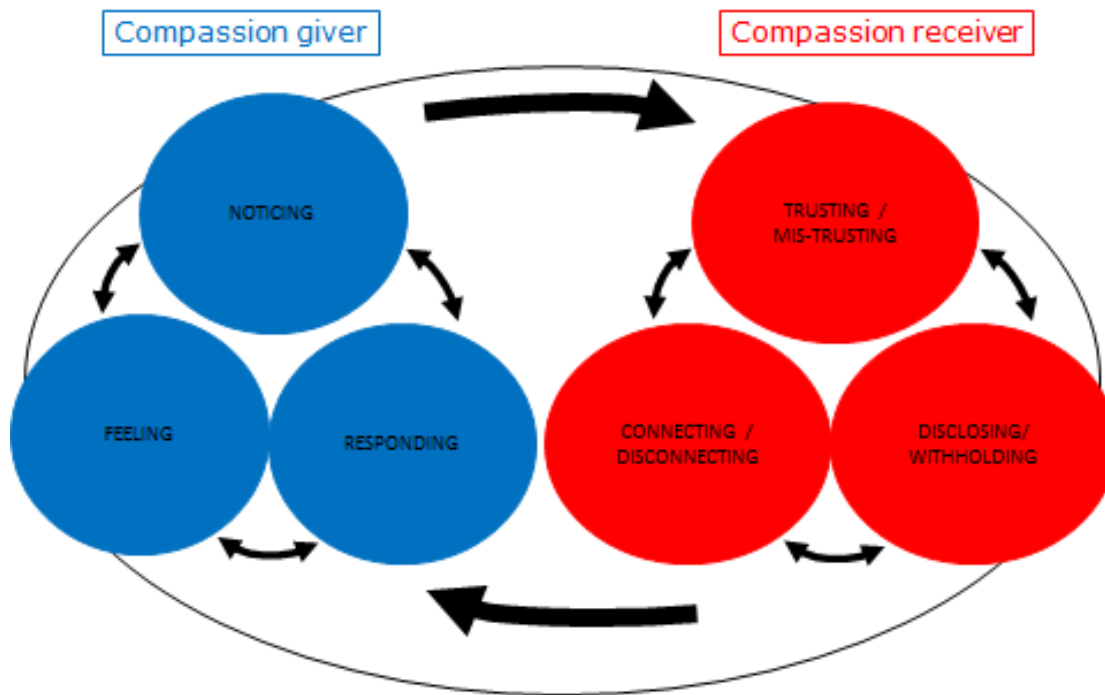
This quote not only shows Nigel's differing perspective as the compassion 'giver', it also illustrates the complexity of the compassion interaction when viewed from both sides. In Nigel's account, for example, he described being unprepared for what he would face when he arrived at Peter's house (line 316) and was therefore not necessarily ready to engage (lines 314-315). Furthermore, it appears that Nigel adhered to 'feeling rules' (Hochschild, 1979) whereby emotional disclosure is not expected between work colleagues, since he described Peter's display of emotion as "not normal" (line 602) and something which *"just wouldn't happen in business"* (line 598).

This particular compassion interaction appears to have shaped the nature of their relationship long after the interaction took place. Nigel described himself, twelve years on, as a *"walking reminder"* of Nigel's trauma (line 287), which he saw as a *"curse"* (line 608) and *"baggage"* (line 610), yet Peter continued to see Nigel as a *"great support"* (sub-session 1, line 247). In other compassion interactions, Natalie described feeling guilty about her perceived failure to support Bill following the disclosure of his illness in Africa (Natalie, lines 360-365). In Diane's case, Nicola described their relationship as *"completely different"* (line 724) as a result of their compassion interactions at work. These examples serve to illustrate that conceptualising compassion as a process of noticing, feeling and responding may be an oversimplification of a more complex dyadic process.

#### 8.4.2 Extending the existing model of compassion at work

As data in the present study reveals (see Table 8.2), compassion interactions are viewed as a two-way process between a compassion 'giver' and a compassion 'receiver'. Within this two-way process, there is evidence to suggest three things. Firstly, that compassion may begin from either side of the process. For example, the process may begin with a compassion giver 'noticing' that a colleague is behaving differently; or equally it might begin with a compassion receiver 'disclosing' their personal struggle. Secondly, the way in which compassion interactions are interpreted, depends on contextual factors (such as the quality of the relationship between the compassion giver and the compassion receiver; work group norms; or the place or situation in which the interaction takes place). Thirdly, compassion interactions are not always viewed positively.

Figure 8.2: Extended model of compassion at work



Taking each of these points in turn, firstly, data in the present study suggests that a compassion interaction does not necessarily begin with a compassion giver (i.e. blue side of the dyad in Figure 8.2); it may equally begin from the compassion receiver (i.e. red side of the dyad in Figure 8.2). There are examples when compassion interactions begin with the compassion giver, such as the exchange between Mary and Edgar that followed his diagnosis (Edgar, sub-session 2, lines 564-583) and the compassion interaction that was instigated by Peter's Energy clients following his bereavement (Peter, sub-session 2, lines 609-614). Alternatively, there are instances of compassion interactions beginning with the compassion receiver (e.g. Edgar, sub-session 2, lines 223-237; Bill, sub-session 1, 547-549; Peter, sub-session 2, lines 617-629; 640-648).

Secondly, there is data to suggest that the compassion interactions may begin anywhere within the process. It is not necessarily a linear 'noticing-feeling-responding' process on behalf of the compassion giver; nor is it simply a process of 'trusting-disclosing-connecting' on behalf of the compassion receiver (the red side of the dyad in Figure 8.2). Furthermore, building on Roussin's (2008) suggestion that "*discovery*" conversations happen in dyads where people feel psychologically safe; there are interactions in the present study which

begin from a position of trust on the part of the compassion receiver (Edgar, sub-session 2, lines 223-237; Bill, sub-session 1, 546-549); that is to say when an individual discloses to someone they feel 'safe' with, such as in Edgar's case, his wife, or in Bill's case, his housemate. Equally, there are examples of compassion interactions where the receiver 'discloses' (Paul on Bill, lines 413-416; Peter, sub-session 2, lines 617-629; 640-648), with the moment of disclosure being pivotal in shaping the interaction, both positively (Kerry on Edgar, lines 716-723; Paul on Bill, lines 278-281; Peter, sub-session 2, lines 617-629) and negatively (Natalie on Bill, lines 407-409; Diane, sub-session 2, lines 248-260; Peter, sub-session 2, lines 35-40; 467-469; 689-699); as well as the relationship between the dyad from then on (Nigel on Peter, lines 275-281; Peter, sub-session 2, lines 69-75; 617-629). In some cases, 'disclosing' on the part of the compassion receiver leads to a counter-disclosure on the part of the compassion giver (Peter, sub-session 2, lines 337-346; 532-535), which further supports the idea that compassion interactions are neither linear nor one-directional. In one extract, Peter described how, for him, disclosure builds trust, connection and counter-disclosure:

*"You do discover how many other people have suffered something similar and it is surprising but people don't talk about it until they know that you've suffered the same"* (Peter, sub-session 1, lines 409-411)

Lilius et al (2012) support this idea by claiming that disclosure legitimizes compassion to be given and in turn this supports an individual's healing. Participants and witnesses described the 'connecting' process that takes place in a compassion interaction (Kerry on Edgar, lines 722-723; 747-751; Paul on Bill, lines 278-281). 'Disclosing', therefore, appears to be pivotal in shaping compassion interactions at work. Indeed, Lawrence and Maitlis (2012) suggest that the way in which people construct their experiences and struggles in conversation with one another is an important component in embedding an ethic of care in organizations; and Hazen (2008) suggests that employees cannot heal from trauma unless they feel they can openly express their feelings.

Table 8.2: Compassion interactions

COMPASSION GIVER	COMPASSION RECEIVER	COMPASSION RECEIVER
NOTICING –FEELING-RESPONDING	TRUSTING – DISCLOSING- CONNECTING	MISTRUSTING – WITHHOLDING- DISCONNECTING
<p><i>"I remember her talking to me and asking me how I was and we just had a chat at ma desk and I said to her at that point I said 'd'you know what Mary everything in my life is going too well' (...) 'I've got a job that I love I work around people that I enjoy being with I've got my house I've got ma car I've got a nice car I've got ma family and everything is good I don't want for <u>anything</u> there's <u>nothing</u> that someone could offer me <u>really</u> that would make me" y'know ma all ma family gets so frustrated "what do you want for Christmas?" "I don't want anything I've got everything that I need" thank you very much and it's too perfect and I just think something's gonna come along and "burst ma bubble" is the expression I used <u>so</u> some of the conversations when I went <u>back</u> one of them was with Mary and she said to me she reminded me of that conversation she said "d'you remember a couple of weeks ago we talked about you were going to burst your bubble?" she said "I hoped that you were wrong" but she says "we all knew that you weren't right"" (Edgar, sub-session 2, lines 564-583)</i></p> <p><i>"Stuart was saying "stay at home you don't need to start work just y'know here's a couple of things to do" whereas Edgar was like "no I want to come back into the office I want people to see that I'm well I want to get back into seeing people" erm and Stuart was like "no no no don't don't don't" and Mark the MD was sort of "right well Stuart you need to let Edgar decide what he wants to do"" (Caitlin on Edgar, lines 777-783)</i></p> <p><i>"I think that the way his boss Stuart tried to tell him to stay at home longer was the right thing to do but it felt like probably the wrong thing for Edgar" (Caitlin on Edgar, lines 865-867)</i></p> <p><i>"I think that our board were full of good intentions and I say this about erm Edgar's line director and there was there was a lot of "he must come back <u>part-time</u> we must support him we must do this erm we mustn't over work him" all the right words [laughs] but I think sometimes it's very difficult particularly within a smaller organisation to actually follow that through to action so I did feel that more pressure than was than should've been was being put on Edgar whilst they were saying you know "just work the hours you want" they were also giving him enough work to mean that he had to work a certain number of hours which I felt was more than he should be working at that time it wasn't intentional <u>badness</u> it's just kind of I spose it's that typical thing of director level actually being slightly unaware of the complexity of what's involved" (Kerry on Edgar, lines 510-522)</i></p>	<p><i>"I'd been protecting her from what I really felt deep down inside which was fear so that whole period of getting all of these blood tests done and having the anxiety of what was actually gonna happen I was trying to protect her by erm telling her "I'm fine I'm fine I'm feeling a lot better" and I'm fine because I could see how stressed out she was about the whole situation erm and that that was my way of trying to protect her and on that day we had a big outpouring and I admitted to that fact that I was scared <u>witless</u> and erm that was a <u>very</u> very difficult thing to do and resulted in me having <u>another</u> cry which didn't last long and Sarah and I who are always very honest with each other anyway we tell each other everything and I suppose we had a period of us both telling each other how we really felt which was that we were scared and that she <u>knew</u> I was keeping things from her y'know cause (laughs) she knows me better than I do and erm it was a kinda watershed moment" (Edgar, sub-session 2, lines 223-237)</i></p> <p><i>"I came home and I just burst into <u>tears</u> which was you know my housemate was there at the time and he said "you need some help here"" (Bill, sub-session 1, lines 546-549)</i></p> <p><i>"Certainly Bill mentioned it that you know he had to at some stage erm make a decision about coming back er because in essence financially it was proving to be quite difficult not to come back" (Paul on Bill, lines 413-416)</i></p> <p><i>"I do remember Nigel who was the workplace witness he was he was a great support he wasn't a close friend but he lived in the same village that we live in and he used to come round and see me particularly while Kim was in hospital and I was at home on my own he'd come round and visit for you know just for half an hour maybe it was the last thing I actually wanted but erm I certainly didn't invite him but it was really good that he came" (Peter, sub-session 2, lines 246-253)</i></p>	<p><i>"Part of me wondered whether this was a check-up as to erm you know whether I was really sick and whether I should be back at work" (Bill, sub-session 2, lines 275-277)</i></p> <p><i>"I guess I just wasn't quite clear the purpose of the visit because although it was a supportive visit and he was incredibly supportive I wasn't quite clear whether it was also a bit of a personnel visit "Where is this person how ill are they?" you know tick the box or whatever erm (.....) and er (.....) yeah I mean ... it's a strange relationship with your sort of employer because on the one hand it's a bit like er these things with the personnel thing on one hand the people who you're close to are being very supportive on the other hand they're being supportive in the sense that in a professional sense they're still the employer and they still in the back of their mind are thinking "Oh well if this doesn't go the right way we'll have to terminate for sickness" you know what I mean there is that there's always that edge with your employer I mean it's not a friend it is an employer however supportive they are as individuals and I think I was always conscious of that duality" (Bill, sub-session 2, lines 279-294)</i></p> <p><i>"I did get the impression from when I phoned that it was like oh well you're not coming back then on Monday and it was like <u>no</u> [laughs] <u>hello</u> my sister's just died <u>now</u> on top of my father and it's going to be another week before we can organise a funeral and I remember feeling quite annoyed because I wasn't annoyed at the fact that he was making the right noises he was making all the right noises you know that's great you know it's very sad and everything but I did get this underlying sense of pressure and I thought it was really inappropriate and I was <u>so</u> annoyed I think I probably I if he had said to me pushed it in any way at all I'd have probably just said I'm not coming back I'm handing in my notice right now I was so angry about it" (Diane, sub-session 2, lines 248-260)</i></p> <p><i>"I think when people ask me how I was and maybe some people did have genuine care I would've said I'm fine what am I going to say actually no I think I'm going a bit mad" (Diane, sub-session 2, lines 305-308)</i></p> <p><i>"I was really worried sick but in fact I didn't really tell people in the organisation at all because I felt really vulnerable" (Diane, sub-session 2, lines 321-323)</i></p>



COMPASSION GIVER	COMPASSION RECEIVER	COMPASSION RECEIVER
NOTICING –FEELING-RESPONDING	TRUSTING – DISCLOSING- CONNECTING	MISTRUSTING – WITHHOLDING- DISCONNECTING
<p>“Someone who’s been through that kind of trauma and has been off work for a period of time knows that people have covered for him in an environment where we are making cost savings probably needs to be made to feel very secure not side-lined into project work and left at home to get on with it and I think they missed a trick in doing that in in sort of (...) re-asserting how <u>valuable</u> he was to the <u>business</u> and how actually it hadn’t been easy to manage without him I think they maybe went a little bit too far pointing out how easy it had been to manage without him [says laughing] erm which possibly wasn’t the most reassuring approach to take” (Kerry on Edgar, lines 535-545)</p> <p>“I think side-lining him into project work and keeping him <u>away</u> from the people who are gonna support him most was detrimental” (Kerry on Edgar, lines 582-584)</p> <p>“If you ask Edgar how he was before this all happened he would always say “fine” or “good” or “<u>yeah</u> a bit busy but fine” <u>now</u> if you ask him how he is he will say “I’m tired” or “I don’t feel well” or “ I it hurts today” he’s blatantly honest about how he feels I’m not sure if that’s with <u>everyone</u> but he certainly is if I ask the question so consequently you <u>can</u> say “Edgar you look tired should you be here?” Because he he’s kind of volunteering the information” (Kerry on Edgar, lines 716-723)</p> <p>“The honesty I find refreshing because I’d rather <u>know</u> than him be pretending everything’s <u>OK</u> but it is concerning to see someone who was always <u>so</u> full of life and so full of energy at y’know quite low sometimes really erm yeah that is quite hard [sniffs]” (Kerry on Edgar, lines 726-730)</p> <p>“<u>His</u> boss I think at the time was a little bit scared... because it might may have meant erm putting <u>too much</u> responsibility on him putting too much pressure on him to come back early but <u>in the end</u> I think it worked the other way leaving it too vague just meant that he was scrambling round wondering what was expected of him?” (Michael on Edgar, lines 795-799)</p> <p>“I remember being concerned that he was coming to see if I was still ill enough to be off [laughs] and... looking back in hindsight that was a ridiculous thought but I remember thinking he was like the illness police” (Bill, sub-session 1, lines 358-362)</p> <p>“I wasn’t fully with it I mean just mentally I just wasn’t as sharp I just wasn’t (...) I tried to look as if I was but I wasn’t” (Bill, sub-session 2, lines 446-448)</p>	<p>“I also remember being away on a business trip with the general manager he was a very unemotional he had a reputation for being a hard man businessman type thing and I remember being away with him and on the flight home we ended up talking about it and he ended up relating a similar personal story of his I found that quite I found that very helpful actually as I say this bloke who I’d got a working relationship with him but didn’t know him at all personally but he was prepared to share his own I think it was something I think it was about his sister you know a personal story that he shared with me I found that really helpful” (Peter, sub-session 2, lines 337-346)</p> <p>“There were one or two people who relayed similar stories about things that had happened similar things that had happened to them or people they knew so I was I found that helpful and useful” (Peter, sub-session 2, lines 532-535)</p> <p>“I went out for a meal with the client and for some well not for some reason I ended up we ended up talking about it ended up talking about the twins and I must have said something like you know “we’re a little bit nervous because of what happened a year ago” and I remember him I remember telling him about it telling the client about it for some reason and he was great he was really sympathetic and when the twins were born I remember him you know sending a gift he sent me some baby grows and a card etc and this was you know a client that I didn’t know particularly well it was going to be a fairly fleeting working relationship over six or nine months but erm (...) he was he and the Energy clients were probably more supportive and open about it than the people I’d worked with for a decade strange” (Peter, sub-session 2, lines 617-629)</p> <p>“I went away with Hannah the HR Director I went to Indonesia with her in October and on the way back we’d had a couple of drinks and for some reason I decided you know I told her the story and it was the first time I’d talked about it in a long time really and it brought me to tears it was pretty maudlin really it was a nice flight and we were having a good time and I ended up talking about it but erm (...) yeah but it was good to talk to her about it I think it moved her to tears as well (...)” (Peter, sub-session 2, lines 640-648)</p>	<p>“The day he died was the first contact I’d had from the Ops Director at work which was a bit of a shock really that he hadn’t he did the reason he hadn’t contacted me was because he didn’t know what was happening” (Peter, sub-session 1, lines 227-231)</p> <p>“What generally happens is people think I’m fine at work they can’t see any difference in me but internally I’m feeling the stress” (Peter, sub-session 1, lines 334-336)</p> <p>“During that four-week period when I went <u>into</u> work that was difficult because I remember one particular person Jane trying to y’know she was saying “how are things?” and I said “well y’know they’re <u>dire</u> er he’s not gonna make it” type of thing but I remember her trying to cheer me up by saying “<u>oh well</u> it can’t be as bad as all that” type of thing erm so that was that was quite difficult (...)” (Peter, sub-session 2, lines 35-40)</p> <p>“I remember one particular lady I worked with Sarah who was a very we used to call her Hyacinth Bouquet [laughs faintly] erm she was a very <u>unemotional</u> a very reserved person the opposite of the touchy-feely type person but I remember her coming and putting her arm around my shoulders when I came back to work and that really cracked me up because she’d never done <u>anything</u> like that to anybody” (Peter, sub-session 2, lines 46-52)</p> <p>“The day he <u>died</u> he rang me to tell me about an offer at the Co-op Funeral Directors you know he was thinking about the practical money side of paying for the funeral which was absolutely the last thing on my mind so I always remember <u>that</u> which is a shame really (...) but it took me a long time to sort of forgive him for it I never confronted him directly but it was always well clearly it still <u>is</u> on my mind (.....)” (Peter, sub-session 2, lines 69-75)</p> <p>“I remember seeing him at the coffee machine [clears throat] and him relating (...) him relating something that had happened to him that had turned out ok I think it had been with one of his kids and he was saying something like “I’m not sure how I would have coped if it had ended like your story” to me I suppose that’s I think he was struggling to find words of condolence but the way he expressed himself was to say that he wouldn’t have been able to cope very well in my circumstances” (Peter, sub-session 2, lines 329-336)</p>

COMPASSION GIVER	COMPASSION RECEIVER	COMPASSION RECEIVER
NOTICING –FEELING-RESPONDING	TRUSTING – DISCLOSING- CONNECTING	MISTRUSTING – WITHHOLDING- DISCONNECTING
<p><i>"I think certainly afterwards it became less that [line manager] and more colleague actually erm which was quite nice"</i> (Paul on Bill, lines 278-281)</p> <p><i>"I didn't see his emotions easily"</i> (Natalie on Bill, lines 176)</p> <p><i>"I don't know what he was feeling"</i> (Natalie on Bill, line 294)</p> <p><i>"I didn't really know how to respond to that erm you know how to support him or how to do something with it"</i> (Natalie on Bill, lines 377-379)</p> <p><i>"Maybe I'm a bit scared of that trauma myself and therefore wasn't as supportive as I might have been"</i> (Natalie on Bill, lines 407-409)</p> <p><i>"I wonder how really empathetic I was because you know I'd sort of had a level of indignation about that and then you think well I didn't get much support"</i> (Gary on Diane, lines 309-311)</p> <p><i>"A couple of the guys when they first met me in reception they didn't hide the fact it was the first thing they said "we are sorry to hear of your loss blah blah blah" and then you know that made it easier to have a more normal meeting I keep using the elephant in the room thing but it got it out in the open so that was good"</i> (Peter, sub-session 2, lines 609-614)</p> <p><i>"Sat in his office talking to him again within a few minutes you could tell that all the memories or that was my perception all the memories were being triggered and coming back (...) and it got to the point quite honestly where I would actually try to avoid him for the simple reason that I didn't want to trigger that especially not with him being in a working environment"</i> (Nigel on Peter, 275-281)</p> <p><i>"It just so happened that I went round to Peter's house to congratulate them on his birth now I wouldn't necessarily have gone round and done that but because we lived in the same village I did go round and do that and I knocked on the door expecting to see the proud father all cheerful and smiles and go in and congratulate everybody and of course I never actually got past the porch as it were because he said "Oh I've got all the family in there and er we're all a bit distraught I can't really invite you in" so I said "Well why's that?" and then he started to explain to me everything that had happened and I ended up with a grown man in tears in my arms because he at that point obviously was the height of the shock the trauma for him and that's quite an experience really because you go from being friends and colleagues to suddenly being part of this traumatic experience in somebody's life"</i> (Nigel on Peter, lines 303-316)</p>		<p><i>"Looking back it was crap really (...) I remember him saying "Oh I'm really sorry to hear I didn't know I didn't know about Adam" and as I said this was six weeks after he'd been born"</i> (Peter, sub-session 2, lines 467-469)</p> <p><i>"I felt obliged to let him know what had happened so that you know really I suppose so if I wasn't seeming as enthusiastic and responsive as maybe he would have hoped he would have understood why (...) erm but yeah obviously broaching the going into his office broaching the subject was quite painful because he was you know it was all very fresh in my mind I guess at that time Kim and I were both really highly stressed so it doesn't take much to take you over the edge so I I'd you know I was OK I kept myself together but clearly that's the type of conversation that could have taken me over the edge and it's probably not the best start you know to someone who is coming across in a new role"</i> (Peter, sub-session 2, lines 689-699)</p>

Thirdly, there is evidence in the present study which suggests that compassion interactions are not always viewed positively (see Table 8.2), which is reflected in the model presented in Figure 8.2. Depending on their experience of the interaction, the compassion receiver may be conceptualised as ‘mistrusting’ opposed to ‘trusting’; ‘withholding’ as opposed to ‘disclosing’; or ‘disconnecting’ as opposed to ‘connecting’ with the compassion giver (see red side of dyad in Figure 8.2). For example, Diane described ‘withholding’ because she did not feel psychologically safe at work (Diane, sub-session 2, lines 321-323) and because there was no “safe” space to talk (sub-session 2, lines 435; 441). Additionally, there are incidences in this study in which well-intentioned compassionate responses on the part of the compassion giver added to the receiver’s distress as opposed to alleviating it (e.g. Bill, sub-session 1, lines 358-362; sub-session 2, lines 275-277; Diane, sub-session 2, lines 248-260; Peter, sub-session 1, lines 227-231; sub-session 2, lines 35-40; 46-52; 69-75; 467-469) (see Table 8.2). This finding supports previous empirical work that suggests that misguided acts of compassion can stifle an individual’s coping process (e.g. Charles-Edwards, 2009; Harvey et al, 2004). For example, Diane described her exchange with Gary when she relayed the news of her bereavements as leading her to consider resigning (sub-session 2, lines 248-260) and Peter’s first exchange with his boss about his son’s condition took place six weeks after the birth and on the day of his son’s death (sub-session 2, 467-469), which Peter describes as “crap” (sub-session 2, line 467). Solomon (1998) suggests that compassion may be misguided if there is a superficial understanding of the situation, which appears to be evident in some of the interactions that are described in the present study. For example, Peter described one such interaction:

*“During that four-week period when I went into work that was difficult because I remember one particular person Jane trying to y’know she was saying “how are things?” and I said “well y’know they’re dire he’s not gonna make it” type of thing but I remember her trying to cheer me up by saying “oh well it can’t be as bad as all that” type of thing so that was that was quite difficult (..)”* (Peter, sub-session 2, lines 35-40)

This quote shows how Peter failed to connect with the individual who attempted to show him empathy, because she appeared not to understand his situation. ‘Disconnecting’ is therefore, one of the three bubbles presented on the compassion receiver side of the dyad in figure 8.2, since the compassion receiver may interpret well-intentioned responses as misguided. In other instances in the present study, colleagues witnessed misguided acts of compassion (Caitlin, lines 777-783; lines 865-867; Kerry, lines 510-522; 535-545; 582-584; Michael, lines

795-799) which further support Solomon's (1998) suggestion that they were perceived as misguided because they lacked understanding of the individual or the situation. As Kerry explained *"it wasn't badly intentioned you know it was (...) it's just not really getting it"* (Kerry lines, 547-548). This data supports findings from previous empirical work (Lilius et al, 2008) which suggests that witnessed acts of compassion are linked to organizational commitment. This is evident in the present study where individuals questioned their commitment to the organization, both positively (e.g. Edgar, sub-session 2, lines 152-155) and negatively (e.g. Diane, sub-session 2, lines 249-259) as a result of the compassionate responses they received or witnessed (Gary, lines 395-397; Kerry, lines 449-452; 622-623; 626-631; Michael, lines 669-674; 709-711). As Kerry puts it:

*"I think there was a morale issue around that just thinking cause there was a lot of us who'd be sitting there thinking Christ y'know I've been here 18 years so 18 years to this company and if that's how they're gonna treat you ...it's one of those gossiping bitching a group of people all going "those bastards upstairs aren't looking after him"* (Kerry, lines 685-691)

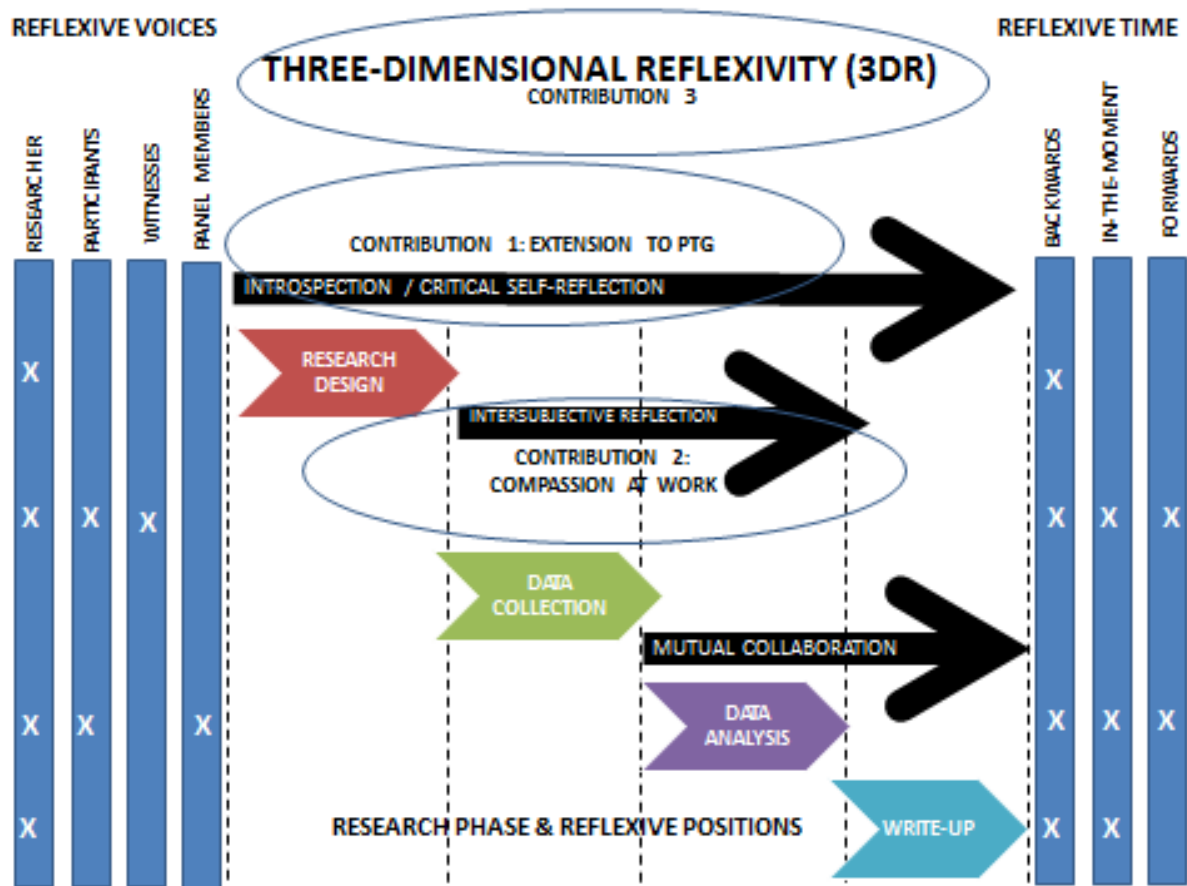
In closing, through the narrative accounts that emerged from participants and their workplace witnesses, the present study has surfaced evidence that compassion interactions are more complex than a one-dimensional process of 'noticing, feeling and responding'. These findings suggest that the existing model of compassion at work (Dutton et al, 2006) may be strengthened by conceptualising compassion as a two-way process between a compassion 'giver' and a compassion 'receiver', in which compassion interactions can begin from either side of the dyad; at any point in the process; and can be both positively or negatively experienced. This is an important contribution in a field of enquiry that is still emerging, as some scholars have called for research that unpacks the *"social communicative experience associated with confiding about one's losses"* (Harvey et al, 2004:29); and more recently, scholars have called for research that explores the *"negative repercussions"* of compassion (Lilius et al, 2012:282); which, in its extended conceptualisation of compassion, the present study begins to address.

The final section of this chapter now presents the third contribution to emerge from within the present study, which is a new conceptualisation of reflexivity entitled 'Three-dimensional reflexivity' (3DR) (Armstrong et al, 2013).

## 8.5 Three-dimensional reflexivity (3DR)

Three-dimensional reflexivity' (3DR) (Armstrong et al, 2013) (see Figure 8.1) has been the springboard for the two previous theoretical contributions in the present study. For example, the interview setting provided participants and witnesses with a reflexive space within which they could critically self-reflect. This critical introspection led them to reflect on how they had professionally 'grown' as a result of their trauma experiences. As a result, a new behavioural dimension of PTG has emerged ('managerial growth') when applied to 'everyday' organizational contexts. The second contribution emerged from the research design and methodological approach, which enabled participants and their witnesses to engage in intersubjective reflection in which compassion interactions were recounted from both sides. This has led to a suggested extension to the existing model of compassion at work, by conceptualising it as a more complex two-way process between a compassion giver and a compassion receiver. 3DR (Armstrong et al, 2013) itself emerged as a result of the coming together of the topic and the method. This new conceptualisation of reflexivity incorporates three of the elements that have been missing from critically reflexive management research. Firstly, scholars have called for researchers to work with multiple variants of reflexivity in the same study (Gough; 2003; Hardy, Phillips and Clegg, 2001; Nicholls, 2009; Tomkins and Eatough, 2010). These multiple variants are the three reflexive positions outlined in Figure 8.1 (i.e. critical self-reflection; intersubjective reflection and mutual collaboration), with the present study shifting between these positions at different stages in the research journey. Secondly, scholars have argued for the surfacing of different reflexive voices to challenge the researcher's (potentially) solipsistic own (Cunliffe, 2003; Finlay, 2002; Weick, 2002). In the present study, the reflexive voices of participants, witnesses and panel members are surfaced alongside my own at different stages in the research (see Figure 8.1). Finally, some scholars have called for researchers to remain sensitive to the concept of reflexive time (Antonacopolou and Tsoukas, 2002; Giddens, 2003; McLeod, 2003; Weick, 2002). This is shown as reflexive time in Figure 8.1, where the different reflexive voices reflected forwards, backwards and in-the-moment at different stages in the study. By bringing these three elements together, which scholars have argued have been missing from previous reflexive management research, 3DR (Armstrong et al, 2013) not only provides a deeper understanding of individual lived experience; it is also a vehicle in which self-insight is gained not only on my part as the researcher but also on the part of participants. Furthermore, 3DR has enabled me, participants and others to develop personally and professionally as a result of engaging in its practice.

Figure 8.1: Three dimensional reflexivity (3DR) (Armstrong, Butler and Shaw, 2013)



In the section that follows, my commentary shifts to the first person. In the present study, data, theory and reflexive dialogue have all be active and fluid in the generation of knowledge. Therefore, despite not adhering to the ‘usual’ academic conventions, it is important that my authorial voice continues to be present. Perriton (2001) supports this argument by stating that the surfacing of authorial voice continues to be an important ambition in academic writing:

*“We deploy the passive voice, make it seem as if methodology drives the researcher and not the other way round and write our research text as if choices have not been made in the construction of them.” (2001:38)*

In the section that follows, I introduce the concept of reflexivity and discuss the reflexive turn in management research. I then move on to outline the three main criticisms that have been levelled at reflexive management research; and conclude by illustrating how the concept of 3DR seeks to address these challenges.

### 8.5.1 The reflexive turn in management research

In its simplest form, reflexivity is the project of examining how the researcher and intersubjective elements impact on and transform research (Finley, 2003:4). As Shaw puts it

*“When the researcher and researched are of the same order, that is, both living, experiencing human beings, it is necessary for us as researchers to reflect on how that might impact the research scenario when gathering and analysing data.”* (2010:233)

Reflexivity has been defined in different ways, the differences being tied to the philosophical or practical orientations of the researcher (Shaw, 2010). However, definitions of the concept appear to be united around an appreciation that subjectivity, contingency and context are integral to reflexive research (Tomkins and Eatough, 2010). Hardy, Phillips and Clegg (2001) locate the reflexive turn in management research more than 30 years ago; when they argue its initial focus was attempts to remove researcher bias in pursuit of validity. Over time, researchers realised that the quest for objectivity was fruitless. No amount of methodological technique or declaration of bias could remove the situated nature of knowledge (Hardy et al, 2001). Finlay (2003) locates what she calls the growth of *“methodological self-consciousness”* (2003:4) to ethnographic work of the 1970s, which gave licence for scholars to be involved in the research experience as a voice in constructing meaning, and to justifiably acknowledge that their research was merely one representation of many possible representations. Perriton (2001) calls for *“textual guerrilla warfare”* (2001:42) by encouraging management scholars to experiment with textual conventions from outside their academic tradition, and to use reflexive positions that allow different subject positions and voices to be heard. Rhodes (2009), however, believes that authorial self-representation is not enough, since researchers are limited in their ability to be completely self-present in their writing. He argues that working reflexively goes beyond textual practice and self-reflection and encourages radical openness in order to release new reflexive possibilities.

In management research, some scholars have called for there to be a move away from static views of the organization and the self towards reflexive approaches (e.g. Alvesson and Willmott; 2002; Grant, Iedema and Oswick, 2009). Some critical management scholars suggest that the construction and regulation of individual identity at work is embedded within organizational discourses in which expectations are set in terms of what constitutes an ‘ideal’ employee and its associated norms of behaviour (e.g. Alvesson & Willmott, 2002; Meriläinen, Tienari, Thomas & Davies, 2004) and debate the extent to which individuals can challenge

these discourses by constructing counter-narratives in which their personal self-identity resists the professional identity being thrust upon them (e.g. Ibarra and Barbulescu, 2010; Meriläinen, Tienari, Thomas & Davies, 2004; Watson, 2008). Some scholars see a narrated self-identity as a key element in this emancipatory struggle (e.g. Ibarra and Barbulescu, 2010). It was in the coming together of the topic and the method in the present study that the influence of the organizational context was surfaced; counter narratives were crafted and the fluid nature of identity explored (e.g. Kerry on Edgar, lines 716-723; Paul on Bill, lines 186-189; Diane sub-session 2, lines 429-436). Consequently, it was through 3DR that participants could be seen in terms of “*becoming*” as opposed to “*being*” (Sveningsson and Alvesson, 2003:1174) and the reflexive processes of self-identity construction foregrounded.

3DR (Armstrong et al, 2013) emerged as a result of bringing together ideas from biographic narratives and phenomenology into management research. It was important that reflexivity in the present study went beyond the single reflexive position of critical self-reflection. It was a personal experience of trauma that initially led me into the field, therefore finding multiple reflexive positions that would challenge my own subjectivities was important. Having personal experience of the topic under investigation can hinder as well as help the research process (Guillemin and Gillam, 2004; Haynes, 2006; Woodthorpe, 2009), meaning that my relationship with, and emotional reactions to the research, as it evolved, required critical variants of reflexivity. Here, phenomenology with its focus on the individual in context, the sense of self and relationships, and the intersubjectivity between the researcher and researched is one such approach (Van Manen, 1990). My work embodies phenomenological reflexivity, which echoes the position outlined by Tomkins and Eatough:

*“Phenomenological reflexivity is more than something that is flagged or signalled to the reader through devices and instruments, and instead, becomes a sensibility that is woven into the very fabric of our research: ultimately, it is less model, more experiential commitment – less tick-box, more trajectory.” (2010:177)*

#### 8.5.2 Critiques of reflexivity: Three calls to action

Scholars appear to level three key criticisms at reflexive management research. Firstly, some researchers argue against reflexivity’s solipsistic turn (e.g. Cunliffe, 2003), whereby the pursuit of critical self-reflection on the part of the researcher has led to an unintended focus on themselves rather than on the participant. As Weick (2002) puts it, we as researchers are “*not the point*” (2002:898). However, there is a place for critical self-reflection in research. If done effectively, this reflexive approach can help researchers to gain a deeper



understanding of the topic and its relationship to us personally and professionally (Shaw, 2010), as well as helping us to grow and develop as researchers (Rhodes, 2009). However, there is a need to tread a fine line so that thoughtful, self-aware analysis does not slip into a “*swamp of interminable deconstructions, self-analysis and self-disclosure*” (Finlay, 2002:209).

Secondly, some scholars have foregrounded the importance of time in reflexive management research (e.g. Antonacopoulou and Tsoukas, 2002), such as the pursuit of “*real-time reflexivity*” (Weick, 2002:893), or “*constitutive reflexivity*” (Shaw, 2010:237) where the researcher is encouraged to critically reflect in the moment of data collection so that their work does not become detached post-hoc reflections. Giddens (1991) views participants as having a dynamic sense of self which is continually evolving, therefore research which is sensitive to the concept of reflexive time, provides an opportunity (both for researchers and participants) to examine their changing sense of selves over time (e.g. McLeod, 2003).

Thirdly, some scholars are calling for more empirical work that draws on multiple reflexive positions. Gough (2003), for example argues that reflexivity works best when multiple variants of reflexivity are recognised and practised. Alvesson, Hardy and Harley (2008) identify four reflexive positions; multi-perspective; multi-voicing; positioning; and destabilizing, which they argue could generate new insights if combined. Hardy et al (2001) argue that a reconceptualization of reflexivity is required which moves it away from its focus on critical self-reflection to a broadened definition which seeks to involve the research community as a whole. Nicholls (2009) builds on Chiu’s (2006) model by calling for “*multi-layered reflexivity*” (2009:121) which involves three levels of reflexive engagement in a single study: the self, interpersonal and collective reflexivity. This, she argues, resists essentialist positions and foregrounds the self-other relationship in research. Tomkins and Eatough (2010) call for an “*integrative reflexivity*” (2010:162), which resists the either-or choices that they believe can be present in research. By taking an essentialist position where, for example, reflexive engagement takes place only at the level of the self, research may become mired in the “*swamp*” of interminable navel-gazing that Finlay speaks of (2002:209). As Alvesson and Sandberg (2011) argue, there are many more opportunities in reflexive management research other than simply invoking researcher self-awareness.

Despite the calls for more critically reflexive management research, some academics believe that a sound response is still lacking (e.g. Tatli, 2012; Tomkins and Eatough, 2010). Researchers continue to make either-or choices, by pinning themselves down to a single

reflexive approach that suits their particular practical or philosophical orientations (e.g. Doane, 2003; Finlay, 2003). However, given the dynamic nature of knowledge, there are different ways of working reflexively at different points during a study. This is one of the gaps that 3DR (Armstrong et al, 2013) seeks to address. By drawing on multiple variants of reflexivity in combination, to surface different reflexive voices that reflect forwards, backwards and in-the-moment at different points in an empirical study, 3DR (Armstrong et al, 2013) makes two contributions to the practice of reflexivity.

Its first contribution comes from its shift across multiple reflexive positions during the course of the study. Here, Finlay's (2003) variants were drawn upon, as they are seen as integral to primary research, whereas Alvesson et al's (2008) conceptualisation of reflexivity was created from existing textual practice. Of her five variants (2003); (introspection; intersubjective reflection; mutual collaboration; social critique and ironic deconstruction), the present study moved between three positions; (introspection, intersubjective reflection and mutual collaboration) across all stages of the study from research design to write-up (see Figure 8.1). The variants of social critique and ironic deconstruction were not drawn upon in the present study since its purpose was neither to critique the socio-political context from which the personal experience narratives were told, nor was it to deconstruct the narratives from within particular organizational contexts. By moving between these three variants in the present study, different reflexive voices were surfaced thereby developing a more critical understanding of individual lived experience. In 3DR (Armstrong et al, 2013), it is not only the voice of the researcher that is heard. In the present study, by using an adapted version of the biographic narrative interpretive method (BNIM) (Wengraf, 2010) participant and witness voices were foregrounded during data collection; and the interpretative voices of panel members emerged during data analysis; with my critically self-reflective voice weaving a continuous thread throughout all stages of the research.

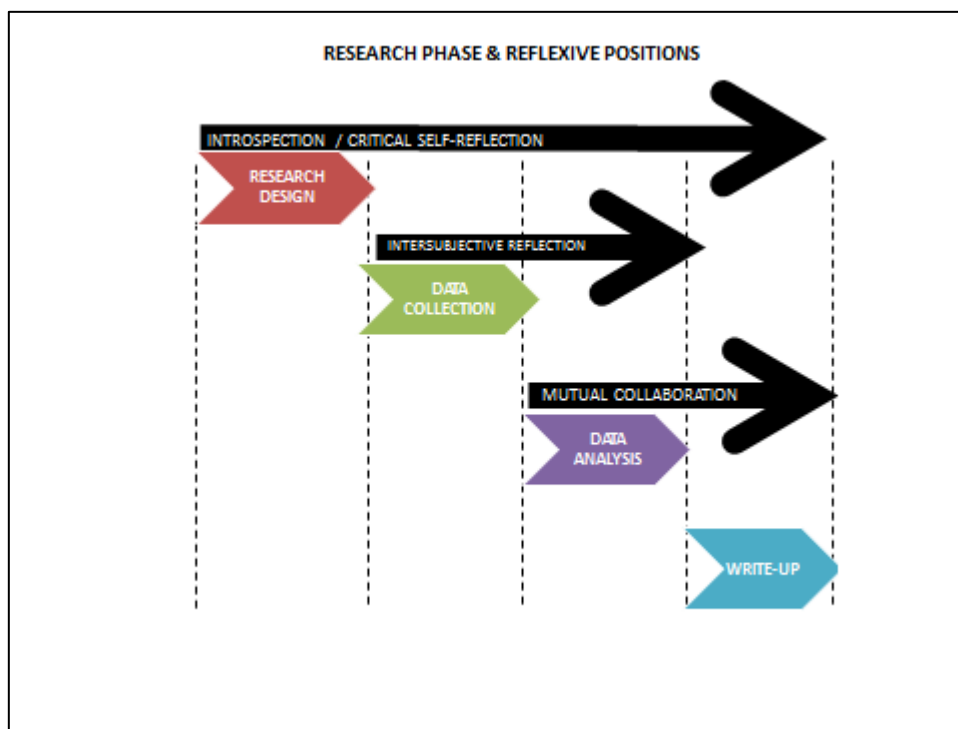
Furthermore, 3DR (Armstrong et al, 2013), unlike other forms of reflexive practice, has provided a vehicle in which self-insight was gained on the part of the participants, witnesses, panel members and myself through self-reflection over time. 3DR (Armstrong et al, 2013) is sensitive to the concept of reflexive time, both in terms of how and when reflexivity is employed. In the present study, participants; witnesses; interpretative panel members and myself reflexively engaged forwards, backwards, and in-the-moment at different time points across the study; which facilitated a deeper understanding of the self and their lived experience as a result.

### 8.5.3 3DR: A new conceptualisation of reflexivity

In 3DR (Armstrong et al, 2013), reflexivity is applied in three ways, hence the term '3D'. This is by shifting between multiple reflexive positions; the surfacing of different reflexive voices; and those voices reflexively engaging forwards, backwards and in-the-moment at different time points in the research process.

Taking the first of these, shifting between multiple reflexive positions; a combination of three of Finlay's (2003) reflexive strategies (i.e. introspection; intersubjective reflection and mutual collaboration) were adopted at different points in the research process (see Figure 8.1a). Introspection or critical self-reflection (i.e. thinking explicitly about the link between knowledge claims and personal experiences) pervaded all four stages of research from design to write-up via a set of reflexive personal diaries.

Figure 8.1a: Dimension one - shifting between multiple reflexive positions

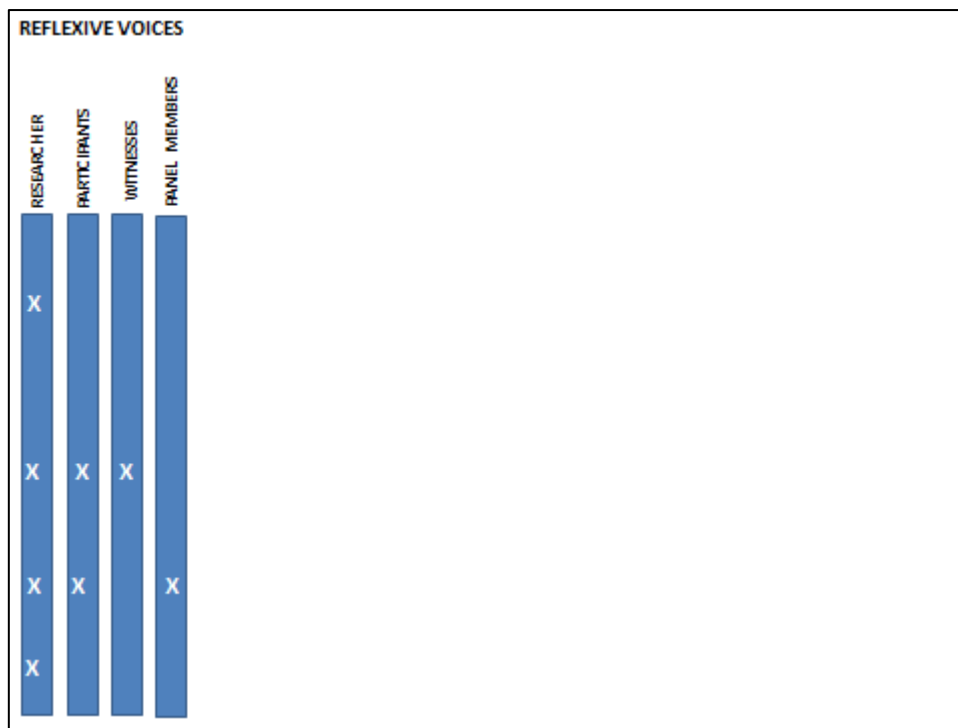


Intersubjective reflection (i.e. a focus on the situated and negotiated nature of the research encounter, particularly in the interview settings) was most predominant during the stages of data collection and data analysis. Mutual collaboration, which involved engaging in cycles of mutual reflection with others to bring in multiple voices and conflicting positions (Finlay, 2003:12) was achieved through the use of the independent interpretative panels (Wengraf, 2010). These panels worked 'future-blind' and 'chunk-by-chunk' to interpret sequential segments of each of the participant narratives. Interpretative panels bring different

hermeneutic positions into the frame (e.g. age, gender, class) and aim to “*destabilize*” (Langdridge, 2007:139) the narrative by offering alternative hypotheses and counter-hypotheses about the meanings of the individual’s experience. It is important to build multiple voices into the interpretative procedure in order to guard against a single researcher favouring only one line of interpretation.

The second dimension of 3DR (Armstrong et al, 2013) is the surfacing of different reflexive voices during the research process (see Figure 8.1b). By giving space for three different voices to be heard at different stages of the study; (i.e. my voice across all stages of the research; participants’ voices during data collection and data analysis; and the voices of interpretative panel members during data analysis); 3DR aims to prevent researcher solipsism by ensuring that the researcher’s subjectivities are challenged, and to ensure that a space is created that foregrounds the participant voice, remembering that we the researchers are “*not the point*” (Weick, 2002:898).

Figure 8.1b: Dimension two - surfacing different reflexive voices



The third dimension of 3DR (Armstrong et al, 2013) is the process of reflexively engaging with time on the part of participants, the researcher and interpretative panel members at different points in the research process (see Figure 8.1c). For example, participants reflected backwards during the data collection phase, when their personal experience narratives were told. I engaged in ‘in-the-moment’ reflexivity during the interviews themselves, by, for

example, noting a series of intersubjective reflections concerning the rapport between myself and the participant. These in-the-moment reflections took the form of brief ‘notes to self’.

Panel members reflexively engaged during the data analysis phase by projecting forwards to imagine what might come next in the participant’s story.

Figure 8.1c Dimension three: Reflexive time



I will now illustrate how 3DR (Armstrong et al, 2013) was conceptualised and embedded in my empirical work, by drawing examples from the present study.

#### Dimension one

Shifting between different reflexive positions in the same work (i.e. introspection or critical self-reflection; intersubjective reflection and mutual collaboration) (see Figure 8.1), not only helps to surface different reflexive voices, it also protects against researcher myopia by building a picture of the multiple subjectivities that exist. Citing Bourdieu in their work, Harley et al (2004) point out the danger of applying multiple reflexive lenses, arguing that it may become “*epistemological laissez-faire*” (2004:4). These authors question how multiple positions can be a solution if one position is not enough. However, in the present study, by shifting between multiple positions, this enabled the ‘openness’ that Dahlberg, Nyström, and Dahlberg (2007) call for in phenomenological research, so that the lifeworld of participants could be better understood. As Dahlberg (2006) suggests, to ‘step outside’ oneself and the intentional threads that tie us to the world is impossible, therefore we must find other ways of

remaining 'open' to the phenomenon under investigation. I was conscious of this tension during the study, which I noted in my research diary at the time:

*"It is difficult for me to conduct a 'blind' analysis as I have prior knowledge having conducted the interview. I am conscious that I still know what Edgar said about his life and the way he evaluated events and justified his actions so it is difficult to be imaginative beyond what I believe I already know."* (Research Diary, 5 July, 2010)

By moving between different reflexive positions, my own subjectivities could be challenged. For example, during reflexivity as mutual collaboration, which was employed during the data analysis phase, participant narratives were "*destabilized*" (Langdridge, 2007:139) through the use of interpretative panels, where different hermeneutic frames were used to build a more critical understanding of the participant and their trauma experience.

In my post-panel write-up for example, I describe how in Edgar's panel, some panel members' interpretations of Edgar differed from my own. These varied interpretations served to enrich the analysis (see Appendix M). One panel member hypothesised, for example, that Edgar's external self-presentation was that of a strong hard-working man. This interpretation was not one that I suggested in my own post-panel summary, however, it became the overarching theme in his final case account (see section 4.2). Without the panels, this perspective would not have been surfaced and this interpretation of Edgar's self-identity would not have been realised.

On another occasion, it was during reflexivity as mutual collaboration with my supervisors that my analysis of Bill's case was influenced. In my reflexive diary following one supervisory meeting, I wrote:

*"My meeting with Rachel and Michael was really helpful today. They were able to challenge my pre-conception that I needed to find a fixed sense of who Bill is. They suggested that the reason I may be struggling to 'pin-down' Bill's narrative is because it is complex and multi-faceted. It was only through my discussions with Rachel and Michael and by voicing my assumptions and concerns that we could discuss these issues together."* (Research Diary, 4 September 2012).

During the data analysis phase, some panel members noted how the ‘chunk-by-chunk future blind’ approach had helped to ensure a more critical hermeneutic. As one of the panel members reflected in an email to me following her participation in both Peter and Diane’s panels:

*“One thing I found, for both Peter’s and Diane’s interviews, was how often you couldn’t predict what would happen next. Sometimes it would be an event that we hadn’t thought of.”*  
(Lucy, panel member, 3 July 2013)

By shifting into reflexivity as mutual collaboration, the interpretative panels added richness to the data analysis, since panel members debated their differing interpretations of the participant in question and through a process of critique, challenge and discussion, a shared understanding was built (see Appendix M).

#### Dimension two

By drawing on multiple reflexive positions in the first dimension of 3DR (Armstrong et al, 2013), this supports the second dimension where different reflexive voices are surfaced. As Figure 8.1 illustrates, participants’ voices are foregrounded during the data collection phase via their biographic narratives and the voices of the interpretative panel members are prevalent during the data analysis phase. My own voice is present across all stages of the study using a reflexive position of introspection or critical self-reflection. For example, it was through a process of introspection that my ‘personal calling’ to this research was first articulated. It was during the research design phase that my self-reflective voice first appeared:

*“In September 2006, I witnessed the death of my fiancée in a sporting accident. I was six months pregnant with our first child. Since this event and after having given birth to our daughter (now 18 months old), I have begun a personal development journey which has been (and continues to be) traumatic and challenging, but one that I am determined to transform into learning both for myself and in supporting the development of others.”*  
(Research Diary, 21 July 2008)

Critical self-reflection as a reflexive position was embedded throughout the research process and emerged as a self-dialogue within the research diary. This ‘dialogue’ became a source of insight. For example, in one diary entry I noted:

*"I'm surprised how open people are being and how long they talk for. It seems that they really want to share their story with me even though we have never met before."* (Research Diary, 19 January 2011)

It is important, however, that my self-dialogue did not become an act of self-indulgence (Finlay, 2003). In this study, self-dialogue became an important vehicle for self-development. An example of this emerged during the research design phase when I spent several months deliberating whether I should disclose my own trauma to participants. At first, I believed that this would make me a more empathic researcher. As Rubin and Rubin (1995) acknowledge:

*"People are more willing to talk in depth if they conclude that you are familiar with and sympathetic to their world"* (Rubin and Rubin, 1995:76 cited in Goodrum and Keys, 2007:252)

By disclosing my trauma experience, it may have shown participants that the research was deeply motivated. However, this kind of disclosure would clearly affect the interview dynamic, with participants talking more, or less openly because of their knowledge of my experience. In a research diary entry I noted:

*"This is a real dilemma for me because. The study isn't autobiographical, but at the same time it is a topic that's really private and sensitive and emotional, so there is a thought that my experience will help me to empathise."* (Research Diary, 12 July 2010)

Clayton (2013) describes this as *"crucial uncomfortableness"* (2013:515), which she sees as important in helping to signal those aspects of the research that need to be attended to. By voicing my dilemma through a reflexive self-dialogue and subsequently discussing it with various constituent groups (i.e. my supervisory team; the Aston University ethics committee; my back-up counsellor), this helped to build an understanding that despite having lived experience of trauma, this did not provide me with any additional competence in terms of being able to counsel, help or support the participants. A decision was made that by not disclosing my trauma experience, I could focus my efforts on developing my skills as an interviewer. By not sharing my own trauma with participants as my initial motivation for the research, the interviews remained anchored within the domain of the participant. Some participants commented on the depth of intersubjective understanding that was built between



us during the interview process. Edgar, for example, expressed a belief about how well I had got to know him: *“you’ve known me for about three hours and you know that I’m quite an emotional person”* (Edgar, sub-session 2, lines 1056-1058).

In this study, the use of a ‘minimalist passive’ approach to data collection (Jones, 2004) ensured that participant voices were foregrounded and the interviews became sites of emotional disclosure and time-bound reflexive engagement. Participants re-lived their trauma experiences in their re-telling, and the interview setting provided a space for deep introspection. As Peter reflected at the beginning of his second interview:

*“I was surprised at how much stuff came back to me when we...went through the session...there were quite a lot of things I hadn’t thought about that came out...I was surprised at how even though it was 12 years ago...thinking about it again made it feel like it was yesterday”* (Peter, sub-session 3, lines 52-57)

Participants also talked reflexively about the interview process as a sense-making device. As Edgar noted:

*“I think telling the story is quite cathartic to be honest with you it helps me just get to grips with it all and everything that’s been going on and reflect back”* (Edgar, sub-session 3, lines 50-52)

These reflexive comments on the part of the participants illustrate how their sense of self and the meanings of their experiences emerged as a dynamic process in the interview setting. This may not have been achieved without a methodological approach that foregrounded their reflexive voices. As Nicolson (2003) observes:

*“The interview itself is the site of far more activity than simply the collection of verbal data. It is a reflexive process and one in which a relationship is established. This relationship becomes almost a third actor in the research scenario.”* (2003:138)

Given the research design included three sub-sessions with each participant, the reflexive process and the relationship between us developed over time. This connects to the third dimension of 3DR (Armstrong et al, 2013).

### Dimension 3

As Harley et al (2004) state, knowledge is an on-going process of construction and deconstruction in which researcher interpretations are only one version. Without reference to reflexive time, knowledge is merely a snapshot. Furthermore, if “*constitutive reflexivity*” (Shaw, 2010:237) is not applied, that is to say, the act of reflecting ‘in-the-moment’, knowledge may be reduced to a series of detached observations (Weick, 2002). In 3DR (Armstrong et al, 2013), participants, panel members and myself reflexively engaged forwards, backwards and in-the-moment at different time points in the study, in order to construct and re-construct interpretations. As a result, a picture was built that deepened our insight and understanding. For example, during the data collection phase, research diary notes were made before, during and immediately after each interview. Before Edgar’s interview I noted:

*“Is his narrative going to be in the moment given he was only diagnosed in April this year? Also, he talked about having told his story before, so will I get a sanitised version? I am feeling a little nervous about conducting a BNIM interview given I am new to this technique. Will the initial question elicit a narrative? It may seem a little ‘cold’ to him given the rules of BNIM are that I cannot respond other than nodding. When we spoke on the phone, Edgar seemed really nice, open and really willing to participate, so I am hoping he is a good person to start with. Also, it is not the first time he has told his story to a stranger so it feels like a ‘safer’ space to start.”* (Research Diary, 9 November 2010)

By reflexively engaging ‘in-the-moment’ during the interviews, I was able to make explicit my thoughts about the conscious and unconscious processes that may have been structuring relations between us. For example, in my interview with Kerry, I noted:

*“She cried when talking about how he has changed from being such a positive person to now being “weak”. Did I create that by asking her “does it make you sad to see that change?”* (Research Diary, 10 December 2010)

Immediately after each interview, I conducted a self-debriefing. This included my reflections on the emotionality of the interview encounter and my initial interpretations of the participant and their story. In my self-debrief after Diane’s interview I noted:

*“I found this interview the hardest so far to remain a passive observer. There were quite a few points in the interview where I wanted to verbalise my empathy or to say “I know what*

*you mean” but I didn’t, I just nodded and listened, however it was more difficult than I’d found it in other interviews. Maybe this was because her story was about bereavement which is the type of trauma I can most closely relate to. She didn’t ask about my motivations for doing the research, which I was expecting from her.” (Research Diary, 21 January 2011).*

By reflexively engaging at different time points across the study, this highlights the dynamic nature of knowledge. For example, when working with interview transcripts some months after the interviews had taken place, a self-dialogue concerning my emotional struggle with the material became a trigger for new insight:

*“I cannot remember finding the interview as emotional as I found it going through the transcript and audio again. I realise I was not emotionally prepared for what I would read, then hear again and it made me think that I must prepare the panel for this.” (Research Diary, 31 July 2012)*

Here, my knowledge was re-shaped during my interaction with the interview transcript. However, instead of it being a person-to-person intersubjective reflection as had been the case during my interactions with participants in the interview setting, this was a person-to-text intersubjective reflection when re-engaging with their interview transcriptions again. Not only did I, as the researcher, reflexively engage over time, this was also true of the participants. Bill continued to be critically self-reflective beyond the interview phase. Many months after the interviews had taken place, Bill sent me the following email:

*“I feel I need to say that sadly Geoff who I think I spoke about in my interview sadly died at the end of last year. I started a new job just a couple of weeks afterwards which was probably more traumatic than having it myself - anyway appreciate your research is by definition time bound but I guess my sense is now that traumas at work are roller coasters on a continuum rather than a once in a lifetime event that has an end point. Anyway, that off my chest, on a more positive note well done for getting this far - and keep at it.” (15 July 2012)*

This quote shows how the reflexive process and the relationship between us developed over time. By reflexively engaging over time, this third dimension of 3DR (Armstrong et al, 2013) has helped to create a more comprehensive understanding of the topic under investigation, and has become an important vehicle of self-insight and self-understanding. For Bill, this

appears to have become an unintended, but important consequence of the research process.

In closing, 3DR (Armstrong et al, 2013) seeks to move our theoretical dialogue forward by meeting the concerns that have been levelled at reflexive management research. By combining different reflexive positions to surface multiple voices (i.e. those of the participants, interpretative panel members and myself) who reflect forwards, backwards and in-the-moment at different points in the study, this approach makes two contributions to the practice of reflexivity. First, it not only provides a deeper understanding of individual lived experience, it is also a vehicle in which self-insight is gained not only on my part as the researcher but on the part of participants, whereby they can reflect on their changing sense of selves over time. Second, this approach is self-developing for the researcher, participants and interpretative panel members by enabling them to become more personally self-aware and more professionally competent as a result of engaging in its practice. As Belinda, one panel member (who is a manager herself) noted after Peter's interpretative panel:

*"I had a situation at work where a member of my extended team experienced a personal trauma and actually as a result of my experience on the panel I was able to better support her as the 'employer' and particularly to ensure our formal HR processes did not add to her anxiety and stress. I actually would go so far as to say that there is value in this research method both from a double-check on the potential bias of the researcher, but also for the participants in the panel for learning how they can respond better to incidents of personal trauma amongst their own staff within their organizations"* (10 July 2013)

In summary, 3DR (Armstrong et al, 2013) is the third contribution to emerge in the present study, which brings together three of the elements that scholars have argued have been missing from reflexive management research. These are; working with multiple variants of reflexivity in the same study; the surfacing of different reflexive voices to guard against the researcher's (potentially) solipsistic own; and remaining sensitive to the concept of reflexive time, by reflecting forwards, backwards and in-the-moment at different stages in the research. In doing so, 3DR (Armstrong et al, 2013) not only provides a deeper understanding of individual lived experience; it is also a vehicle in which self-insight is gained on the part of participants, witnesses, interpretative panel members and myself involved in the present study. The practical implications of the present study, along with its limitations and suggested directions for future research are outlined in the final chapter, which follows.

## 9. PRACTICAL IMPLICATIONS, LIMITATIONS AND FUTURE DIRECTIONS

In the previous chapter, the theoretical contributions of the present study were extensively discussed. However, it is also important to explore the findings that have emerged in the present study that have practical implications for those working alongside individuals who face personal trauma. As Hazen (2008) suggests, working people spend as much time with their colleagues as they do with family members, therefore the way in which employers respond to employee trauma is instrumental in helping individuals to heal when back at work (Charles-Edwards, 2010). Some scholars argue for a systemic organizational approach to managing the impact of trauma (e.g. Cohen and Collens, 2012) and those with a particular interest in compassion call for the workplace to “*organize*” (Dutton et al, 2006:59) around collective processes of noticing, feeling and responding. Other scholars give a focus to HR responses to trauma through their interpretation of bereavement policies (e.g. Hall, Shucksmith and Russell, 2013; McGuinness, 2009); or the role of line managers and colleagues in their support for co-workers facing trauma (e.g. Charles-Edwards, 2009; Gibson, Gallagher and Tracey, 2011).

This chapter is divided into three parts. This first section draws on data from the present study to illustrate the practical implications of this research for individual line managers, HR professionals and colleagues working alongside those who experience personal trauma. The second section moves on to discuss the limitations of the present study and then in the final section I draw the thesis to a close by suggesting directions for future research which are hinged around the three contributions in the present study.

### 9.1 Practical implications

#### 9.1.1 Line managers

Data in the present study suggests that line managers are pivotal in shaping an individual’s ability to adjust back at work post-trauma. Hazen (2003) suggests that an important role for managers is to initiate support for the individual concerned. In the present study, Felicity, Bill’s line manager described herself as initiating support by extending a “*hand*” (line 221) to Bill by offering him the opportunity to talk before his return to work (lines 267-269). Bill echoes this when he talked about Felicity’s “*human*” approach (sub-session 3, lines 450-452). Conversely, Caitlin, Kerry and Michael describe Edgar’s line manager (Stuart) as well-intentioned but misguided in his support for Edgar (Caitlin, lines 777-786; Kerry, lines 510-

522; 547-548; 582-584; Michael, line 795). Edgar described Stuart as “*protective*” (sub-session 2, line 808; 850; sub-session 3, line 706) in his effort to keep him from returning to work (sub-session 2, line 805-806; 816; 829-830). However, by not treating him as a “*grown up*” (sub-session 2, line 813; 852; sub-session 3, line 708) it prevented Edgar from deciding himself what was best for him at the time. This suggests that line managers should offer individuals the opportunity to have a conversation before their return about how they would like to manage their transition back to work, so that the individual decides the best course of action to suit their own circumstances. For example, in the present study, Diane and Bill called for line managers to provide “*personal*” support (Bill, sub-session 3, lines 426; 526) which is about tailoring support to suit an individual's differing needs (Diane, sub-session 3, lines 75-77; 88-95).

Other empirical work suggests that managers should provide their direct reports with reassurances that they are respected and needed in order to help build their confidence following trauma (Gibson, Gallagher and Tracey 2011). In the present study, the economic context appeared to affect the way in which Edgar, Bill and Diane viewed their absence. They all described not wanting to be away from work for too long for fear that they would lose their jobs (Edgar, sub-session 1, lines 569-573; Bill, sub-session 1, lines 442-446; Diane, sub-session 2, lines 325-328). Edgar described the Managing Director giving him these reassurances (sub-session 1, lines 647-650; sub-session 2, lines 917-918) but Bill and Diane did not describe receiving the same re-assurance from their own managers.

Some scholars have also called for line managers to limit their expectations of individuals after their return to work and caution against a belief that the individual should be able to perform at the same level (Eyetsenitan, 1998; Gibson et al, 2011). In the present study Gary, Diane's line manager took this position. Diane described him as expecting her to “*crack on*” with it (sub-session 2, line 262) as soon as she was back at work. Gary himself questions how supportive he had been (lines 308-311) because in his mind there “*was a job to be done*” (line 295). Bill, Diane and Peter all talk about their struggle to mentally re-adjust once back in the workplace (Bill, sub-session 1, lines 502-504; 511-514; 515-517; sub-session 2, lines 226-228; 358-362; 432-439; 444-446; 540-542; Diane, sub-session 1 lines 234-235; sub-session 2, lines 270; 286; Peter, sub-session 1, lines 258-259; 334-337; sub-session 2, lines 83-86; 203-207; 207-208; 387-391) with little acknowledgment from those around them that it might not be ‘business as usual’ once they were back.

Charles-Edwards (2009) calls for line managers to be cognisant of the role of work in the coping process, where individuals return to work soon after a trauma to gain a sense of normality and routine. In the present study, both Diane and Peter talk about work as an important distraction in the early stages of their grief (Diane, sub-session 2, lines 288-289; Peter, sub-session 1, lines 222-226; 284-286; 344-345; 444-445; 446-447; sub-session 2, lines 175; 416-418; 947-950; 950-958). It is for this reason that managers should recognise the importance of work in the healing process, and adjust their expectations accordingly. Once back at work, it is important that line managers are able to sensitise themselves to any underlying signs of distress within the individual concerned. Diane called this “*personal insight*” (sub-session 3, line 62), which she believed she developed as a result of her own trauma (sub-session 3, lines 158-171). Other empirical work, however, suggests that many line managers are unable to recognise the symptoms of loss or grief (Hazen, 2009). One of the ways in which line managers may learn to pick up on the hidden signs of distress is by providing the opportunity for non-work confidential conversations (Hazen, 2003; Lilius et al, 2012). In Peter’s case for example, meetings with his line manager focused solely on work issues (sub-session 2, lines 730-732), so there was no opportunity for “*personal time*” (Peter, sub-session 2, line 733). Like Diane, Peter also described how he was able to apply his own experience of trauma to identify the signs of people in his team who might be behaving differently and by giving everyone in his team an opportunity to talk about “*non-task*” issues (sub-session 2, lines 878-881).

Some scholars suggest that unless managers create a safe environment in which employees can openly express their trauma at work, their healing becomes “*stifled*” (Eyetsenitan, 1998:470) or “*disenfranchised*” (Hazen, 2003:149), that is to say when an individual is unable to complete their healing process and is prevented from fully recovering (Bento, 1994). There is evidence to suggest that Diane and Peter’s grief was stifled. For example, Diane described not having a safe space at work (sub-session 2, lines 342-343; lines 435; 441) where she could talk openly without fear of being judged (sub-session 2, line 434-436). She described not expressing her grief because she felt “*vulnerable*” (sub-session 2, lines 323) at work. Peter acknowledged that it he did not speak about his trauma often (sub-session 2, lines 373-375; 634; 639; 662-666), but when he did, it was helpful for him (sub-session 1, lines 441-442). In hindsight, Peter acknowledges that it would have been better for his healing had he had the opportunity to confide in someone at work (sub-session 2, lines 376-378). Han (2012) suggests that many leaders, managers and HR professionals do not understand how to respond to personal trauma, which Diane and Peter in the present study also

acknowledge (Diane, sub-session 3, lines 51-53; Peter, sub-session 1, lines 345-348). Some scholars call for opportunities to be made available for managers to learn about the grief process and what they should expect at its different stages (Hazen, 2009; 2008; 2003; Penny et al, 2014). In the present study, there is evidence of several of the grief reactions that Bento (1994) describes including 'withdrawal' (Bill, sub-session 1, lines 518-522); 'loss of interest' (Diane, sub-session 2, lines 155-158); 'expressions of anger' (Diane, sub-session 1, lines 261-263); and 'temporary depression' (Peter, sub-session 2, lines 558-560), which managers need to have some understanding of if they are to respond appropriately.

### 9.1.2 HR professionals

Some scholars suggest that the way in which HR policy is interpreted shapes the way employees view their employer post-trauma (e.g. Hall, Shucksmith and Russell, 2013). There is evidence to support this view in the present study, where HR's perceived interpretation of its sickness and bereavement policies in both Edgar and Bill's organizations led to a shared belief that they were forced back to work prematurely (Kerry, lines 675-678; Michael, lines 683-689; 692-696; Paul, lines 413-416; Natalie, lines 545-546). Bill also described this situation for himself:

*"I think someone else had said "Oh what they do downstairs they get you onto half pay if they think that you're er it's about time you came back" or something and that encourages you to get back quicker and erm absolutely you know I remember thinking "absolutely it is""* (Bill, sub-session 2, lines 393-397)

Data in the present study also supports other empirical work, which suggests that compassionate responses are linked to organizational commitment (Lilius et al, 2008). However, unlike the Lilius et al's (2008) work, the present study proposes that the connection is a negative one, with some individuals questioning their commitment to the organization as a result of HR's rigid policy adherence (e.g. Kerry, lines 686-688). Peter argues for a flexible interpretation of HR policy to allow individuals the time they require (sub-session 2, lines 910-913; 926-931). This supports other empirical work that recommends that HR policies should include a flexible approach to paid leave so that the individual can choose their point of return (Gibson et al, 2011). Recent research (Penny et al, 2014) calls for paid bereavement leave to become a statutory requirement for UK employers given the inconsistent provision that currently exists.



Gibson et al (2011) also propose that the formal HR support offered to individuals should include access to a named member of staff at work with whom the individual can talk in confidence as well as access to an external professional with specialist knowledge of the trauma in question. There is data to support this within the present study, as Diane states that providing a named person at work with whom the individual could relate would be helpful. However, Diane cautions that this person should be experienced and senior enough to be able to make decisions about the support that is offered (Diane, sub-session 3, lines 741-759). Gibson et al (2011) argue that HR should be proactive in their support for individuals facing trauma. However, there is little evidence in the present study to suggest this (Bill, sub-session 3, lines 595-604; Diane sub-session 1, lines 254-256; Peter, sub-session 2, lines 718-719). Bill and Peter received counselling (Bill, sub-session 1, lines 555-560; 657-568; Peter, sub-session 1, lines 355-362). However, this was specialised support that they requested, as opposed to being proactively offered to them as part of their HR provision.

### 9.1.3 Colleagues

There is data in the present study to support previous empirical work that indicates well-meaning colleagues can be harmful in their attempts to provide social support (e.g. Harvey et al, 2004). When disclosures are met with judgement or trite statements, they can be detrimental to the individual's adjustment back at work (Gibson et al, 2011). In the present study, for example, Peter described one such misguided act of compassion:

*"I remember one particular person Jane she was saying "how are things?" and I said "well y'know they're dire he's not gonna make it" type of thing but I remember her trying to cheer me up by saying "oh well it can't be as bad as all that" type of thing so that was that was quite difficult (..)"* (Peter, sub-session 2, lines 35-40)

Bill, Diane and Peter wanted their colleagues to acknowledge their trauma (Bill, sub-session 1, lines 528-529; 530-533; Diane sub-session 1, lines 246-247; Peter, sub-session 1, lines 240-241; 244-246). However, Peter said most of his colleagues did not mention it (Peter, sub-session 1, line 237; 238-240; 241-244; sub-session 2, lines 501-503; 505-509; 515-522), which he rationalised as their way of avoiding a difficult situation. Hazen (2003) calls for training to be provided so that individuals can learn how to respond appropriately. She suggests that colleagues working alongside individuals who are facing personal trauma should acknowledge the trauma and be available to listen. In Edgar's case, he describes the open acknowledgement of his trauma among his colleagues as having given him strength to

fight his cancer (sub-session 2, lines 649-651) as well as helping him to re-adjust when he was back in the workplace (sub-session 1, lines 728-732). This supports previous research which suggests that social support aids an individual's recovery post-trauma (e.g. Lelorain et al, 2012; Schroevers et al, 2010; Spelten et al, 2002).

## 9.2 Study limitations

Unlike much of the empirical work on growth through trauma to date, the present study does not stem from a positivist tradition in which truths about the human condition are sought and reality is deemed to be fixed. The present study sits within interpretative phenomenology, so its concern is with describing and interpreting individual lived experience. Phenomenology sees the human condition as centred on an individual's sense of 'being-in-the-world'; therefore lived experience and the subjective meanings attached to experience are seen as fluid. Furthermore, as this ontology is guided by an assumption that individuals cannot be separated from the world in which they live, phenomenological research is not context-free. As Shaw (2001) suggests, these assumptions about the nature of the human condition and of reality and knowledge then shape decisions about how the phenomenon is explored, how participants are treated and how the researcher is involved in the research processes, which is true of the present study. For example, given it draws on three methods in combination (BNIM, IPA and CNA), the present study may be accused of "*epistemological laissez-faire*" (Harley et al, 2004:4) by questioning how multiple methods can add to our understanding of individual lived experience if one method alone is not enough. It could be argued, however, that a "*pluralistic ethos*" (Yardley, 2000:217) is central to post-positivist research and that the methods that have been employed in the present study help to ensure that the lifeworlds of participants are recorded, interpreted and communicated more holistically, and in a way that challenges the limitations of employing a single method alone (Barbour, 1998). Furthermore, by shifting between multiple reflexive positions in the present study, this enabled the research to remain 'open' (Dahlberg et al, 2007) so that a more critical understanding could be built.

Much of the empirical work on growth through trauma to date has sought to generalize findings across research settings, which means that questions of the adequacy of the sample size are important. The present study moves beyond these positivist aims and instead seeks to provide the depth that Yardley (2000) suggests is required to build a comprehensive understanding of the topic under investigation. She suggests that in phenomenological research, rigour comes from a "*prolonged contemplative and empathic exploration of the*

*topic together with sophisticated theorising*" (2000:222), which is impossible unless a few cases are studied in depth. This study should not therefore be judged against the criterion of *"horizontal generalisation"* which features in nomothetic research and demands a representative sample (Yardley, 2000:220). Instead, its validity in building theory from data should be judged against the criterion of *"vertical generalisation"*, that is to say an attempt to link the particular to the abstract and to the work of others (Yardley, 2000:220). By these standards, in its three contributions to knowledge, the present study has shown that through the *"generative properties of richness"* (Weick, 2007:14), theory-building has been possible (Eisenhardt and Graebner, 2007; Pettigrew, 2013). When exploring study limitations, questions of rigour undoubtedly emerge and it could be argued that the steps taken to build rigour into the present study were in themselves limiting. For example, the 'minimalist passive' (Jones, 2004) approach to data collection adopted in the present study, may have unnerved as opposed to empowered participants. This approach to interviewing aims to foreground the voice of participants. However, for some, the 'silent space' that was created in the interview setting may have been disconcerting. Bill voiced this concern and I noted it in my research diary at the time:

*"He also said he found it difficult making eye contact with me during interview as he could see me nodding, but without a verbal response it made him feel a bit odd. He said he found it easier to look at the table in order to take himself back to that time and to remember what happened"* (Research Diary, 19 January 2011)

This diary extract shows that *"attempts to remain neutral when observing and interviewing are futile"* (Yardley, 2000:221). My presence alone affected participant experiences of the interviews and therefore the way that they spoke. Furthermore, monologues (such as biographic narratives) are in themselves limiting, since there is little opportunity for the co-construction of knowledge between the participant and the researcher. In phenomenological research, however, participants should be able to describe their experiences in their own words, so that the guiding force is *"the nature of the subject being studied"* (Shaw, 2001:85).

In phenomenological research, researcher subjectivity is often critiqued (Langdrige, 2008) and it could be argued that the use of interpretative panels in the present study was limiting in that panel members were not truly 'blind' given each panel contained members from my own professional network. This meant that some of the panel members in the present study were aware of my own trauma as initial motivation for the research, which may have affected

the way in which they interacted with me and the data during the panel sessions. However, none of them were familiar with any of the participant narratives, so, despite not being researcher ‘blind’; panel members were participant ‘blind’, which was important in order for them to critically examine the participant narratives. The present study aimed for “*methodological self-consciousness*” (Finlay, 2003:4) in its three-dimensional approach to reflexivity. By shifting between reflexive positions; the surfacing multiple reflexive voices; and by reflecting forwards, backwards and in-the-moment at different points in the study; this has not only led to a more critical understanding of individual lived experience, but also of the methods in practice.

Finally, by presenting a story of participants’ stories, it could be argued that this thesis distances itself from “*the things in their appearing*” (Langdrige, 2008:1130); that is to say it moves away from describing the essence of the things in themselves because it presents a written account of how the things are lived and interpreted by the participants. In IPA, the analysis is conceptualised as a “*double-hermeneutic*” (Smith, 2004:40), whereby the researcher makes sense of participants making sense of their experiences. However, in the act of writing up, this thesis creates a triple-hermeneutic when the reader interprets my interpretations of participants interpreting their experiences. However, this is a reality in any empirical work that seeks to describe and interpret the lived experience of others. To meet this challenge, I have sought to create as ‘honest’ an account as possible, by continually returning to the participants’ own language. For example, during data collection, I repeated their words when probing for PINs (i.e. “*you said...can you tell me more about that particular experience?*”). During data analysis, chunks of their story were analysed and extensive narrative passages are presented verbatim in the thesis. Furthermore, as Altheide and Johnson (1998) explain: “*words are always poor representations of the temporal and evocative life world*” (1998:297); so the present study also acknowledges the limits of language by highlighting paralanguage (such as emotions, laughter and silences) within the case analyses. In hindsight, however, the present study might have remained closer to “*the things in their appearing*” (Langdrige, 2008:1130) if participant interviews had been video recorded and these recordings used in the interpretative panels, as opposed to panel members being asked to examine written transcripts of spoken narratives.

### 9.3 Directions for future research

The four cases that have been described, analysed and presented in this thesis provide a rich picture of the impact of personal trauma on the professional lives of managers in the UK.

However, it is only the start. Future research should seek to replicate this study among different managers working in different settings, so that we can begin to build an understanding across organizational contexts. It would be important to test the notion of vertical generalisation and explore if other managers, beyond the four that were involved in the present study, also report professional growth as a result of their trauma experiences. Furthermore, if 'managerial growth' is again reported, it would be important to explore the different ways in which it manifests itself at work, beyond the reports of delegation, coaching and increased compassion that were cited in the present study. Future research might also identify the characteristics of 'cultures of care' (Lepore and Revenson, 2006), where growth through trauma is nurtured and compare them with the characteristics of organizations where growth through trauma is impeded. This research might take the form of a longitudinal study, so that an understanding can be built of the different kinds of support mechanisms that are helpful at different stages of the trauma experience. For example, which systems and practices are most helpful during an individual's absence from work; which are most helpful during a transition back to into the working environment and what systems and practices are required on an on-going capacity, given the psychological effects of trauma may continue for many years. Furthermore, future research might isolate employee assistance programmes (EAPs) as a specific focus of enquiry given their centrality as a system of support for employees following trauma.

On the topic of compassion at work, future research should seek to build on the findings from present study by further unpacking compassion interactions in their dyadic form. Given the criticism by some scholars of the positivity bias of empirical work within positive psychology (e.g. Park and Helgeson, 2006; Park and Lechner, 2006); it is important that future research is designed so that both the positive and negative elements of compassion interactions can be reported from both sides of the dyad, particularly from the perspective of the compassion 'receiver' (i.e. trusting/mistrusting; disclosing/withholding; connecting/disconnecting). This is important since the presentation of a 'receiver' side of the process within compassion interactions is a suggested extension to the current model of compassion at work and a new theoretical contribution to the literature on the topic. The present study also suggests that there are contextual factors that influence compassion interactions, such as the quality of the relationship; work group norms; or the place or situation in which the interaction takes place. For example, in the present study, many of Peter's compassion interactions took place outside the work environment such as on planes or in restaurants. It is also important that future research explores these contexts in more detail so that an understanding can be built of the environments that are conducive to building trust and disclosure between individuals at

work so that trauma sufferers may be supported through compassion. In this regard, future research might also explore the contextual factors that influence 'fleeting' compassion interactions, such as those described in the present study between Peter and his clients; and compassion interactions that take place between two individuals in which there is a long-standing relationship.

Within all of the future research studies that are suggested here, it would be important to apply the three-dimensional approach to reflexivity that has been developed during the present study and is presented as the third contribution, so that its usefulness can be tested both as a way of generating a deeper understanding of the topic under investigation and as a means of self-development for all of those who are involved in the research.

#### **9.4 Conclusions**

The present study has sought to understand how experiences of personal trauma affect the way managers view and approach their work and their relationships at work. As a result of the findings that have emerged across the four cases in this study, three contributions are presented. The first contribution is a suggested extension to the PTG framework (Calhoun and Tedeschi, 2006; Tedeschi and Calhoun, 1996) with the addition of a new behavioural dimension called 'managerial growth', when applied to the context of 'everyday' organizations. The second contribution is a proposed extension to the current model of compassion at work (Dutton, Worline, Frost and Lilius, 2006), which views compassion as a one-dimensional process of noticing, feeling and responding; by suggesting that compassion is a more complex two-way interaction between a compassion 'giver' and a compassion 'receiver'; and in which the 'receiving' elements are 'trusting/mistrusting; 'disclosing/withholding; and 'connecting/disconnecting'. The third contribution is a new conceptualisation of reflexivity entitled 3DR (Armstrong et al, 2013). 3DR brings together three of the elements that some scholars argue have been missing from critically reflexive management research. These are; working with multiple variants of reflexivity in the same study; the surfacing of different reflexive voices to guard against the researcher's (potentially) solipsistic own; and sensitivity to the concept of reflexive time, by reflecting forwards, backwards and in-the-moment at different stages in the research. In doing so, 3DR (Armstrong et al, 2013) not only provides a deeper understanding of individual lived experience; it is also a vehicle in which self-insight is gained both on my part as the researcher and on the part of participants. Furthermore, by engaging in its practice, myself, participants and others involved in this study have developed personally and professionally as a result.

The present study also contains practical implications for managers, HR professionals and colleagues working alongside individuals who face personal trauma. Data in the present study suggests that the way in which line managers support, re-assure and help individuals both in their transition back to work, and in an on-going capacity, is pivotal in shaping the way in which individuals adapt at work post-trauma. This includes creating a safe environment in which an individual is able to openly express their feelings at work should they need to do so. The present study also calls for managers to develop an understanding of the grief process and what they should expect at its different stages so that they are able to respond appropriately. The way in which HR policies are interpreted influence employees' views of their employer post-trauma, with HR's rigid adherence to sickness pay policies leading some employees to question their commitment to the organization as a result. The response of colleagues surrounding an individual at work post-trauma is also important in shaping the way in which an individual adapts at work, with some forms of social support, such as an open acknowledgment of trauma aiding an individual's recovery, while misguided acts of compassion that lack an understanding of the individual or their situation are detrimental.

## 10. REFERENCES

- Affleck, G., Tennen, H., and Croog, S. (1987). Causal Attribution, Perceived Benefits, and Morbidity after a Heart Attack: An 8-Year Study. *Journal of Consulting and Clinical Psychology* 55(1), 29-35.
- Affleck, G., and Tennen, H. (1996). Construing Benefits from Adversity: Adaptational Significance and Dispositional Underpinnings. *Journal of Personality*, 64(4) 899-922.
- Aldwin, C.M., Sutton, K.J., and Lachman, M. (1996). The development of coping resources in adulthood. *Journal of Personality* 64(4), 837-871.
- Alexander, A., and Klein, S., and Bowes, L.B. (2000). The long-term effects of serial exposure to 'critical incidents' among paramedics. *Third World Conference for the International Society for Traumatic Stress Studies*. Melbourne, Australia.
- Alexander, A., and Klein, S. (2001). Ambulance personnel and critical incidents: Impact of accident and emergency work on mental health and emotional well-being. *British Journal of Psychiatry*, 178(1), 76-81.
- Altheide, D.L., and Johnson, J.M. (1998). Criteria for Assessing Interpretive Validity in Qualitative Research. *Collecting and Interpreting Qualitative Materials*. N. K. Denzin, and Lincoln, Y.S., Sage Publications, 283-312.
- Alvesson, M. (2010). Self-doubters, strugglers, storytellers, surfers and others: Images of self-identities in organization studies. *Human Relations*, 63(2), 193-217.
- Alvesson, M., Hardy, C and Harley, B. (2008). Reflecting on Reflexivity: Reflexive Textual Practices in Organization and Management Theory. *Journal of Management Studies*, 45(3), 480-501.
- Alvesson, M., Lee Ashcraft, K., and Thomas, R., (2008). Identity matters: Reflections on the construction of identity scholarship in organization studies. *Organization*, 15(1), 5-28.
- Alvesson, M., and Sandberg, J. (2011). Generating research questions through problematization. *Academy of Management Review*, 36(2), 247-271.
- Alvesson, M., and Willmott, H., (2002). Identity regulation as organizational control: Producing the appropriate individual. *Journal of Management Studies*, 39(5), 619-644.
- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual Of Mental Disorders DSM-IV*. American Psychiatric Association. America.
- Andrews, M., Squire, C., and Tamboukou, M.Ed. (2008). *Doing Narrative Research*. London, Sage.
- Antonacopoulou, E., Tsoukas, H. (2002). Time and Reflexivity in Organization Studies: An Introduction. *Organization Studies*, 23(6), 857-862.
- Antoni, M.H., Lehman, J.M., Kilbourn, K.M., Boyers, A.E., Culver, J.L., Alferi, S.M., Yount, S.E., McGregor, B.A., Arena, P.L., Harris, S.D., Price, A.A., and Carver, C.S. (2001). Cognitive-Behavioral Stress Management Intervention Decreases the Prevalence of



- Depression and Enhances Benefit Finding Among Women Under Treatment for Early-Stage Breast Cancer. *Health Psychology*, 20(1), 20-32.
- Arman, M., Rehnsfeldt, A., Lindholm, L., and Hamrin, E. (2002). The face of suffering among women with breast cancer-being in a field of forces. *Cancer Nursing*, 25(2), 96-103.
- Armstrong, A., Butler, M.J., and Shaw, R.L. (2013). Three-dimensional (3D) Reflexivity. In *Academy of Management Proceedings*, 2013(1), 13593. Academy of Management.
- Armstrong, D., and Shakespeare-Finch, J. (2011). Relationship to the bereaved and perceptions of severity of trauma differentiate elements of posttraumatic growth. *Omega*, 63(2), 125-140.
- Arnold, D., Calhoun, L.G., Tedeschi, R., and Cann, A. (2005). Vicarious Posttraumatic Growth in Psychotherapy. *Journal of Humanistic Psychology*, 45(2), 239-263.
- Atkins, P.W., and Parker, S.K. (2012). Understanding individual compassion in organizations: the role of appraisals and psychological flexibility. *Academy of Management Review*, 37(4), 524-526.
- Barbour, R.S. (1998). Mixing qualitative methods: quality assurance or qualitative quagmire? *Qualitative Health Research*, 8(3), 352-361.
- Baumeister, R.F. (1991). *Meanings of Life*, New York: Guilford Press.
- Baumeister, R.F., Bratslavsky, E., Finkenauer, C., and Vohs, K.D. (2001). Bad Is Stronger Than Good. *Review of General Psychology*, 5(4), 323-370.
- Bauwens, J., & Tosone, C. (2010). Professional posttraumatic growth after a shared traumatic experience: Manhattan clinicians' perspectives on post-9/11 practice. *Journal of Loss and Trauma*, 15(6), 498-517.
- Beck, A.T. (1979). *Cognitive therapy and the emotional disorders*, Penguin.
- Bento, R.F. (1994). When the show must go on: Disenfranchised grief in organizations. *Journal of Managerial Psychology*, 9(6), 35-44.
- Berlin Hallrup, L., Albertsson, D., Bengtsson Tops, A., Dahlberg, K., and Grahn, B. (2009). Elderly women's experiences of living with fall risk in a fragile body: a reflective lifeworld approach. *Health and Social Care in the Community*, 17(4), 379-387.
- Birch, M., and Miller, T. (2000). Inviting intimacy: the interview as therapeutic opportunity. *International Journal of Social Research Methodology*, 3(3), 189-202.
- Bower, J.E., Kemeny, M.E., Taylor, S.E., and Fahey, J.L. (1998). Cognitive Processing, Discovery of Meaning, CD4 Decline, and AIDS Related Mortality Among Bereaved HIV-Seropositive Men. *Journal of Consulting and Clinical Psychology*, 66(6), 979-986.
- Boyras, G., and Efstathiou, N. (2011). Self-focused attention, meaning, and posttraumatic growth: The mediating role of positive and negative affect for bereaved women. *Journal of Loss and Trauma*, 16(1), 13-32.
- Bruner, J.S. (1990). *Acts of Meaning*, Harvard University Press.

- Bryman, A. (2012). *Social Research Methods*, Oxford University Press.
- Bury, M. (2001). Illness narratives: fact or fiction? *Sociology of Health and Illness*, 23(3), 263-285.
- Cadell, S., and Sullivan, R. (2006). Posttraumatic growth and HIV bereavement: Where does it start and when does it end? *Traumatology*, 12(1), 45-59.
- Calhoun, L.G., and Tedeschi, R.G. Ed. (2006). *The Handbook of Posttraumatic Growth: Research and Practice*, Lawrence Erlbaum Associates.
- Cameron, K.S., Dutton, J.E., and Quinn, R.E. Ed. (2003). *Positive Organizational Scholarship: Foundations of a New Discipline*, Berrett-Koehler Publishers Inc.
- Carver, C.S., Scheier, M.F., and Weintraub, J.K. (1989). Assessing Coping Strategies: A Theoretically Based Approach. *Journal of Personality and Social Psychology*, 56(2), 267-283.
- Carver, C.S. (1998). Resilience and Thriving: Issues, Models and Linkages. *Journal of Social Issues*, 54(2), 245 - 266.
- Chamberlayne, P. (2004). Emotional retreat and social exclusion: Towards biographical methods in professional training. *Journal of Social Work Practice*, 18(3), 337-350.
- Charles-Edwards, D. (2009). Empowering people at work in the face of death and bereavement. *Death Studies* 33(5), 420-436.
- Charles-Edwards, D. (2010). Loss, grief and trauma in the workplace. *Mortality: Promoting the interdisciplinary study of death and dying*, 15(2), 186-187.
- Cheng, C., Wong, W.M., and Tsang, K.W. (2006). Perception of Benefits and Costs During SARS Outbreak: An 18-Month Prospective Study. *Journal of Consulting and Clinical Psychology*, 74(5), 870-879.
- Chiu, L.F. (2006). Critical reflection: More than nuts and bolts. *Action Research*, 4(2), 183-203.
- Clark, C. (1997). *Misery and company: Sympathy in everyday life*, University of Chicago Press.
- Clayton, K.A. (2013). Looking beneath the surface: a critical reflection on ethical issues and reflexivity in a practitioner inquiry. *Reflective Practice*, 14(4), 506-518.
- Cohen, K., and Collens, P.T. (2012). The impact of trauma work on trauma workers: A meta-synthesis on vicarious trauma and vicarious posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(6), 1-11.
- Coward, D.D., and Kahn, D.L. (2005). Transcending breast cancer making meaning from diagnosis and treatment. *Journal of Holistic Nursing*, 23(3), 264-283.
- Cunliffe, A.L. (2003). Reflexive inquiry in organizational research: Questions and possibilities. *Human Relations*, 56(8), 983-1003.

Currier, J.M., Mallot, J., Martinez, T.E., Sandy, C., and Neimeyer, R.A. (2013). Bereavement, religion, and posttraumatic growth: A matched control group investigation. *Psychology of Religion and Spirituality*, 5(2), 69-77.

Dahlberg, K. (2006). The essence of essences - the search for meaning structures in phenomenological analysis of lifeworld phenomena. *International Journal of Qualitative Studies on Health and Well-being*, 1(1), 11-19.

Dahlberg, K., Todres, L., and Galvin, K. (2009). Lifeworld-led healthcare is more than patient-led care: An existential view of well-being. *Medicine, Health Care and Philosophy*, 12(3), 265-271.

Dahlberg, K., Nyström, M., and Dahlberg, H. (2007). *Reflective lifeworld research*. Studentlitteratur.

Davis, C.G., Nolen-Hoeksema, S., and Larson, J. (1998). Making Sense of Loss and Benefiting From the Experience: Two Construals of Meaning. *Journal of Personality and Social Psychology*, 75(2), 561-574.

Davis, C.G., Wohl, M.J.A. and Verberg, N. (2007). Profiles of posttraumatic growth following an unjust loss. *Death Studies*, 31(8), 693-712.

De Fina, A. (2003). *Identity in narrative: A study of immigrant discourse*. John Benjamins Publishing.

Denney, R.M., Aten, J.D., and Leavell, K. (2011). Posttraumatic spiritual growth: a phenomenological study of cancer survivors. *Mental Health, Religion and Culture*, 14(4), 371-391.

Dickson-Swift, V., James, E.L., Kippen, S., and Liamputtong, P. (2008). Risk to Researchers in Qualitative Research on Sensitive Topics: Issues and Strategies. *Qualitative Health Research*, 18(1), 133-144.

Doane, G. (2003). Reflexivity as presence: a journey of self-inquiry. *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences*. L. Finlay, and Gough, B., Blackwell Science Ltd, 93-103.

Dutton, J.E., Worline, M.C., Frost, P.J., and Lilius, J. (2006). Explaining Compassion Organizing. *Administrative Science Quarterly*, 51(1), 59-96.

Eide, P. (2007). Native Hawaiian women and the experience of breast cancer. *Women and Health*, 44(4), 41-59.

Eisenhardt, K.M., and Graebner, M.E. (2007). Theory building from cases: opportunities and challenges. *Academy of Management Journal*, 50(1), 25-32.

Elraz, H. (2013). *Identities, Mental Health and the Workplace: A Critical Exploration*. Cardiff Business School, Cardiff University. PhD thesis.

Engelkemeyer, S.M., and Marwit, S.J. (2008). Posttraumatic growth in bereaved parents. *Journal of Traumatic Stress*, 21(3), 344-346.

Eyetsemitan, F. (1998). Stifled grief in the workplace. *Death Studies* 22(5), 469-479.

- Fineman, S. (2006). On being positive: Concerns and counterpoints. *Academy of Management Review*, 31(2), 270-291.
- Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209-230.
- Finlay, L. (2003). The reflexive journey: mapping multiple routes. Reflexivity: A Practical Guide for Researchers in Health and Social Sciences. L. Finlay, and Gough, B., Blackwell Science Ltd, 3-21.
- Finlay, L., and Gough, B. Ed. (2003). *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences*, Blackwell Science Ltd.
- Finlay, L. (2003). Through the looking glass: Intersubjectivity and hermeneutic reflection. *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences*. L. Finlay, and Gough, B., Blackwell Science Ltd, 105-120.
- Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology and Practice*, 3(1), 6-25.
- Flowers, P., and Langdridge, D. (2007). Offending the other: Deconstructing narratives of deviance and pathology. *British Journal of Social Psychology*, 46(3), 679-690.
- Folkman, S., and Moskowitz, J.T. (2004). Coping: Pitfalls and Promise. *Annual Review of Psychology*, 55, 746-768.
- Frankl, V.E. (2004). *Man's search for meaning*. Random House Group.
- Frazier, P., Tennen, H., Gavian, M., Park, C., Tomich, P., and Tashiro, T. (2009). Does self-reported posttraumatic growth reflect genuine positive change? *Psychological Science*, 20(7), 912-919.
- Freeman, M. (2003). Identity and difference in narrative interaction: A commentary on the articles by Erica Burman, Michele Crossley, Ian Parker, and Shelley Sclater, *Narrative Inquiry*, 13(2), 331-346.
- Frost, P.J. (1999). Why Compassion Counts! *Journal of Management Inquiry*, 8(2), 127-133.
- Frost, P.J. (2003). Emotions in the workplace and the important role of toxin handlers. *Ivey Business Journal*, 68(2), 1-6.
- Grant, D., Iedema, R., and Oswick, C., (2009). Discourse and critical management studies. *The Oxford Handbook of Critical Management Studies*. Alvesson, M., Bridgman, T., and Willmott, H., Oxford Handbooks Online, 213-231.
- Gibson, J., Gallagher, M., and Tracey, A. (2011). Workplace support for traumatically bereaved people. *Bereavement Care*, 30(2), 10-16.
- Giddens, A. (1991). *Modernity and Self-Identity*. Cambridge, Polity Press.
- Guillemin, M., and Gillam, L. (2004). Ethics, reflexivity, and ethically important moments in research. *Qualitative Inquiry*, 10(2), 261-280.

- Glaser, A., Bucher, H.U., Moergeli, H., Fauchère, J.C., and Buechi, S. (2007). Loss of a preterm infant: psychological aspects in parents. *Swiss Medical Weekly*, 137(27-28), 382-401.
- Goetz, J.L., Keltner, D., and Simon-Thomas, E. (2010). Compassion: an evolutionary analysis and empirical review. *Psychological Bulletin*, 136(3), 351-374.
- Goodrum, S., and Keys, J.L. (2007). Reflections on Two Studies of Emotionally Sensitive Topics: Bereavement from Murder and Abortion. *International Journal of Social Research Methodology*, 10(4), 249-258.
- Gough, B. (2003). Deconstructing reflexivity. *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences*, Finlay, L., and Gough, B., Blackwell Science Ltd, 21-37.
- Grubaugh, A.L., and Resick, P.A. (2007). Posttraumatic Growth in Treatment-seeking Female Assault Victims. *Psychiatry Quarterly*, 78(2), 145-155.
- Guillemin, M., and Gillam, L. (2004). Ethics, Reflexivity, and "Ethically Important Moments" in Research. *Qualitative Inquiry*, 10(2), 261-280.
- Hall, D., Shucksmith, J., and Russell, S. (2013). Building a compassionate community: developing an informed and caring workplace in response to employee bereavement. *Bereavement Care*, 32(1), 4-10.
- Han, Y. (2012). Grief and Work: The Experience of Losing a Close Co-worker by Cancer. *Journal of Management Inquiry*, 21(3), 288-296.
- Hannah, S.T., Uhl-Bien, M., Avolio, B.J., Cavarretta, F.L. (2009). A framework for examining leadership in extreme contexts. *Leadership Quarterly*, 20(6), 897-919.
- Hardy, C., Phillips, N., and Clegg, S. (2001). Reflexivity in organization and management theory: A study of the production of the research 'subject'. *Human Relations*, 54(5), 531-560.
- Harley, B., Hardy, C., and Alvesson, M. (2004). Reflecting on Reflexivity. *Academy of Management Annual Meeting*. New Orleans, Louisiana.
- Harter, J.K., Schmidt, F.L., and Hayes, T.L. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: a meta-analysis. *Journal of Applied Psychology*, 87(2), 268-279.
- Harvey, J. H., Barnett, K., and Overstreet, A. (2004). Trauma growth and other outcomes attendant to loss. *Psychological Inquiry*, 15(1), 26-29.
- Haverkamp, B.E. (2005). Ethical Perspectives on Qualitative Research in Applied Psychology. *Journal of Counselling Psychology*, 52(2), 146-155.
- Haynes, K. (2006). A Therapeutic Journey? Reflections on the effects of research on researcher and participants. *Qualitative Research in Organizations and Management*, 1(3), 204-221.
- Hazen, M.A. (2003). Societal and workplace responses to perinatal loss: Disenfranchised grief or healing connection. *Human Relations* 56(2), 147-166.

- Hazen, M.A. (2008). Grief and the workplace. *Academy of Management Perspectives*, 22(3), 78-86.
- Hazen, M.A. (2009). Recognizing and responding to workplace grief. *Organizational Dynamics*, 38(4), 290-296.
- Hefferon, K., Greal, M., and Mutrie, N. (2009). Post-traumatic growth and life threatening physical illness: A systematic review of the qualitative literature. *British Journal of Health Psychology*, 14(2), 343-378.
- Ho, S.M.Y., Chu, K.W., and Yiu, J. (2008). The relationship between explanatory style and posttraumatic growth after bereavement in a non-clinical sample. *Death Studies*, 32(5), 461-478.
- Hobfoll, S. E., Hall, B.J., Canetti-Nisim, D., Galea, S., Johnson, R.J., and Palmieri, P.A. (2007). Refining our Understanding of Traumatic Growth in the Face of Terrorism: Moving from Meaning Cognitions to doing what is Meaningful. *Applied Psychology: An International Review*, 56(3), 345-366.
- Hochschild, A.R. (1979). Emotion work, feeling rules, and social structure. *American Journal of Sociology*, 85(3), 551-575.
- Hochschild, A.R. (2012). *The managed heart: Commercialization of human feeling*. University of California Press.
- Hollway, W., and Jefferson, T. (2000). Biography, anxiety and the experience of locality. *Turn to Biographical Methods in Social Science*, Chamberlayne, P., Bornat, J., and Wengraf, T., Routledge, 167-180.
- Hollway, W. (2009). Applying the 'Experience-Near' Principle to Research: Psychoanalytically Informed Methods. *Journal of Social Work Practice*, 23(4), 461-474.
- Hydén, L.C., and Brockmeier, J. Ed. (2008). *Health, Illness and Culture: Broken Narratives*. Routledge.
- Ibarra, H., and Barbulescu, R., (2010). Identity as narrative: Prevalence, effectiveness, and consequences of narrative identity work in macro work role transitions. *Academy of Management Review*, 35(1), 135-154.
- Janoff-Bulman, R. (2006). Schema-Change Perspectives on Posttraumatic Growth. *The Handbook of Posttraumatic Growth: Research and Practice*. Calhoun, L. G., and Tedeschi, R.G., Lawrence Erlbaum Associates, 81 - 99.
- Johansson, K., Holmström, H., Nilsson, I., Ingvar, C., Albertsson, M., and Ekdahl, C. (2003). Breast cancer patients' experiences of lymphoedema. *Scandinavian Journal of Caring Sciences*, 17(1), 35-42.
- Jones, K. (2004). Minimalist passive interviewing technique and team analysis of narrative qualitative data. *New Qualitative Methodologies in Health and Social Care*. Rapport. F., Routledge, 35-55.
- Joseph, S. (2009). Growth Following Adversity: Positive Psychological Perspectives on Posttraumatic Stress. *Psychological Topics*, 18(2), 335-343.

- Kahn, W.A. (1993). Caring for the caregivers: Patterns of organizational caregiving. *Administrative Science Quarterly*, 38(4), 539-563.
- Kanov, J.M., Maitlis, S., Worline, M.C., Dutton, J.E., Frost, P.J., and Lilius, J.M. (2004). Compassion in organizational life. *American Behavioral Scientist*, 47(6), 808-827.
- Keyes, C.L.M., and Haidt, J. Ed. (2003). *Flourishing: Positive Psychology and the Life Well-Lived*. American Psychological Association.
- Kohler Riessman, C. (2008). *Narrative Methods for the Human Sciences*. Sage.
- Kolditz, T.A., and Brazil, D.M. (2005). Authentic Leadership in Extremis Settings: A Concept for Extraordinary Leaders in Exceptional Situations. *Authentic Leadership Theory and Practice: Origins, Effects and Development*. Gardner, W.L., Avolio, B.J., and Walumbwa F.O., Elsevier, 345-357.
- Konrad, S.C. (2006). Posttraumatic growth in mothers of children with acquired disabilities. *Journal of Loss and Trauma*, 11(1), 101-113.
- Labov, W. (1972). *Language in the inner city: Studies in the Black English vernacular*. University of Pennsylvania Press.
- Lam, W. W., and Fielding, R. (2003). The evolving experience of illness for Chinese women with breast cancer: a qualitative study. *Psycho-Oncology*, 12(2), 127-140.
- Langdrige, D. (2007). *Phenomenological Psychology*. Pearson Prentice Hall.
- Langdrige, D. (2008). Phenomenology and critical social psychology. Directions and debates in theory and research. *Social and Personality Psychology Compass*, 2(3), 1126-1142.
- Langellier, K.M. (1989). Personal Narratives: Perspectives on Theory and Research. *Text and Performance Quarterly*, 9(4), 243-276.
- Lawrence, T.B., and Maitlis, S. (2012). Care and possibility: Enacting an ethic of care through narrative practice. *Academy of Management Review*, 37(4), 641-663.
- Lechner, S.C., Zakowski, S.G., Antoni, M.H., Greenhawt, M., Block, K., and Block, P. (2003). Do sociodemographic and disease-related variables influence benefit-finding in cancer patients? *Psycho-Oncology*, 12(5), 491-499.
- Lechner, S.C., Tennen, H., and Affleck, G. (2009). Benefit finding and growth. *Oxford Handbook of Positive Psychology*. Lopez, S. J., and Snyder, C.R., Oxford University Press, 633-640.
- Lelorain, S., Tessier, P., Florin, A. and Bonnaud-Antignac, A. (2012). Posttraumatic growth in long term breast cancer survivors: relation to coping, social support and cognitive processing. *Journal of Health Psychology*, 17(5), 627-639.
- Lepore, S.J., and Revenson, T.A. (2006). Resilience and Posttraumatic Growth: Recovery, Resistance, and Reconfiguration. *The Handbook of Posttraumatic Growth: Research and Practice*, Calhoun, L. G., and Tedeschi, R.G., Lawrence Erlbaum Associates, 24 - 46.

- Lev-Wiesel, R., and Amir, M. (2003). Posttraumatic growth among Holocaust child survivors. *Journal of Loss and Trauma*, 8(4), 229-237.
- Lewis, P.J., (2011). Storytelling as Research/Research as Storytelling. *Qualitative Inquiry*, 17(6), 505-510.
- Lilius, J.M., Worline, M.C., Maitlis, S., Kanov, J., Dutton, J.E., and Frost, P. (2008). The contours and consequences of compassion at work. *Journal of Organizational Behavior*, 29(2), 193-218.
- Lilius, J.M., Worline, M.C., Dutton, J.E., Kanov, J.M., and Maitlis, S. (2011). Understanding compassion capability. *Human Relations*, 64(7), 873-899.
- Lilius, J.M., Kanov, J., Dutton, J.E., Worline, M.C., and Maitlis, S. (2012). Compassion Revealed. *The Oxford Handbook of Positive Organizational Scholarship*. Cameron, K.S., and Spreitzer, G.M., Oxford University Press, 273-288.
- Lindstrom, C.M., Cann, A., Calhoun, L.G., Tedeschi, R.G. (2013). The Relationship of Core Belief Challenge, Rumination, Disclosure, and Socialcultural Elements to Posttraumatic Growth. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(1), 50-55.
- Linley, A.P., and Joseph, S. (2004). Positive Change Following Trauma and Adversity: A Review. *Journal of Traumatic Stress*, 17(1), 11-21.
- Linley, A.P., and Joseph, S. (2006). The Positive and Negative Effects of Disaster Work: A Preliminary Investigation. *Journal of Loss and Trauma*, 11, 229-245.
- Linley, A.P. Joseph, S. (2011). Meaning in Life and Posttraumatic Growth. *Journal of Loss and Trauma*, 16(2), 150-159.
- Lonergan, B.A., O'Halloran, M.S., and Crane, S. (2004). The development of the trauma therapist: A qualitative study of the child therapist's perspectives and experiences. *Brief Treatment and Crisis Intervention*, 4(4), 353-366.
- Luoma, M.L., and Hakamies-Blomqvist, L. (2004). The meaning of quality of life in patients being treated for advanced breast cancer: a qualitative study. *Psycho-Oncology*, 13(10), 729-739.
- Luthans, F. (2002). The need for and meaning of positive organizational behavior. *Journal of Organizational Behavior*, 23(6), 695-706.
- MacMillan UK Cancer Support (2014)  
(<http://www.macmillan.org.uk/Cancerinformation/Aboutcancer/Whogetscancer.aspx>)
- Madden, L.T., Madden, T.M., Ray, J.L., and Smith, A.D. (2013). Capturing Compassion through Photographic Methods. *Academy of Management Annual Meeting*, Orlando, Florida.
- Maercker, A., and Zoellner, T. (2004). The Janus face of self-perceived growth: Toward a two-component model of posttraumatic growth. *Psychological Inquiry*, 15(1), 41-48.
- Maitlis, S. (2012). Posttraumatic Growth: A Missed Opportunity for Positive Organizational Scholarship. *The Oxford Handbook of Positive Organizational Scholarship*. Cameron, K. S., and Spreitzer, G.M., Oxford University Press, 909-924.



- Manne, S., Ostroff, J., Winkel, G., Goldstein, L., Fox, K., and Grana, G. (2004). Posttraumatic growth after breast cancer: Patient, partner, and couple perspectives. *Psychosomatic Medicine*, 66(3), 442-454.
- McAdams, D.P. (1996). Personality, Modernity, and the Storied Self: A Contemporary Framework for Studying Persons. *Psychological Inquiry*, 7(4), 295-321.
- McAdams, D.P. (1993). *The stories we live by: Personal myths and the making of the self*. Guilford Press.
- McFarland, C., and Alvaro, C. (2000). The Impact of Motivation on Temporal Comparisons: Coping With Traumatic Events by Perceiving Personal Growth. *Journal of Personality and Social Psychology*, 79(3), 327-343.
- McGuinness, B. (2009). Grief in the workplace: Developing a bereavement policy. *Bereavement Care*, 28(1), 2-8.
- McLeod, J. (2003). Why we interview now - reflexivity and perspective in a longitudinal study. *Social Research Methodology*, 6(3), 201-211.
- McKenna, S. (2010). Managerial narratives: a critical dialogical approach to managerial identity. *Qualitative Research in Organizations and Management*, 5(1), 5-27.
- McLean, C.P., Handa, S., Dickstein, B.D., Benson, T.A., Baker, M.T., Isler, W.C., and Litz, B. T. (2013). Posttraumatic growth and posttraumatic stress among military medical personnel. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(1), 62-68
- Meriläinen, S., Tienari, J., Thomas, R., and Davies, A., (2004). Management consultant talk: A cross-cultural comparison of normalizing discourse and resistance. *Organization*, 11(4), 539-564
- Miller, K.I. (2007). Compassionate communication in the workplace: Exploring processes of noticing, connecting, and responding. *Journal of Applied Communication Research*, 35(3), 223-245.
- Milam, J. (2006). Posttraumatic growth and HIV disease progression. *Journal of Consulting and Clinical Psychology*, 74(5), 817-827.
- Mintzberg, H. (2009). *Managing*. Pearson.
- Morris, B.A., Shakespeare-Finch, J., and Scott, J.L. (2012). Posttraumatic growth after cancer: the importance of health-related benefits and newfound compassion for others. *Supportive Care in Cancer*, 20(4), 749-756.
- Morris, B.A., Wilson, B., and Chambers, S.K. (2013). Newfound compassion after prostate cancer: a psychometric evaluation of additional items in the Posttraumatic Growth Inventory. *Supportive Care in Cancer*, 21(12), 3371-3378.
- Murphy, S.A., Johnson, L.C., and Lohan, J. (2003). Finding Meaning in a Child's Violent Death: A Five-year Prospective Analysis of Parents' Personal Narratives and Empirical Data. *Death Studies*, 27(5), 381-404.
- Neiderhoffer, K.G., and Pennebaker, J.W. (2009). Sharing One's Story: On the Benefits of Writing or Talking About Emotional Experience. *Oxford Handbook of Positive Psychology*.

Lopez, S.J., and Snyder, C.R., Oxford University Press, 621-633.

Neimeyer, R. (2006). Re-Storying the Loss: Fostering Growth in the Posttraumatic Narrative. *The Handbook of Posttraumatic Growth: Research and Practice*. Calhoun, L.G., and Tedeschi, R.G., Lawrence Erlbaum Associates, 68-81.

Nicholls, R. (2009). Research and Indigenous participation: critical reflexive methods. *International Journal of Social Research Methodology*, 12(2), 117-126.

Ochs, E., and Capps, L. (1996). Narrating the self. *Annual Review of Anthropology*, 25(1), 19-43.

O'Leary, V.E. (1998). Strength in the face of adversity: individual and social thriving. *Journal of Social Issues*, 54(2), 425-446.

Pace, A. (2010). Unleashing positivity in the workplace. *T+D*, 64(1), 40-44.

Pals, J.L., and McAdams, D.P. (2004). The Transformed Self: A Narrative Understanding of Posttraumatic Growth. *Psychological Inquiry*, 15(1), 65 - 69.

Parappully, J., Rosenbaum, R., van den Daele, L., and Nzewi, E. (2002). Thriving after trauma: The experience of parents of murdered children. *Journal of Humanistic Psychology*, 42(1), 33-70.

Park, C.L., Cohen, L.H., and Murch, R.L. (1996). Assessment and prediction of stress-related growth. *Journal of Personality*, 64(1), 71 - 105.

Park, C.L., and Helgeson, V.S. (2006). Growth Following Highly Stressful Life Events - Current Status and Future Directions. *Journal of Consulting and Clinical Psychology*, 74(5), 791-796.

Park, C.L., and Lechner, S.C. (2006). Measurement Issues in Assessing Growth from Stressful Experiences. *Handbook of Posttraumatic Growth: Research and Practice*. Calhoun, L.G., and Tedeschi, R.G., Lawrence Erlbaum Associates, 47-67.

Parry, C., and Chesler, M.A. (2005). Thematic evidence of psychosocial thriving in childhood cancer survivors. *Qualitative Health Research*, 15(8), 1055-1073.

Paterson, B.L., Gregory, D., and Thorne, S. (1999). A Protocol for Researcher Safety. *Qualitative Health Research*, 9(2), 259-269.

Paton, D. (2005). Posttraumatic growth in protective services professionals: Individual, cognitive and organizational influences. *Traumatology*, 11(4), 335-346.

Paton, D. (2006). Posttraumatic growth in disaster and emergency work. *Handbook of Posttraumatic Growth: Research and Practice*. Calhoun, L.G., and Tedeschi, R.G., 225-248.

Pennebaker, J.W. (1993). Putting stress into words: Health, linguistic, and therapeutic implications. *Behavior Research and Therapy*, 31(6), 539 - 548.

Penny, A., Chapman, S., and Levenson, J. (2014). *Life after death: Six steps to improve support in bereavement*. National Council for Palliative Care.

Perriton, L. (2001). Sleeping with the enemy? Exploiting the textual turn in management research. *Social Research Methodology*, 4(1), 35-50.

Pettigrew, A.M. (2013). The conduct of qualitative research in organizational settings. *Corporate Governance: An International Review*, 21(2), 123-126.

Pistorius, K.D., Feinauer, L.L., Harper, J.M., Stahmann, R.F., and Miller, R.B. (2008). Working with sexually abused children. *The American Journal of Family Therapy*, 36(3), 181-195.

Polkinghorne, D.E. (2007). Validity Issues in Narrative Research. *Qualitative Inquiry*, 13(4), 471-486.

Rajandram, R.K., Jenewein, J., McGrath, C., and Zwahlen R.A. (2011). Coping processes relevant to posttraumatic growth: an evidence-based review. *Supportive Care in Cancer*, 19(5), 583-589.

Ramarajan, L., and Reid, E. (2013). Shattering the myth of separate worlds: Negotiating nonwork identities at work. *Academy of Management Review*, 38(4), 621-644.

Ramos, C., and Leal, I.P. (2013). Posttraumatic growth in the aftermath of trauma: A literature review about related factors and application contexts. *Psychology, Community and Health*, 2(1), 43-54.

Reid, K., Flowers, P., and Larkin, M. (2005). Exploring lived experience. *The Psychologist*, 18(1) 20-23.

Rhodes, C. (2009). After Reflexivity: Ethics, Freedom and the Writing of Organization Studies. *Organization Studies*, 30(6), 653-672.

Rhodes, C., and Brown, A.D. (2005). Narrative, Organizations and Research. *International Journal of Management Reviews*, 7(3), 167-188.

Ricoeur, P. (1990). *Time and narrative*. University of Chicago Press.

Ricoeur, P. (1991). Life in Quest of Narrative. *On Paul Ricoeur: Narrative and Interpretation*. Wood, D., Routledge, 20-33.

Rourke, M.T. (2007). Compassion fatigue in paediatric palliative care providers. *Paediatric Clinics of North America*, 54(5), 631-644.

Roussin, C.J. (2008). Increasing trust, psychological safety, and team performance through dyadic leadership discovery. *Small Group Research*, 39(2), 224-248.

Saakvitne, K., Tennen, H., and Affleck, G. (1998). Exploring Thriving in the Context Clinical Trauma Theory: Constructivist Self Development Theory. *Journal of Social Issues*, 54(2), 279 - 299.

Sawyer, A., Ayers, S., and Field, A.P. (2010). Posttraumatic growth and adjustment among individuals with cancer or HIV/AIDS: A meta-analysis. *Clinical Psychology Review*, 30(4), 436-447.

- Schroevers, M.J., Helgeson, V.S., Sanderman, R., and Ranchor, A.V. (2010). Type of social support matters for prediction of posttraumatic growth among cancer survivors. *Psycho-Oncology*, 19(1), 46-53.
- Sears, S.R., Stanton, A.L., and Danoff-Burg, S. (2003). The Yellow Brick Road and the Emerald City: Benefit Finding, Positive Reappraisal Coping, and Posttraumatic Growth in Women With Early-Stage Breast Cancer. *Health Psychology*, 22(5), 487-497.
- Shakespeare-Finch, J., and Barrington, A.J. (2012). Behavioural changes add validity to the construct of posttraumatic growth. *Journal of Traumatic Stress*, 25(4), 433-439.
- Shakespeare-Finch, J.S., Gow, K., and Smith, S. (2005). Personality, Coping and Posttraumatic Growth in Emergency Ambulance Personnel. *Traumatology*, 11(4), 325-334.
- Shakespeare-Finch, J.E., Smith, S.G., Gow, K.M., Embelton, G., & Baird, L. (2003). The Prevalence of Post-Traumatic Growth in Emergency Ambulance Personnel. *Traumatology* 9(1): 58-71.
- Shaw, R.L. (2010). Embedding Reflexivity within Experiential Qualitative Psychology. *Qualitative Research in Psychology*, 7(3), 233-243.
- Shaw, R.L. (2001). *Vicarious violence and its context: An inquiry into the psychology of violence*. De Montfort University. Doctor of Philosophy.
- Shear, K., Frank, E., Houck, P.R., and Reynolds, C.F. (2005). Treatment of complicated grief: a randomized controlled trial. *Jama*, 293(21), 2601-2608.
- Sluss, D. M., and Ashforth, B. E., (2007). Relational identity and identification: Defining ourselves through work relationships. *Academy of Management Review*, 32(1), 9-32.
- Smith, A. (2010). *An interpretative phenomenological analysis of post traumatic growth in adults bereaved by suicide*. Institute of Work, Health and Organisations, University of Nottingham. Doctorate in Clinical Psychology.
- Smith, A., Joseph, S., and Das Nair, R. (2011). An Interpretative Phenomenological Analysis of Posttraumatic Growth in Adults Bereaved by Suicide. *Journal of Loss and Trauma*, 16(5), 413-430.
- Smith, B., and Sparkes, A.C. (2008). Contrasting perspectives on narrating selves and identities: an invitation to dialogue. *Qualitative Research*, 8(5), 5-35.
- Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54.
- Smith, J.A., and Osborn, M. (2008). Interpretative phenomenological analysis. *Qualitative Psychology*. Smith, J. A., Sage, 53-81.
- Smith, J.A., Flowers, P., and Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*, Sage.

- Smyth, J.M., True, T., and Souto, J. (2001). Effects of Writing about Traumatic Experiences: The Necessity for Narrative Structuring. *Journal of Social and Clinical Psychology*, 20(2), 161-172.
- Solomon, R.C. (1998). The moral psychology of business: Care and compassion in the corporation. *Business Ethics Quarterly*, 8(3), 515-533.
- Solomon, Z., and Dekel, R. (2007). Posttraumatic stress disorder and posttraumatic growth among Israeli ex-POWs. *Journal of Traumatic Stress*, 20(3), 303-312.
- Spelten, E.R., Sprangers, M.A.G., and Verbeek, J.H.A.M. (2002). Factors reported to influence the return to work of cancer survivors: a literature review. *Psycho-Oncology*, 11(2), 124-131.
- Splevins, K.A., Cohen, K., Joseph, S., Murray, C., and Bowley, J. (2010). Vicarious posttraumatic growth among interpreters. *Qualitative Health Research*, 20(12), 1705-1716.
- Squire, C. (2008). Experience-centred and culturally-oriented approaches to narrative. *Doing Narrative Research*. Andrews, M., Squire, C., and Tamboukou, M. Sage, 41-64.
- Stanton, A.L., Bower, J.E., and Low, C.A. (2006). Posttraumatic Growth after Cancer. *The Handbook of Posttraumatic Growth: Research and Practice*. Calhoun, L.G., and Tedeschi, R.G., Lawrence Erlbaum Associates, 138-175.
- Suárez-Ortega, M. (2013). Performance, reflexivity, and learning through biographical-narrative research. *Qualitative Inquiry*, 19(3), 189-200.
- Sumalla, E.C., Ochoa, C., and Blanco, I. (2009). Posttraumatic growth in cancer: Reality or illusion? *Clinical Psychology Review*, 29(1), 24-33.
- Sveningsson, S., and Alvesson, M., (2003). Managing managerial identities: Organizational fragmentation, discourse and identity struggle. *Human Relations*, 56(10), 1163-1193.
- Taku, K., Calhoun, L.G., Cann, A., and Tedeschi, R.G. (2008). The role of rumination in the coexistence of distress and posttraumatic growth among bereaved Japanese university students. *Death Studies*, 32(5), 428-444.
- Tatli, A. (2012). On the Power and Poverty of Critical (Self) Reflection in Critical Management Studies: A Comment on Ford, Harding and Learmonth. *British Journal of Management*, 23(1), 22-30.
- Taylor, S.E. (1983). Adjustment to Threatening Events: A Theory of Cognitive Adaptation. *American Psychologist*, 38(11), 1161-1173.
- Tedeschi, R.G., and Calhoun, L.G. (1996). The Posttraumatic Growth Inventory: Measuring the Positive Legacy of Trauma. *Journal of Traumatic Stress*, 9(3), 455-471.
- Tedeschi, R.G., and Calhoun, L.G. (2004). Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. *Psychological Inquiry*, 15(1), 1-18.
- Tedeschi, R.G., and Calhoun, L.G. (2008). Beyond the Concept of Recovery: Growth and the Experience of Loss. *Death Studies*, 32(1), 27-39.

- Teixeira, R.J., and Pereira, M.G. (2013). Growth and the cancer caregiving experience: Psychometric properties of the Portuguese posttraumatic growth inventory. *Families, Systems, and Health*, 31(4), 382-395
- Thorne, A. (2000). Personal Memory Telling and Personality Development. *Personality and Social Psychology Review*, 4(1), 45–56.
- Thornton, A.A., and Perez, M.A. (2006). Posttraumatic growth in prostate cancer survivors and their partners. *Psycho-Oncology*, 15(4), 285-296.
- Todres, L., Galvin, K., and Dahlberg, K. (2007). Lifeworld-led healthcare: revisiting a humanising philosophy that integrates emerging trends. *Medicine, Healthcare and Philosophy*, 10(1), 53-63.
- Tomkins, L., and Eatough, V. (2010). Towards an integrative reflexivity in organisational research. *Qualitative Research in Organizations and Management*, 5(2), 162-181.
- Urcuyo, K.R., Boyers, A.E., Carver, C.S., and Antoni, M.H. (2005). Finding benefit in breast cancer: Relations with personality, coping, and concurrent well-being. *Psychology and Health*, 20(2), 175-192.
- Van Maanen, J., and Kunda, G. (1989). Real feelings-emotional expression and organizational culture. *Research in Organizational Behavior*, 11, 43-103.
- Van Manen, M. (1990). *Researching lived experience: human science for an action sensitive pedagogy*. State University of New York Press.
- Watson, T. J. (2008). Managing identity: Identity work, personal predicaments and structural circumstances. *Organization*, 15(1), 121-143.
- Weick, K. E. (2002). Essai: Real-time Reflexivity: Prods to Reflection. *Organization Studies*, 23(6), 893-898.
- Weick, K. E. (2007). The generative properties of richness. *Academy of Management Journal*, 50(1), 14-19.
- Weiss, T. (2005). A Researcher's Personal Narrative: Positive Emotions, Mythical Thinking and Posttraumatic Growth. *Traumatology*, 11(4), 209-219.
- Wengraf, T. (2001). Preparing Lightly-Structured Depth Interviews: A Design for a BNIM-Type Biographic-Narrative Interview. *Qualitative Research Interviewing: Semi-structured, Biographical and Narrative Methods*. Wengraf, T., Sage, 111-151.
- Wengraf, T. (2010). *Interviewing for life-histories, lived situations and on-going personal experiencing using the Biographic-Narrative Interpretive Method (BNIM)*. The BNIM Short Guide bound with The BNIM Detailed Manual.
- Widows, M.R., Jacobsen, P.B., Booth-Jones, M., and Fields, K.K. (2005). Predictors of posttraumatic growth following bone marrow transplantation for cancer. *Health Psychology*, 24(3), 266-273.

- Winterling, J., Wasteson, E., Glimelius, B., Sjöden, P. O., and Nordin, K. (2004). Substantial changes in life: perceptions in patients with newly diagnosed advanced cancer and their spouses. *Cancer Nursing*, 27(5), 381-388.
- Wolchik, S.A., Coxe, S., Tein, J., Sandler, I.N., and Ayers, T. S. (2008). Six-year longitudinal predictors of posttraumatic growth in parentally bereaved adolescents and young adults. *Omega*, 58(2), 107-128.
- Wong, M.L., Cavanaugh, C.E., MacLeamy, J.B., Sojourner-Nelson, A., and Koopman, C. (2009). Posttraumatic Growth and Adverse Long-Term Effects of Parental Cancer in Children. *Families, Systems, and Health*, 27(1), 53-63.
- Woodthorpe, K. (2009). Reflecting on death: The emotionality of the research encounter. *Mortality*, 14(1), 70-86.
- Workman, K. (2013). Ready for Compassion. *Academy of Management Annual Meeting*. Orlando, Florida.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15(2), 215-228.
- Yin, R. K. (2003). *Case Study Research: Design and Methods*, Sage Publications.
- Yuval-Davis, N. (2006). Belonging and the politics of belonging. *Patterns of Prejudice*, 40(3), 197-214.
- Zeidner, M., and Saklofske, D. (1996). Adaptive and Maladaptive Coping. *Handbook of Coping: Theory, Research, Applications*. Zeidner, M., and Endler, N.S., John Wiley and Sons, 505-529.
- Znoj, H. (2006). Bereavement and Posttraumatic Growth. *The Handbook of Posttraumatic Growth: Research and Practice*. Calhoun, L.G., and Tedeschi, R.G., Lawrence Erlbaum Associates, 176-196.
- Znoj, H.J., and Keller, D. (2002). Mourning parents: Considering safeguards and their relation to health. *Death Studies*, 26(7), 545-565.

## 11. APPENDICES

### 11.1 APPENDIX A: ETHICAL APPROVAL



#### MEMORANDUM

**DATE:** 27 September 2010

**TO:** Ms Amy Armstrong,  
Life & Health Sciences

**FROM:** John Walter,  
Academic Registrar

**SUBJECT** **Project ABS REC 32/07/10: "Personal Trauma as a  
: formative development experience: a narrative  
perspective"**

I am writing to inform you that the University Ethics Sub-Group has approved the above project proposals as amended in the light of the Sub-Group's comments.

The details of the investigation will be placed on file. You should notify me of any difficulties experienced by the volunteer subjects, and any significant changes which may be planned for this project in the future.

Secretary to the Ethics Committee



## 11.2 APPENDIX B: CALL FOR PARTICIPATION

EMAIL FROM: Amy Armstrong (Ashridge)  
 REPLY TO: [amy.armstrong@ashridge.org.uk](mailto:amy.armstrong@ashridge.org.uk)  
 DATE: 28 OCTOBER 2010  
 EMAIL SUBJECT: Request for participation in PhD study

### EMAIL BODY

Dear

I am writing to you as a past ALP participant to ask if you would be willing to participate in my doctoral research. I work at Ashridge as a Research Fellow and I am undertaking my PhD at Aston University.

My PhD aims to understand how the experience of personal trauma (e.g. critical illness, bereavement, disability, victim of crime or terrorism) may act as a catalyst to change the way individuals think and behave at work. Personal trauma, in my study, is defined as a life-changing event in an individual's personal life, which is seen as a watershed that has shattered the foundations upon which their views of themselves and the world are based.

The purpose of this research project is to improve our understanding of the impact of personal experiences on an individual's professional life. Traumatic personal experiences can be hidden from work, but if unlocked, they may present important development opportunities both for the individual concerned and for others around them. Furthermore, this research project seeks to understand the role of the person's workplace in supporting or hindering them post-trauma.

The research design requires depth interviews with individuals who have experienced personal trauma. It is likely that two or three sessions will take place with each individual, each session lasting one to two hours.

Given that this research aims to explore the role of the workplace, individuals volunteering for the study will be also asked if they feel they are able to nominate someone from work, (e.g. a friend, a colleague, a mentor or coach) to undertake one separate interview as part of this research. The purpose of this 'workplace witness' interview is to get a third party perspective on any changes they may have seen in the individual at work post-trauma.

All responses will be treated as strictly confidential. I appreciate that the topic I am researching is very personal and it maybe an experience that has never been shared before. Also, by asking individuals to talk about their traumatic experiences, it may be difficult and painful. If individuals find that by participating in this research, it becomes too painful, they are free to withdraw from the study at anytime, and at that point any data provided for the study will be destroyed. With participants' consent, each interview will be audio recorded. All individuals will have the opportunity to review a transcript of their interviews and all information provided for the study will be anonymised, which means that neither them, their workplace witness nor their organisation will be identified. Furthermore, individuals will never be quoted in written work without prior authorisation.

Interviews will begin in Autumn 2010 and the target timeframe for completion of all interviews is Spring 2011. Participant and workplace witness interviews can be scheduled to take place at a time and in a location most convenient to the interviewee.

If you have experienced personal trauma and are considering volunteering to take part in this study, please feel free to contact me, in confidence, to discuss the project further. I would be really grateful to hear from you.

Many thanks and best wishes.

Amy Armstrong

[amy.armstrong@ashridge.org.uk](mailto:amy.armstrong@ashridge.org.uk)  
[armstroa@aston.ac.uk](mailto:armstroa@aston.ac.uk)

### 11.3 APPENDIX C: DETAIL OF STUDY PARTICIPANTS & WORKPLACE WITNESSES

	PARTICIPANT PSEUDONYM	AGE	TRAUMA DETAILS	TRAUMA DATE	ORGANISATION SECTOR	WITNESS PSEUDONYM	SUB- SESSIONS 1&2	SUB- SESSION 3	WITNESS INTERVIEW
1	EDGAR	41	Kidney cancer	2010	Marketing & distribution	CAITLIN KERRY MICHAEL	10/11/2010 (Ashridge)	3/12/2010 (Ashridge)	7/12/2010 (London workplace)
2	BILL	43	Leukaemia	2001	R&D	FELICITY PAUL NATALIE	19/1/2011 (Ashridge)	9/2/2011 (Ashridge)	Felicity 1/3/2011 (Hertford home) Paul 21/3/2011 (London Home) Natalie 9/6/2011 (London home)
3	DIANE	48	Sister & Father bereavement	2008	Charity	GARY NICOLA	20/1/2011 (London – workplace)	10/3/2011 (London – workplace)	Nicola 10/3/2011 (London workplace) Gary 16/3/2011 (London workplace)
4	PETER	48	Child bereavement	1998	Engineering	NIGEL	3/2/2011 (Ashridge)	28/2/2011 (Ashridge)	Nigel 17/3/2011 (Aberdeen home)

## 11.4 APPENDIX D: PARTICIPANT INFORMATION AND CONSENT SHEET

Dear

Many thanks for expressing an interest in supporting my doctoral research, which I am undertaking at Aston University. As you are aware, I am also employed by Ashridge as a Research Fellow.

The objectives of this study are to understand how the experience of personal trauma (e.g. bereavement, critical illness, disability) may act as a catalyst to re-shape one's thinking and behaviour at work. The purpose of this research project is to improve our understanding of the impact of personal experiences on an individual's professional life. Traumatic personal experiences are often hidden from the world of work, but if unlocked, may present important development opportunities both for the individual concerned and for others around them. Furthermore, this research project seeks to understand the role of the workplace in supporting or hindering individuals post-trauma.

I appreciate that the topic I am researching is very personal and it may be an experience that you have never shared before. Also, by asking you to talk about your traumatic experiences, it may stir-up feelings that you haven't looked at for some time. If you find at any point that by taking part in this research, it becomes too difficult for you, you are free to withdraw from the study at any time, and at that point, all of the data you have provided would be destroyed.

Many people find it helpful to share their experiences, however you may find that by participating in this research, it stirs-up difficult emotions and/or it may impact the way you view yourself and your experience. It is critical that I point out, however, that this is a research project and not a therapeutic intervention. I am neither a counsellor nor a therapist, therefore I am unable to diagnose or treat you should you become distressed during the interview process. I am hoping that by participating in this research, you find it a rich process in itself, however, in the unlikely event that you require counselling support during the interview process, you are free to use your own GP or counsellor (the details of whom you will be asked to provide when giving consent for this study), or to engage in one de-briefing session with a designated counsellor who is specifically supporting this study.

The research requires two depth interviews, each session lasting one to two hours. The first interview will ask you to tell your own story in your own way, so there will be no specific interview questions. The second interview will be more structured and will explore questions around (a) the strategies you have used to cope with your trauma over time, (b) any personal learning or change that has ensued as a result of your trauma, and (c) the role your organisation has played in supporting or hindering you post-trauma.

Given that this research project also aims to explore how your workplace responded to your trauma, I would also like to explore whether you would feel able to nominate someone from work, (e.g. a friend, colleague, mentor or coach) to undertake a separate interview? The purpose of the 'workplace witness' interview is to get a third party perspective on the role your organisation played in supporting or hindering you, and any changes they may have seen in you at work post-trauma. (If you feel able to nominate someone from work, you will be asked to provide the name of your workplace witness below when providing consent for this study).

All of your responses will be treated as strictly confidential. With your consent, each interview will be audio recorded. You will have the opportunity to review a transcript of your interview and the information provided for the study will be anonymised, which means that neither you, your workplace witness or your organisation will be identified. Furthermore, you will never be quoted in written work without prior authorisation.

If you are happy to proceed on this basis, please would you be kind enough to complete, sign and return the consent form below. We can then arrange for the interviews to take place at a time that is most suitable for you. The target timeframe for completion of all interviews is Spring 2011.

I very much look forward to hearing from you.

With best wishes.

Amy Armstrong

[amy.armstrong@ashridge.org.uk](mailto:amy.armstrong@ashridge.org.uk)

### PARTICIPANT CONSENT FORM \*

By answering the questions on this form and providing your signature at the end, you are agreeing to give your voluntary consent to this doctoral study.

	Please circle
1. Do you feel that the purpose and objectives of this	

study have been sufficiently well explained?	Yes / No
2. Do you understand what participation in this study involves?	Yes / No
3. Are you clear that this is a research project and not a therapeutic intervention?	Yes / No
4. Have you been made aware of the potential risks of taking part in this study?	Yes / No
5. Are you aware that by being asked to talk about your personal experiences, it may stir up feelings you haven't looked at for some time?	Yes / No
6. Have all of your questions about the study been satisfactorily answered?	Yes / No
7. Are you happy for the research interviews to be audio recorded?	Yes / No
8. Are you happy for the interviews to be transcribed by myself and/or a third party?	Yes / No
9. Are you happy to provide the name and contact details of a workplace witness to undertake a separate interview as part of this study?	Yes / No
10. Are you happy to provide the name and contact details of your own GP or counsellor should you need to seek professional support following the interview process?	Yes / No
11. Should you require it, are you aware that there is designated counselling support for this study, who can provide one de-briefing session with you following your interviews?	Yes / No
12. Should you decide to undertake more than one counselling session at any time following this study, are you aware and happy that this would be solely your responsibility to organise and fund?	Yes / No

\*Questions adapted from Guidelines for Minimum Standards of Ethical Approval in Psychological Research (2004), The British Psychological Society (BPS), Leicester.  
(Continued overleaf)

Please provide the contact details of your own GP/Counsellor here:	GP/counsellor name: Address: Telephone:
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Back-up counsellor contact details (for your information)	Name: Charlotte Sills (or another designated counsellor) Address: Ashridge Berkhamsted, Herts, HP 4 1NS Telephone: + 44 (0) 7872 379 257 Email: charlotte.sills@ashridge.org.uk
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Please provide the contact details for your nominated workplace witness	Name: Relationship to you: (e.g. colleague, boss etc): Length of relationship with this person: Work address: Contact number: Email:
---	---

Signed:

Date:

## 11.5 APPENDIX E: PARTICIPANT INTERVIEW GUIDES

### SUB-SESSION 1

Thank you again for agreeing to participate in this study. The purpose of today's meeting is to give you the opportunity to tell the story of your personal trauma in your own words and at your own pace. There will be no formal interview questions, however, I may ask you to elaborate on certain aspects of your story if you are happy for me to do so.

All responses will be treated as strictly confidential. With your consent, I would like to audio record this interview. You will have the opportunity to review a transcript of this interview once it has been written up. The interviews will be transcribed by both myself and a third party. Just to re-iterate, all the information provided for the study will be anonymised, which means that neither you nor your organisation will be identified. Furthermore, you will never be quoted in written work without prior authorisation.

If you decide, at any point, that you do not wish to continue with the interview, we can stop it at any time. I must also point out again that this is a research project and not a therapeutic intervention. I am neither a counsellor nor a therapist, therefore I cannot diagnose, recommend or arrange counselling services for you after your interview. Should you feel distressed as a result of having talked about your experience, I would recommend that you seek support from your GP or counsellor.  
OK, do you feel ready to start?

*"Please tell me your trauma story including all the events and experiences that were significant for you from then and up to today. Please start wherever you like. I'll listen; I won't interrupt; I'll just take notes for afterwards."*

### SUB-SESSION 3

Thanks for your continued involvement in this research. The objectives of the study are to understand how the experience of personal trauma may act as a catalyst to re-shape one's thinking and behaviour at work. The purpose of this research project is to improve our understanding of the impact of personal experiences and an individual's professional life. Furthermore this research project seeks to understand the role of the workplace in supporting or hindering individuals post-trauma.

I appreciate the topic I'm researching is very personal and by asking you to talk further about your trauma today it may be difficult for you if you find at any point it becomes too painful you're free to stop the interview and if you wish you can withdraw from the study at that point all of the data you've provided so far would be destroyed. The purpose of meeting you again today is to conduct a second interview this interview will be more structured than the first as I've got some specific questions I'd like to explore. All of your responses will be treated as strictly confidential with your consent I'd like to continue audio recording.

You'll have an opportunity to review the transcript of your interview if you wish to see it and the information provided for the study will be anonymised which means neither you nor your workplaces witnesses or your organisation will be identified. Furthermore you'll never be quoted in written work without prior authorisation. We ran through the consent form in the first interview would you like to run through it again before we start today?

1. Before we start today it would be really helpful if we could just reflect on the first interview. How did you find the experience?
2. Looking back, can you talk about the strategies you used in both in your personal and your professional life to cope with what happened to you?
3. What have you learned about yourself through your experience?
4. Have you noticed any changes in yourself as a result of your experience? (Looking for posttraumatic growth themes; personal strength, appreciation of life, relating to others, spirituality, new possibilities)
5. Have you noticed any changes to the way you think about work as a result of your experience?
6. Have you noticed any changes to the way you behave at work as a result of your experience?
7. Do you think anyone else has noticed these changes in you? If no, why not? If yes, what do you think they have noticed?
8. What role do you feel your organisation played in your journey post-trauma?
9. What role have your colleagues played in your journey post trauma?
10. Is there anything else you would like to add?

## 11.6 APPENDIX F: WORKPLACE WITNESS INTERVIEW GUIDE

Thank you for your support with this research project. The purpose of today's interview is to explore how you feel x may have changed in the way they approach work as a result of their trauma. All responses will be treated as strictly confidential. With your consent, I would like to audio record this interview. You will have the opportunity to review a transcript of this interview once it has been written up. The interviews will be transcribed by both myself and a third party. Just to re-iterate, all the information provided for the study will be anonymised, which means that neither you nor your organisation will be identified. Furthermore, you will never be quoted in written work without prior authorisation.

If you decide, at any point, that you do not wish to continue with the interview, we can stop it at any time.

Firstly, as background, could you please tell me your current role?

1. Have you noticed any changes in them as a result of their experience?
2. Have you noticed any changes to the way they approach work as a result of their experience?
3. What role do you feel your organisation has played in their journey since their trauma?
4. Do you feel your organisation has helped or hindered them? Can you tell me how and in what ways?
5. What role do you think you as a colleague has played in their journey post trauma?
6. Is there anything else you would like to add?

## 11.7 APPENDIX G: KEY TO TRANSCRIPTION

Symbol	Example	Explanation
(..)	<i>"He just had an air about him of knowledge of empathy and [...] hope"</i>	indicates a pause (stop marks correspond to number of seconds paused)
—	<i>"As you can see I'm six foot tall I'm about 14 stone now <u>reasonably</u> fit erm and healthy and have had <u>no</u> serious illnesses in the past"</i>	Underlining indicates changes in speaker's pitch or volume which places stress on particular words or syllables
" "	<i>"I remember telling him at the time "Peter, I'm pretty sure that I'm gonna be told stop wasting our time go and take some anadin" and you know [laughs] "get out of our sight""</i>	Words in speech marks are reported speech
[laughs]	<i>"stop feeling sorry for yourself [smiles] and get on and start re-building your life again"</i>	Brackets enclose notes on paralanguage, such as emotions and laughter
=	<i>A: Which you've already started to = E: = Yeah A: = Talk about in a way = E: I think we've we've covered some of it</i>	Equal signs indicate an interruption in speech
[***]	<i>"We love each other and [**] y'know we never at any stage felt that we were getting under each other's feet"</i>	Asterisks in brackets indicate that something was spoken but that the actual words were inaudible. The number of asterisks indicate the estimated number of syllables of the missing
?	<i>"Did I deserve all of this?"</i>	A question mark indicates rising intonation that produces a question

## 11.8 APPENDIX H: VERBATIM TRANSCRIPT EXAMPLE

PARTICIPANT NAME: EDGAR

INTERVIEW DATE: 10 NOVEMBER 2010 (SUB-SESSION 1)

TIME: 10.15AM

LOCATION: PRIVATE MEETING ROOM AT ASHRIDGE

A: In this first interview I'll ask you to tell your own story in your own way so there will be no specific interview questions we'll take a comfort break after you've finished talking and then we'll reconvene so that you can talk some more about some of the so that I can ask you to talk some more about some of the themes that have emerged

E: OK (laughs)

A: OK are you happy to start?

E: Yeah I'm happy to start

A: OK erm can you tell me about your trauma experience and how it influenced your life personally and professionally since then and up to today please start whenever you like take the time that you need I'll listen I won't interrupt and I'll just take notes for afterwards

E: OK no problem well I thought it would probably be worth me just introducing myself and giving you a little bit of background about who I am and what I do erm so my name's Edgar erm I'm 41 years old erm I'm married to Sarah erm and I have two sons John who's gonna be 17 on Christmas Eve and Tony who's 13 he'll be 14 in January erm I started my career leaving school and hopefully this is relevant actually because erm it probably er will help explain how I go about my work to be honest with you so I left straight from school to work in a newspaper er wholesaler warehouse so it was a fairly low level job erm didn't go to university erm worked my way through the sort of erm warehouse erm environment and eventually became a trainee manager with Jeffersons who is a wholesaler erm becoming a trainee manager at Jeffersons involved working very long hours erm and pretty much seven days a week erm which was s..sort of seen as part of yer initiation into the industry erm and became a sort of er habit if you like and that's the way that I described it with a lot of my work colleagues since and probably explains why up until my erm period of of personal trauma erm why I worked what I would probably describe as silly hours really erm and latterly often erm arriving at work which bearing in mind is 30 miles away from Trafford in Didcot erm arriving at work at 7am when the security guard opened the building and being thrown out by the security guard at 9am er 9pm which erm really just became erm well I'll come back on to talking about why what impact that habit had when I tell you a little bit more about myself erm my my er career sort of erm progressed through Jeffersons where I worked in a wholesale house environment so its each of these different whoesale warehouses into their head office and I became an account manager for er one of my primary accounts was for a company called Flag who I currently work for erm I did that for about 3 years er living in Denby or living in South Quainton working in Denby erm and made the decision erm to move south around about 13 years ago which is when I joined Flag my wife Sarah's actually erm from Tatterham in Surrey and therefore this was kind of a bit of a homecoming in that it brought her much closer to her family cause she'd made the journey up to live with me erm so just to describe a little bit about Flag and my role within them Flag are a magazine marketing and distribution company erm we represent a round about a hundred different magazine publishers of all different shapes and sizes we're owned by er national magazines who are the publishers of brands like Cosmopolitan and er Good Housekeeping and Esquire and Condé Nast who are the publishers of titles like Vogue and GQ House and Garden so erm a very it's a privately owned business na..national magazines are are themselves part of the Hurst Corporation which is an American huge American corporation media corporation erm which again is is privately owned and erm I'm very very happy there erm they've treated me incredibly well they helped my move from Scotland with what at the time was a very young family erm I initially started in their marketing department but with limited marketing knowledge as I say I didn't go to university I didn't have a marketing background it was just sort of er I did a bit of numbers work and it was fairly basic stuff erm but progressed into the wholesale er arm or department of Flag which reflected my experiential skills set having worked for for Jeffersons for so long cause I'd worked with Jeffersons for 10 years before I joined Flag

A: Mhm

E: Erm within Flag I now hold the erm job title of wholesale director erm I have three direct reports one of whom has agreed to be one of my erm workplace witnesses Michael erm and below those three



reports there's 20 additional staff erm most of whom are office based but there are a few that are field based

A: Mmm

E: which presents its own managerial challenges especially in an environment where the magazine market itself is erm having a tough time as a result of the recession erm which puts its own pressure really on erm our management of overheads which has resulted in me having to make people redundant erm and also in terms of our relationship with publishers where I mean just to try and simplify this when things are good it's because the editorial product is fantastic when things are bad it's because the distributors not doing their job properly

A: Mmm

E: (laughs) Erm so I guess that probably just provides a little bit of an environmental er view of the type of er workplace I'm I was in a..and I am in frankly erm my key responsibilities are for supply chain erm and much of those responsibilities erm that are associated with the department I'm responsible for but I also have I am also what they call a process owner erm and therefore have cross-departmental responsibility for (coughs a little) excuse me for erm all supply chain related activities erm the job title wholesale director is erm not a board role it's an associate director role (...) (pauses while drinking coffee) and therefore I'm part of an er team of associate directors which I think there's about 13 of us actually so it's a sort of second tier management erm structure but as part of that I am with my colleagues involved in helping devise strategy and again that is sort of gets back to the fact that I very much love working at Flag because I have that level of involvement and it's a it's a young er board and it's an inclusive board and erm it therefore it it's you feel as though you're having an influence over what happens and I guess that is quite relevant in terms of your study because erm that's formed a bit part of how they've coped with my particular trauma (takes a sip of coffee) erm some other responsibilities that I've er within my role are industry-based and I'm erm a fairly well-known character within the magazine and newspaper industry as a result of being erm the chair of the PPA which the periodical publishers association we've got a lot of acronyms in our newstrade so it's the PPATSP which is the technical services panel which are responsible for an awful lot of the the way in which some of the gears of the industry work in terms of electronic data interchange and barcodes and how they work and so on and so forth so I've got a fair level of responsibility to coordinate a a net.. a cross-industry team and committee and team of people and another area that I'm involved in is erm an organisation called emerging ACE and ACE is er their association of circulation executives which is largely a social erm er organisation which is it its task really is to er help people network within the industry and act as a sort of erm means of fellowship an..and cross-fertilisation of ideas and whatever so it's and it's got some charity elements to it aswell now the reason for mentioning ACE is because it's probably worth linking this back to what I've said earlier on about not having any university erm education is that being part of ACE allowed me the opportunity to take part in an Ashridge er foundation course

A: Mhm

E: Erm and that was done erm between May and November 2007 and this was something that was erm funded by Flag erm which provided me again with another opportunity to network with many other people within the industry who were doing the same sort of general management course so there was a bit of strategy there was a bit of this that and the other which was which was very helpful and erm involved probably I don't know twenty..five people I guess from the industry in our in our year's intake erm at the end of that erm ACE foundation course there was an opportunity for all of the participants to erm apply to go on to an ACE funded er Di..Diploma at Ashridge

A: Mhm

E: And I saw this as a good opportunity of proving to myself that had I gone on to university I would have had the ability to get a degree I guess so erm so I decided to apply and and was fortunate enough to be taken in and therefore since February 2008 erm until present and beyond erm I am currently t..erm embarking on a Diploma in general man..erm erm management the personal trauma has happened mid-way through that and therefore erm it's sor..another part of what I've actually had to manage I've had to manage doing a Diploma in amongst an incredibly hectic daytime schedule and since then had to make decisions about whether I've sat exams and all the rest of it but I'll come back onto that I guess and then the other thing really worth saying is that as part of doing the Diploma there are a number of residential course requirements at Ashridge once of which er was the Ashridge Leadership Process the ALP which I erm did for a week erm last October so just over a year ago which I guess has led me to this room really because it was as a result of my participation in there I think you've probably got my contact details

A: Mhm

E: Erm and and that was there it's probably worth saying that because that happened a year ago and my actual personal trauma which I'll go into much more detail about in a second really started to happen in February the ALP happened at a time before I had any trauma whatsoever erm and was pretty influential in some of my already forming thoughts about what I might be able to do about changing my work life balance which I've already sort of intimated was balanced in completely the wrong way (laughs quietly)

A: Yeah

E: Erm but I think it would it would be fair to say that before I went along to the ALP I probably thought that I lived to work (slightly laughs) the ALP made me question that my personal trauma has made me act on it (laughs)

A: OK, mmm

E: Yeah so erm whilst there was probably a a little bit of a mindset change as a result of the ALP which was a fantastic course and was very thought provoking in terms of me understanding who I am and what I really wanted out of life erm it only nudged me in a direction whereas my personal trauma has dragged me kicking and screaming into this er screaming into this erm direction, ooh (bangs his leg on the table leg) so hopefully that's that's provided a little bit of background erm it's it's just again as a as a sort of underline thing I grew up erm as part of the newstrade aswell in that ma father erm in fact ma mum and dad met working in a Jeffersons retail store

A: Aah

E: Erm in Bedmond and erm ma dad then went on to become a Dai..Daily Record rep and then progressed up to become and circulation director at the Daily Record which is why I moved erm I was born in Bedmond raised in Gelton and then moved to Cornfields when I was 15 and that was to follow ma father erm so I've never really had very deep roots in any place Trafford where I live now is probably a place I've lived most of my life and felt most at home at to be honest erm but I guess the newstrade is a bit like that I've grown up with ma dad being called out at night because there was a big news story and the the we've had to react to distribution problems and whatever and I suppose that became part of my sort of inner core and work ethic about that's how things are done you er there's there ma father al..also erm instilled doing things right into me and therefore erm I've consistently worked tirelessly to make sure things are 100 per cent done my delegation skills aren't very good and erm that led to and and probably I'm not I and this maybe just a self-conscious element of it I've not got the same level of confidence that many of my colleagues have got in my own ability and therefore I I guess I've psychologically felt that I've had to work harder to to be at that sort of level of being in a position where people would want to promote me erm as far as career aspirations are concerned I've frustrated probably the hell out of Flag and I remember during my interview to be taken onto the Diploma erm er I met with Derek and er Arthur who asked me what are ma career aspirations and I used to say that I didn't have any (laughs) er so basically what motivates me is getting up in the morning and feeling as though I'm having an influence on things and that everyday's different and that erm I'm energised and am around people that I like being around and erm and my whole career has progressed as a result of people tapping me on the shoulder and saying "we think you can do this" rather than me actively going out and saying "I want to go and do that" and if asked where do I see myself in five years as I have been in the past I don't (laughs) I see myself being in a position where I'm happy with my lot at whatever level that might be so that's really just to so you can understand that I'm not an individual who has aspirations to be the managing director if that was to happen and people felt that that's what I had to offer fine but if it's not and I'm happy fine erm the other bit of just sort of personal background really is that erm and this just hopefully just gives you a a further develops that idea of what motivates me in that it's not money my wife Sarah erm doesn't work and that's been a conscious decision erm because the the most important things to me are her and her happiness and ma boys and having trained as a nursery nurse Sah as I know her erm had the choice of going out and looking after other ki..other people's kids or looking after ours and we decided that she'd look after ours and even now that the boys are getting to a stage where they're pretty self sufficient erm we've continued to take the decision that there's no need for Sah to to erm go out and work and that's because I'm she's very motivated by erm we've got an allotment and by gardening and she's also a painter an artist and she's getting back into doing that and if that leads to us getting some money and she gets some recognition for her for her skills that's fine but again I'll only mention that because that's not what motivates me it's not about money I'm I'm pretty well rewarded for what I do and that allows us to live a fairly you know we live in a three bedroom mid-terrace house we don't have extravagant erm you know er lifestyles we don't go on lots of holidays and all the rest of it we're motivated by the

fact that we're very happy and that we've got two incredibly clever kids that are fan..you know that we're incredibly proud of and that we've got a very good life together and we're very happy I've probably bored you now with background

A: That's alright

E: I'd like to now move on and tell you about what's happened to me this year and how it came around and and it's probably hopefully I won't bore you too much with this story but hopefully there's there's some pieces in there that might be of relevance to to what your work but how it happened is that and and it's probably worth saying y..you know as you can see I'm six foot tall I'm about 14 stone now reasonably fit erm and healthy and and have had no serious illnesses in the past so you're not talking to someone who's been dogged by you know physical ailments throughout their life other than I've probably got hayfever (laughs)

A: (laughs slightly)

E: And that's about it really erm on the 20<sup>th</sup> of February this year I went to a friend's 40<sup>th</sup> birthday party in Eastcote erm and had a great night it was an 80s night which might not sound relevant but it kinda is in that erm there was some vigorous dancing done erm there was also a free bar and whilst I'd I'm not a heavy drinker I did have quite a few pints that night and Rachel whose party it was laid on fish and chips as part of a sort of meal which I stood at the bar an..and ate whilst drinking and then disappeared onto the to the dancefloor and the relevance of that really is that I woke up the following morning feeling a bit rough (smiles) erm and thought well that's probably because I've had quite a few beers I've danced like an idiot and I've been eating while standing up however I felt the same the following day and the day after that and after two weeks decided I've never had a hangover that's lasted two weeks before so it was it was very much a case of up until that party no physical erm representation of that fact that I might be ill whatsoever but on the morning after that party I felt and to be honest with you it was a queasiness there was nothing very specific it wasn't a pain it was it was nothing that you wouldn't have just put down to the fact that I've probably had a bit of a dodgy meal and I just don't feel on on top of of on top of my game really but after two weeks I thought I've not felt like this before so I decided to go and visit my GP who thankfully didn't put it down to a virus because again I was very you know it it wasn't very specific erm er symptoms so he gave me a er bit of a physical examination couldn't find anything and decided to do a blood test erm I went back to see him a few days later erm when the blood results came back to be told that there was something not right but he but he couldn't put his finger on what the problem was erm but he did tell me at the time that what he could say was that it wasn't a lymphoma and it wasn't leukaemia now the reason I say that is that when I went home to my wife that night (...) we reacted to that news in in completely separate ways and this I think is a fairly crucial point here in that I erm up until this personal trauma have probably had a blind optimism (laughs) and and I'm a very glass half full optimistic person and I've always had the sort of mantra of that there are optimists and there are pessimists the erm outcome will be the same but the optimists will probably have a better time getting there and and I suppose that's really again very deep inside me is is something that I do I don't think about it it's just the way I am and I reacted to the the news from my GP that erm it wasn't a lymphoma and it wasn't leukaemia as look it's not something that's serious then so don't worry about it my wife on the other hand thought right it's serious but it's not those two serious things erm my GP was aware of the fact that I had BUPA cover which speeded the whole process up I have to say and that BUPA has erm been provided by Flag so I'm very grateful that they provide that as part of my package (intake of breath) I'm very grateful now erm and he arranged for me to see a consultant at the Chesterton hospital a few days later he gave me a physical exam and couldn't find anything and decided to send me for or arranged for me to have an ultrasound scan and also an endoscopy erm the ultrasound was due to happen on the Monday the endoscopy on the Thursday and I was due to see the consultant again for the results on the Friday afternoon on the Monday when I went for the ultrasound the doctor who did the procedure erm alerted me straight after the exam that she'd found something on my kidney but not to worry because there can be plenty of of reasons for lumps and bumps on your kidneys so again with my optimistic view thought right well it's not nothing too bad the reason that I've been feeling ill is that I've probably got a cyst or something silly erm even with the fact that directly after having the ultrasound on the Monday afternoon within an hour I was having a CT scan I still thought they're just wanting to get to grips with exactly what's wrong and having had the CT scan and speaking to the radiologist and asking him "right what's it told me?" He said erm it's er "I can't tell you I'm not in a position to tell you but I can tell you that the results will be with your consultant tomorrow and I'm sure he'll be very straight with you" but I I again with my deep-set optimism felt that he was actually saying if he's got something bad to say to you he'll be straight with you but he's not going to do it so I I still firmly believed that there

wasn't anything serious wrong erm but what I was very relieved to find was that the doctor that'd carried out the ultrasound said that I didn't need to have the endoscopy on the Thursday which was stressing me out I didn't have the I didn't like the idea of having a tube thr..thrust down my throat so I didn't have to have that but again blind optimism didn't think there was anything wrong I met my well actually er er this is probably a point where I could I I didn't hide any of this my work colleagues both people that report to me and ma ma you know board directors and so on were aware of the fact that I was having tests done because I wasn't feeling great erm because I I've I'm probably known at Flag for being someone where even when I'm not feeling great I'll tell people I am they'll ask me how I am and I'll say "wonderful, how are you doing" and I and I just like being upbeat even grinning through the pain if that's what's required just so that I can appear to be happy and keep everybody else happy so my colleagues erm were aware of the fact that I was going for tests and on the day on the Friday where I was due to meet the consultant again to get the results I was actually called well I was wished good luck by my immediate board director Stuart my my line manager but also called up to see the managing director who said "I understand you're going to see the consultant today" erm "best of luck" and and I remember telling him at the time "Peter, I'm pretty sure that I'm gonna be told stop wasting our time go and take some anadin" and and you know (laughs) "get out of our sight" erm so I went off to the appointment met with the consultant who told me I the ultrasound and CT scan had confirmed that I had a large mass on my right kidney erm and I asked him "is that bad?" and he said "yes" and I said "is it life threateningly bad?" and he said "yes" so that was a bit of a blow (breathes in) he said that and I asked him how they hadn't been able to pick up on this during the physical examination and he said it was because the the mass was so big and that was why they couldn't feel it and he had another feel of me at the time actually and still wouldn't have been able to pick it up otherwise so erm he then said that he needed to refer me to a euro..eurological surgeon and he said "let me find out if the person that I need you to speak to is available this afternoon" cause th..this was four o'clock in the afternoon and I went bearing in mind I went to the hospital myself on the way home from work erm he confirmed that he was available and that can I sit in the waiting room for twenty minutes and he would see me so I did that and that was a pretty traumatic time I spose I remember physically shaking but not really understanding what was going on cause mass you don't know what a mass is I've got a pen here if you like (my pen runs out of ink)

A: OK

E: There you go erm (...) so after twenty minutes I met with another erm consultant who showed me the CT scan results on a PC screen in his office and pointed out as he scrolled through the images the ma various organs and then said "so here's your kidney and here's the tumour" and I went "Ah we've gone from it being a mass to a tumour are we talking about cancer?" and he said "very probably yes" (...) erm (voice breaks slightly with emotion) and that was pretty tough because and I I suppose that I was in a state of shock at that time erm because I really hadn't expected it and I and I guess this is where my optimism probably counted against me because I went from really believing that I was I was not ill because I don't get ill (laughs) none of my family have really been that ill unless they were very elderly you know relatives erm and therefore this was a real real shock to the system erm it was probably made even more of a of an issue because the consultant that I saw that day pointed out to me the fact that the tumour had grown along my renal artery and on sorry my renal vein and onto my ven-a-cava which is the main vein into your heart and that that made it a whole mo..level more complicated and that we needed to get it out so therefore it was gonna require an operation erm that it would mean I would lose my right kidney and that he knew of just the surgeon that he wanted to refer me to to have that done erm and arranged for he he asked me to go and get a copy of the CT scan from the radiology department on a disk which they couldn't do and they were really really heartless which was a which was really a a not a great thing to have to endure when you've just been told you've got cancer effectively erm but while I was waiting and filling out forms for that he came back out and gave me the the erm telephone number for erm Mr Cleverly who is a consultant in Haverford erm and said that if I phoned on Monday and spoke to his secretary he has consultations on Wednesday he'd probably see me on the following Wednesday so I thought well that's pretty quick so that's that's good erm didn't get the disk was pretty upset by that (...) went back to my car had a cry for about three minutes that was all and what I realised as I sat there was or as I walked back to the car I thought god am I gonna die? (voice shakes with emotion) erm and when I got back to the car I had a bit of a cry and then realised how on earth am I gonna go home and tell my family this news? (voice shakes with emotion) so I I got home and because I hadn't called in to let my wife know what'd happened and it had obviously taken quite a bit longer erm than I'd been expecting I don't think I got home until about six o' clock erm she knew that it wasn't good she knew that it wasn't good anyway

(laughs) because being rather more of a pessimist and having Googled all of the symptoms and blood test results that we were aware of she knew it wasn't good cause she couldn't find anything good on there but we did..we hadn't talked about that so when I went home and told her that I needed an operation to remove a tumour a large tumour she was actually relieved (...) erm she was clearly very upset but she was relieved because she thought I was going to go home and tell her how long I had (voice shakes with emotion) (...) so and and we did that just the two of us erm in a room and decided that that y'know we're we're clearly it was quite an upsetting time but we decided erm my oldest son was out at work and was due back well he was out I can't remember he was doing something with the school actually that's what it was erm but we decided that the boys were mature enough to be told everything so as soon as John came back we told we sat John and Tony down and told them exactly what was going on and we didn't hold back we told him everything and they were very upset (...) and I suppose it's this part of it that's the most emotional part for me cause I've told this story quite a lot (laughs) and it's still this part of me that upsets me because it I wasn't I'm not afraid of dying but to see the impact it was having on my family and I mean I had to phone ma parents tell them that wasn't good (says crying) ma brother erm (voice shakes with emotion) my work colleagues who had made me promise that I would let them know how I got on cause they were worried about me (says crying) and I think that was the overwhelming aspect of this is that following all of this the amount of love I got back really (voice shakes with emotion) from friends family work colleagues industry colleagues was overwhelming it was unbelievable (says crying) and I I that's still quite an emotional thing to take in because you kinda go to people's funerals and there's there's a bit turnout and it's just like oh gosh th..the..they didn't know how many friends they had I do I've I've had the benefit of having all of that without not being there to see it (says smiling) if you like so erm so that was that was very tough erm at seven o'clock that evening Donald Cleverly phoned erm which was amazing really because I'd only been told three hours before and the surgeon phoned me up said that he was gonna be having a s..a sort of surgery on the following day Saturday and could I come along and see him then so at lunchtime on the following day I was sitting in front of the surgeon (...) with ma wife (...) erm (...) and it was one of the most reassuring conversations I've ever had because we we arrived early cause as you can imagine it was in Haverford so it was a good hour's drive away and we decided that we weren't gonna be late for this (laughs) appointment erm and we sat having a a drink in the café area for the hour prior to the the erm meeting and I can honestly say that having slept on it and dwelt on some of the reactions and things that people were including the kids had said that morning I've never felt so scared in my life y'know (voice shakes with emotion) I was I was like a little boy y'know and it was it was probably the lowest point in ma life that day (says crying) but having met Cleverly he described what the problem was (voice shakes with emotion) (...) and described the fact that he'd done something like 800 of these operations and had a 60 to 70 per cent success rate and there was a 60 to 70 per cent chance that I would have the operation and be fine (laughs quietly) basically after it which as you can imagine takes it from being I've got cancer with what we thought was an eight centimetre tumour sort of tennis ball sized tumour at the time which I thought was pretty bad er and I thought I was gonna die to being told that I had a pretty good chance and that I had youth and fitness on my side because this is a this is actually a kidney cancer is a erm something that normally affects much older people 60 70 80 year old people so erm I actually walked out of that with a great deal more hope and optimism again and it gave me a little bit of that back (..) erm and his plan was to operate two days later but because it was at Easter he r..remembered that he was actually gonna be away on a skiing holiday two days after the op and actually suggested that we delay the operation for about a week or so so that he would be able to do the operation and then take care of the aftercare which I think is a measure of the man he's he's just I can't talk highly enough about this man he's been fantastic erm now where that that extra week or so that I had was very useful again in terms of ma work so this brings it back into where I where I bring the work environment back in here in that because of my pride in making sure things are done properly I wasn't very comfortable with the fact that I left work on the Friday afternoon and was potentially gonna be on an operating table with and er out of it without putting my affairs in order is the way that I would probably describe is just making sure that everybody knew what was going on and what I needed to happen so the fact that I was given an extra week erm allowed me to erm (...) put all of that stuff in order erm visit the office which I did one day which was a sort of start of feeling the love (laughs) y'know there was lots of hugs and (...) lots of scared people to be honest with you (voice shakes with emotion) there was a lot of tears and it was it was a very emotional day and this is I guess where one of the witnesses Michael that I've said was probably one of the more deeply affected ones cause erm Michael and I have got a very close working relationship and I think he was er he was really taken aback by it all but what I was able to do was erm reassure

people erm and put I I made a very comprehensive list of all of the different work streams that I was on and actually it's I I remember it actually I had a list of areas ma Michael list of all the things I need you to do for me Michael here's ma Stuart list and here's ma Steve list and here's ma Andrew list and Kerry list and so on and so forth and I'd spend the day in one-to-one sessions with all these different people saying right I need you to do this (noise of him tapping his pointed finger on the table) I need you to do that (noise of him tapping his pointed finger on the table) this is where we are with this (noise of him tapping his pointed finger on the table) and this is what's going to happen and I actually remember at the end of each one of those sessions is "right guys I've got my red pen out now I'm drawing a physical and metaphorical line under all of this because when I leave the office today (...) that's it I'm switching off" which I think took a lot of people back really (voice sounds emotional) because they I think believed that I'd try and carry on and I'd made the decision when this huge (...) erm trauma it was y' know when I saw your your note and thought about trauma I hadn't really thought about it like that but it was it was a trauma erm really changed me into right I've got to fight this now y'know I've got to put all of ma energy in so that I can get through the other end and erm everybody at Flag (...) could see that and were actually (says laughing) quite taken aback by it as I say Kerry who knows me probably better than most I'd said to Michael "Michael I think you need to create some kind of a plan of how you're gonna update Stuart on what's going on in the office during this time away" and both of them were pretty surprised and and heartened by the fact that I said I didn't want that I just didn't "get on with it and I don't want to know what's going on with the work" y'know I'd like to know how people are getting on (laughs) and hear the office gossip but I don't want to know about what's happening work wise and they were delighted to hear it as I say but they were very surprised cause that's not me erm and as far as my the business were concerned the again they were fantastic they erm made sure that all of my BUPA stuff was in order and that I was I wasn't gonna have any worries on that front and reassured me that I I needed to take as long as I needed out and that they would er they wouldn't they would carry on without me and make the adjustments that were required to be able to to take on things I'd done so erm so that was that was reassuring and then I had the op which erm was a more involved op than we thought we thought it was gonna be a two hour operation and it ended up being a four hour operation and it was more complicated than we thought because they had to cut the tumour out of my liver and out of my diaphragm (...) and I suppose I was unaware of all of this but on y'know ma ma mum and dad came down from Scotland to look after cause ma wife doesn't drive so they came down to support her and make sure that she could come and visit me regularly and whatever erm my operation was at on the 8<sup>th</sup> of April at 8am so they were expecting a call at 10am and got a call at 12 from the surgeon saying that I was just being stitched up (laughs) so you can imagine erm the anxiety with ma family for that morning (says laughing) and I remember my dad dropping me off that morning cause we had to drop me off about six o' clock in the morning and me having to sign a consent form for the operation and being reminded that I might die on the (...) table (says crying) and that was hard (says crying then clears throat) it wasn't hard for me actually is what I'm recalling is how upset my dad was for him (says crying) not erm as I say I've never been afraid of dying cause for me if I die on the operating theatre there's probably no better way to go to be honest (says crying) there's no pain (laughs and sniffs) erm and it's quick erm but he was clearly very upset by that so a..again it's just the trauma I think goes way beyond me and probably more into how it impacted on ma family ma friends erm and my work colleagues so I had the operation erm stayed in hospital for just over just about a week actually just under a week six days erm and then spent just under two months at home completely switched off not getting involved in any work activities at all I had lots of visitors from work I had ma boss up erm I actually had a few visitors in hospital aswell erm lots of cards I mean the house was like Clinton Cards er lots of presents and lots of really touching comments about how everybody had been affected by it (50 mins) so but throughout all of that erm ma managing director came up to visit me aswell and reassured me that y'know particularly and this is where context comes in is that things are tough people are being made redundant erm and therefore in the back of ma mind there's I can't stay off too long because there's gonna be a point where people say what did he do? Cause we're managing without him (laughs) y'know what I mean? And erm felt that right after two months and feeling what I thought was quite fit decided to return to work so I made the arrangements to go back erm those arrangements sort of kinda erm involved my boss coming up with an easing in gently plan which pretty much revolved round me working couple a days a week from home erm it involved me doing some project work which kept me out of the day to day erm and working shorter hours erm now part of the reason for working silly hours was because of the M25 and Oxted where by aiming to get into the office for nine I'd spend and it's been erm (pardon) it's been in the last couple of weeks you'd spend two hours in the car in the morning and the same on the way

home at night by leaving very early in the morning you miss the bulk of the traffic and you make it in in forty minutes and on the way back home if you leave at nine o' clock at night you can do it in thirty minutes so that was part of my erm reasoning for staying late the habit then gets you into a situation where you spend an awful lot of your day in meetings and then you think right well I write up notes and I'll do ma thinking after five o'clock when the office is cleared down a little bit and then that becomes your norm what this introduction back into work and the way in which it was done allowed me to do is not worry about getting into work until half past nine in the morning and leave at four o' clock in the afternoon which is what I've been doing and erm what I'd said to my boss is once I feel a bit fitter I'm gonna continue to come in early in the morning but get away at four o'clock in the afternoon he was very supportive of that so and that's the habit that I've largely got into over the last few days I've found myself working until half past five and I'm (sound of him clicking his fingers) about to snap out of it again cause it's it's I've remembered that is what happens and it slips back so I've made a very conscious decision to make sure that I come back in reality the project work and working from home one day a week er sorry two days a week has slipped back into me getting involved in the day to day which was kinda necessary in some ways because some of the thing where the pressure's been put upon the likes of Michael and some of the other people that are taking things on was getting a bit too much to be honest with ya and it wasn't really fair on them but what I would say is that as a result of my direct reports taking on many of these things while I was off there are a a good number of activities that I used to get involved in that I no longer feel the need to so as far as delegation is concerned it was kinda done for me but it's highlighted to me that the people below me are probably more able that I'd thought they were and are able to do if not as good a job as I was doing before a better job than I was doing before (says laughing) frankly so and I and I guess that's another significant thing to really talk about here is that whilst I've been through all of this there's a huge number of positives have come of it I've already talked about the the reaction that I've got in terms of the love I've felt but erm I've also got a son John who as I said earlier on is is well both of them are very intelligent John wants to get into a career in medicine probably wants to become a doctor ma surgeon cleverly I mentioned that to him arranged for him to spend a week during his summer holidays at in Haverford doing work experience including a day in the operating theatre seeing the same procedure as I went through (..) (smiles) erm and interestingly John's unwilling to tell me about what's involved (laughs) so I think that probably emphasises the the sort of scale of what I've been through and erm and I think y'know all credit to him because he thoroughly enjoyed the whole experience and I think found it very useful and has re-affirmed his desire to go into sort of medicine erm but I think it just shows his erm mental strength that he was able to do that and and to (laughs) I mean (laughs) the other thing is when I came out of hospital I had to erm have blood thinning drugs injected into ma stomach and erm John did it (laughs quietly) just as part of a if you're gonna be a doctor you have to inject people so lets give it a go now and he was able to do that so I I think that was er (...) pretty significant so erm (..) I guess the the leading back in y'know er or erm easing myself back into the the day job gently I think in reflection I came back too early (..) erm (...) I (...) I haven't pushed things too hard but probably pushed things harder than I should of which has probably slowed down ma recovery and I think that's been picked up by my superiors the board and they are continuing to reassure me that if I need time take it and we'd rather you came back fully fit and well than push yourself and and did yerself any damage so they've and y'know to the point where erm recently I sat down with Mark the MD who again reiterated to me he said that my job is safe y'know "if you being here is because you think that your job's under threat don't think like that be reassured that you're an important part of this business and we'll do everything that we need to do" so they've been and whilst I kind of thought and believed that that was the case to hear it was very important because one of the things that this whole experience has done has made me very wary of this blind optimism (..) so erm whilst I probably still have that optimism deep in ma soul (..) I now consciously challenge it (smiles) (..) because I had such a fright and such a such a bad experience of that during my diagnosis period

A: Mmm

E: (Clears throat) Erm (...) the other thing really to say is during the sort of period of recuperation erm there have been regular blood tests erm to monitor the function of my left kidney the one that's left erm (..) and erm (..) it's not doing as well as it should (smiles) erm and there's a there's a substance called creatinine which your kidneys filter out it's a sort of waste product from metabolism and they use the levels of creatinine in your blood to erm check how well yer yer kidneys are functioning and whilst in in there's probably a scale of (clears throat) a good function would be 90 erm my function was 45 which is probably unsurprisingly I've only got half the number of kidneys so therefore it would only be half the function they reckon it doesn't work like that your left kidney should function almost as well but

the fact that it's at 45 and during all of the blood tests improving slowly it's fine we'd prefer for it to be much higher but it's fine and it's only actually no ma my erm functions was at thirt-y-five or something but it was edging its way back up erm and that was all fine and then about I don't know five weeks ago I guess I had one of ma routine blood tests which showed my creatinine levels shot up which was another blow because I'd been lulled into this sense of right everything's on its way back to normal now so yes it's going much more gradually than I thought but here's a blood test which suggests otherwise and erm as I alerted to it when I've been getting ma blood tests it's generally have my blood taken on Wednesday phone into the doctor's secretary on Friday and she would tell me that yes things were stable or improving I got a phonecall back from ma GP but it was to ma wife because I wasn't around and he said he needed to speak to me and course the alarm bells started going in terms of the big problem and when he did eventually get in touch with me he made me aware of the fact that the blood levels had had gone wrong so I immediately phoned Derek Cleverly ma surgeon who arranged to see me on the Wednesday afternoon following so so the Friday to the Wednesday which was a pretty tough time again actually cause you can imagine what goes through your brain is erm it's back cause there are there was a 30 per cent chance that it would return so y'know the odds weren't fantastic so there's it was it was completely plausible that the cancer would come back I met Derek Cleverly at midday and by four pm I'd had an MRI scan (..) and erm the following morning had the results from that to say it was clear (..) had a further blood test which took the creatinine levels back to where they were before so not normal levels but back to where they were before the scare erm before I'd had that test actually I'd been referred to a renal consultant again but on the basis of the further tests that was cancelled erm I was told let's not have anymore blood tests done and we'll have another scan in January because ma the the treatment following the surgery is basically observation there was no chemotherapy no radiotherapy er th..they considered what they call adjunctive chemotherapy which is like a preventative measure erm but they felt that there was probably more risks with that in terms of other side effects and therefore decided not to do it so it's for close supervision had a routine scan three months after the op had the MRI scan what a month ago and then I get another CT scan in January and to be honest with you since that scare being told to cancel the renal appointment and being told don't come back for three months has given me an amazing boost because it's taken me from b..being on what I've often spoken about a rollercoaster ride this whole journey erm to a period of erm switching off from the anxiety that comes with about to have a scan about to have a blood test about to get the results of both where there's what's this going to tell me? And to right the bloods are back to normal he doesn't want to see me for three months and therefore I think he's pretty reassured that there's no major issues erm and that they're going to keep an eye on me therefore stop feeling sorry for yourself (smiles) and get on and start re-building your life again and so that happened about a month ago but consciously I felt I probably did because it's not until you look back you realise some of the decisions you've made might not have been the right ones y'know like driving as early as I did or going back to work after two months when probably three months might have been more appropriate because you feel strong enough so I've reflected on some of those decisions and and just felt that right I do need to back off a bit and by pacing myself a little more erm particularly when I I know I've got such great support around me at all levels and I'm able to do that and people are a..y'know keep telling me how well I look and I keep telling them how crap I still feel (laughs) erm but they and they keep reminding me that I've been through such a lot is that it's such early days really I mean it was erm er what was it seven months ago two days ago erm that I had the op and y'know I keep reminding being reminded that it's no time at all really for what I've been through gives me a little bit more y'know I don't have to challenge my erm inner voice in terms of erm er right do are people gonna think that I'm taking the micky here y'know that cause that's that's something that's ingrained into me y'know is like do people think that you're er you're erm winging it so to speak or not winging it but milking it rather so erm I don't feel I've got that I'm still pretty comfortable that I'm pacing myself and that I need to gently get myself back to normal and I'm setting myself little targets like the next scan in January when that's clear I can pretty much put this behind me and move on get on with what I would like to regard as a as a normal life as I can erm the scans I've been told will go on for at least five years but the frequency of the scans I suspect may drop from three months to six months and therefore I'll have a a greater period of normality (laughs)

A: Yeah

E: In inverted commas erm to that I've had over the last few months the the sort of the the other thing really to say is that I have erm met a number of really good people from erm ma relationship with Derek Cleverly one of whom was is a woman called Gillian Cash who's a nurse at er at the Paul Mead (name of hospital) and she in turn put me in touch with an organisation called FROG which is the



Friends of Renal Oncology Group erm who meet on the first Monday of every month at the Maggie Centre and I don't know if you are aware of Maggie's but it's a sort of charity that has a number of centres on hospital grounds that act as a walk-in centre for anyone affected by cancer whether that be patients people in remission family members or whatever and it's erm it's basically a fantastic place where there's people there to speak to that have that have been through some of the things erm and provide practical advice and I think this is what the FROG group has done erm where these are people that've got the same scar that I have that've been through the same sort of thing some of whom had their operation seven years ago and are now fine erm other people who had the same operation as me and have had metastatic tumours elsewhere some of which are treatable and some of which are not are therefore there are people on there that are terminally ill erm but and ma wife has declined to come with me I mean it's a it's an open support group if you like but she I think was so heavily emotionally impacted by this that she wasn't she and she's not the most outgoing of people anyway she's a very much an introvert and there's a great we're meeting new people at the best of times never mind when it's in this sort of environment erm so she's declined to go which is fine and I completely respect that and I I don't want her being anymore upset than but she's very supportive of me going because I personally have found out an awful lot more about what could happen to me what won't happen to me and also about what I can do if things happen to me y'know in terms of being pro-active y'know doctors often need a nudge in a certain direction and these guys can help me ask the right questions and get the right advice and there also very practical in terms of the campaign for drugs in fact the guy who chairs the meeting if you like is a is a chap called Cliff Stephens who was mentioned in the prime-ministerial debates because he lives in Whittle in and therefore his MP is David Cameron and he was mentioned in the PM debates where Cameron was talking about cancer drugs and so on and he's Cliff is an amazing man who's just a brain surgery for metastatic tumours that have come from his kidney and and erm campaigns for all these different drugs that will effectively help an awful lot of other people erm and there's also practical advice in terms of insurance cause (laughs) being through erm cancer I'm now regarded as a as impaired (laughs) even though if you were to look at me now you might not think that as it's what everyone tells me but the chances of travelling now are erm now severely restricted by the insurance costs erm and getting life insurance is is now gonna be impossible for at least the next five years so there's some practical things that they can provide in terms of advice as to what you can do about that so and as and as I say they are an amazing group of people and erm that's one of the other positive things that have come out of this whole situation is that I've I've erm I'm more in-tune with myself in terms of what I want er I'm more aware of how other people within the industry perceive me erm I've had ma son had er some amazing opportunities bearing in mind ma surgeon is a a senior lecturer at Haverford University (laughs) y'know (laughs) it's and it's not necessarily what you know it's who you know John is now in an incredibly privileged position I believe as a result of what I've been through and I've made an awful lot of good friends in this FROG group that I think will erm endure for a many many years to come and and gives me the ability that if I can demonstrate strength to other new members as they come in and are diagnosed aswell I can do ma little piece to to help other people and that that I guess is is kinda what I want to give back now is demonstrate to people that you can get through adversity erm and you can come out the other end with a life and that it's not all doom and gloom so it's about re-training my optimism into something that can be a little bit more practically useful but also erm being realistic about things now (...) probably rabbited on for an awful long time now but I I spose the other really to say is erm in terms of my attitude to work erm things that I thought were important before I realise I'm and therefore am able to prioritise my work far more effectively erm and that I think has probably made me better at what I do than I was before (.....) but there's other amazing things that have come out I mean Mary who's a a lady that worked in our department resigned to go and pursue erm further education with a view to becoming a midwife and spoke to me and said it was as a result of what I'd been through because she realised life was too short and that she had to go and follow her dreams y'know and it's and I guess it's little stories like that that actually make you think that d'you know what out of what was a incredibly negative thing there's been a huge amount of positive that've come out of it y'know (.....) I think that probably (laughs) is that enough? (laughs)

A: Thank you

E: (Continues laughing)

A: It is

E: Good

[END OF RECORDING]

## 11.9 APPENDIX I: RESEARCH DIARY EXTRACT

### Edgar

31<sup>st</sup> October 2010

Edgar responds to my call for participation with a lengthy email about his trauma (kidney cancer 7 months ago).

I reply suggesting we have an initial chat by phone.

He replies to say he is at home this evening and free if I want to call.

I call him at around 7pm.

Immediately felt at ease when he spoke (Scottish accent).

He talked about my call for participation being “about me” as it described his experience exactly.

Said his cancer had been transformational for him (work/life balance) and for his colleagues.

Still in transition.

Said he would love to participate – he’s already talked about it a great deal.

Joined a cancer support group and written “his story” for their website. He said I could read it if I wanted to but I said I would probably do it after our interview as I would like to hear his story for the first time at interview.

I talked about my approach and the two stage interview process. I said that it was hard for me as I am a ‘conversationalist’ but the first interview only had 1 question at beginning so it was about them telling their story in their own way and me not taking them down any paths they didn’t want to go down. He said that this was fine and he was used to telling his story.

Trick or treaters knocked at door – I apologised to him and answered the door to them to give them sweets.

I remember thinking that this might put me in a more ‘human’ light for him as a family person, with my own child getting into spirit of Halloween.

I told him I had a 3 year old and that we’d just been out trick or treating so I didn’t want to ignore the door when they called here.

He talked about his teenage son being “on the gifted and talented register” and one son wanting to go into medicine which may mean he does a PhD one day so he wanted to support me with mine. He talked about believing in “karma” so wanting to support others who may support you. He also talked about his cancer surgeon giving his son some work experience and that he was an Oxford Professor. I said that experience would help him with his applications to study medicine.

I got the impressions he was someone who formed social bonds easily – fact that surgeon had given his son work experience and he had written his story for the cancer support group.

He was very open and honest and said he was interested in psychological responses to trauma.

Talked about doing ALP and wanting to get his work-life balance right but only being 10% there. It took his cancer to re-assess and to get it right.

Before cancer he was on the work end of the life-work spectrum.

He talked about having 3 people who could be workplace witnesses.

Subordinate - Deeply affected by his trauma and still is.

Had to cover for him while he was away.

Peer -

Re-training to be midwife as a result of how his trauma affected her ‘life’s too short’ – have to pursue what you want to do in life.

Superior -

Not boss but woman on board who he has known for 10 years.

Also work-life balance issues which she is addressing as a result.

Also responsible for HR so may be interested in HR implications, although he said this after I said I was interested in what constituted compassionate workplaces.

Did I give him impression of being single mum – did he think she’s had something happen to her is that why she’s doing this?

Talked a lot about who might be best workplace witness and whether there were any issues of power but he discounted this as a “levelling” experience.

Talked about where to do the interview and agreed Ashridge. He lives close by. He suggested Tuesday (2 days time). I got worried that this was moving it on too quickly so I suggested week after might be better so I could sort out childcare.

He talked about fact that he works from home 2 days a week now so it's easy to pop to Ashridge.

We agreed he would talk to potential witnesses and get back to me with dates.

***How might I use what I've learned for next time?***

Don't talk about me – I mentioned I'd also done ALP – didn't make us more connected at all!

Do I mention childcare constraints or just agree to whatever date they suggest?

Don't need to mention my motivations – people seem to think I am a nice person and they want to talk so I don't have to prove myself or my worthiness to them.

**9 November 2010**

Fore-understandings/assumptions before sub-sessions 1 and 2 with Edgar

Kidney cancer – Is his narrative going to be in the moment given he was only diagnosed in April 2010?

He talked about having told his story before so will I get sanitised version?

I am feeling a little nervous about conducting a BNIM interview properly given I am new to this technique.

Will the initial Q elicit a narrative?

I may seem a little 'cold' to him given I can't respond other than nodding.

Edgar seemed really nice, open and really willing to participate so I am hoping he is a good person to start with.

Also it is not first time he has told his story to a stranger so it feels like 'safer' space to start.

**10 November 2010**

Self-debrief (immediately after sub-sessions 1 & 2)

I feel exhausted and emotionally drained.

I feel like Edgar had planned his story as he had made notes prior to interview. He had obviously told his story before.

I felt upset when he got upset and at one point I felt that it showed that I was getting upset so he quickly pulled himself out of it.

Second session was a little disappointing for me – didn't feel that he elaborated on the themes in the way that I thought he would.

New stories came out rather than extensions of the previous ones.

Skipped some themes as I had so many to cover – focussed on work related ones.

Most impact was story of consultant addressing his wife as well as him (made me feel emotional, maybe that's because I'm a woman).

I did feel I just listened most of the time and only occasionally slipped into interpretation mode.

I did question why he didn't elaborate on these more and why he went off on tangents. I didn't know whether to probe further or to keep pushing to get more story or whether just to leave it as it was.

I did feel I took too many notes and didn't keep eye contact enough.

I only found it difficult on occasion (not as much as I thought I would) not to not ask follow up question – I wanted to ask follow up questions for clarification or when I wanted to say is that because ..... to get some causal explanation.

I felt a connection with him in the second interview as though I was really getting to know him and even he commented on "knowing me as you do" or something like that so he must have been telling me the 'real' story and what was 'true' to him.

At times I thought he might be wrongly pre-empting the objectives of my study by talking about ALP and teaching people this stuff – wondered what he expected outcomes to be.

I was pleased he gave me so much biographical information as this helps to understand his story in a historical and cultural context.

Edgar wasn't quite what I expected when I met him – slighter and younger – I expected bulkier and older – maybe it was Scottish accent made me feel he was distinguished older gent. I even said that to him – about nice to meet him as you build up impressions of people over phone.

Was so pleased, he is like 'perfect' candidate. Filled in consent forms, talked freely, open and honest, 3 WPW, will give more time.

He asked me how I was feeling at end and I said I loved it really enjoyed hearing his story (is this wrong thing to say as should I 'enjoy' a story about trauma?)

I said I was most emotional when he talked about consultant addressing wife. I said maybe it's because I'm a woman.

He then talked about how 'partner' is often forgotten in all of this.

He said I could call between now and next interview if I had any questions.

We shook hands and said we'd meet again on 5 December.

I said I could see why he'd had the reaction he'd had from people, to try and convey what a great guy he is.

### **10 November 2010**

#### Further Reflections

Didn't notice what Edgar was wearing.

I only felt like I wanted to disclose my motivations at point when saying I loved topic.

He raised issues of "positives" coming out of experience without prompting and 3 of the 5 PTG themes came out (PS, AOL, RTO)

When he said "nobody's gonna die" that resonate with my own experience – what boss used to say before Andy died –now doesn't say it anymore.

### **3 December 2010**

Amy's self-debrief (immediately after sub-session 3)

Cold and snowy morning.

Anna has tonsillitis so didn't feel completely mentally switched on for interview.

Edgar dressed casually for his interview - scarf, jumper, outdoor jacket.

Interview didn't feel as impactful on me as last one – why?

Going over same ground?

Giving same examples?

Is this because they were relevant and significant to him or because it was his 'prepared patter'?

Felt as though Edgar was slightly less enthusiastic this time.

Way he talked made me feel there had been transformations to his personal and professional life but when asked to rate PTG themes he rated them all low.

I was surprised Edgar's interpretation of personal strength category.

Interpreted as loss of physical and mental strength.

Masculinity important theme for him.

Talks about being "old fashioned" when it comes to carrying chairs into a meeting and not now being able to do that but it's not about being old fashioned.

Being strong man part of his identity.

Felt he was evading certain questions especially around changes others had seen in him.

#### Contradictions

On the one hand saying doing a good job being valued at work is part of his identity ie "gave him purpose" but on the other hand saying "confidentially" rather not be at work now seems contradicting.

Is he renegotiating his workplace identity as a result of his experience?

"Ego fulfilled by work needing him before – now he wonders if he needs work."

#### Contradictions

On the one hand having nothing negative to say about his organisation in their response to his trauma.

On the other hand talking about culture of working long hours and people used to say with surprise

"you leaving at 6.30pm" as though it was early!

Related to that – not feeling “guilt” now about coming into work late and leaving early – shows culture that he previously would have felt guilty about that.  
Or is that a purely personal thing and his personality because he is so conscientious about work?

I was unsure how much prompting to give Edgar.

How much did my questions put ideas and connections in his head that weren't there in the first place eg linking Mariann and midwifery training to new possibilities category.

His answers about not knowing what changes people at work had seen in him made me think about whether he should be able to see what they have said?

Like giving 360 feedback.

I felt that the structure of this interview interestingly was more prohibitive for him than first interview.

I interrupted more.

I put ideas in his head.

I made connections for him.

I interrupted his flow.

There were less stories today. (I found myself interpreting sometimes rather than listening first).

I did question if this interview was necessary?

Did all of the issues come out naturally in his story in interview one anyway?

Not PTG interpretations.

Not culture of organisation – long hours.

Will this be the same with all interviewees though?

I wondered if because Edgar and I had met before, the dynamics of this interview were different – did this mean he told me more or less?

He did say when we were walking upstairs to interview room that his wife had said something like “go easy on her” as he felt he had just talked at me in the first interview.

He repeated that concern of his at the end of interview to say he had been “rambling”.

I tried to reassure him that he hadn't been rambling and that it had been interesting but I'm not sure he took it on board.

We had quite lengthy discussion after tape ended about Chris the redundancy guy and how trauma had repaired their relationship.

Told Edgar I was surprised at the way he had interpreted personal strength as a theme as being entirely negative when in theory base it's seen as an entirely positive thing.

I wished I hadn't done that as I felt I got a hint of a reaction that he then thought he'd answered it 'incorrectly' but then maybe that's just my perception.

We talked about how individual and unique everyone's experience of trauma is.

We talked about how the results of this study may influence practice and Edgar suggested I speak to people from the Maggie Centre about what they advise people in terms of work?

He talked about being the youngest cancer sufferer in his support group, next person up in age is 51 therefore work related questions may be for a minority which may mean provision is not being given to support cancer sufferers on work related issues but it doesn't mean it is not important. My study could fill this gap. (I suggested that to Edgar and he agreed).

Theme of masculinity must be really important to Edgar. He talked about it again saying it is the thing that keeps reminding him that he's not fully better and that once he's back to full strength he can draw a line under this experience.

But is it deeper than that?

At end of meeting he talked about having to drive up to Scotland today and that his wife would have him packing when he got home but that it would be her who put the cases in the car (said with a smile).

When Edgar talked about “shock” his diagnosis had on organisation being because he was fit, healthy and happy and being able to understand it if he was a drinker and smoker, it made me think about me smoking and it being bad for me and I should stop.

Maybe in follow up with Edgar I should ask him if he felt the second interview was necessary in terms of did we cover the same things as we did in first interview.

Or would this make him feel it was a waste of his time.

I did feel a bit unprepared for his interview as I remembered I was going to make prompt cards with PTG themes on them to show participants instead of just reading them out but I'd forgotten to do this. I also forgot to write my pre-interview thoughts down before interview. I have been a bit pre-occupied with Anna's tonsillitis and her being unwell this week.

Maybe I was less serious about this interview in my mind because I'd already met Edgar. Interview had gone really well and I was feeling comfortable. Maybe that comfort turned into complacency.

Not a good thing.

Why am I comparing interview one with interview two so much?

Maybe because interview one completely challenged by perceptions about what I'd come to understand about how to run a successful interview just allowing someone to talk without any prompting and interruptions was more powerful for me than interview as a conversation – because it feels like it is "purer" less "tainted" ideas come from participant rather than from me.

Challenges paradigm about interviews.

#### 1 hour post interview

##### Further reflections

Did I start to play a role subconsciously which fed Edgar's expectations about gender by asking him at start of interview about getting to West Drayton, time it took, directions etc.

Was that me just making polite conversation and/or being a "typical female" when it comes to driving and directions?

Did I subconsciously know how important masculinity was to him as a theme from first interview so was playing to that in some way in order to establish a rapport?

#### **7 December 2010**

##### Pre WPW Interview Notes (Flag)

Flag – very friendly, down to earth, clean

Not many people around

Noticed projected clock in reception area.

##### Feelings about interviews

Will they have noticed changes in Edgar?

Perhaps changes he cites have been in his thinking rather than demonstratable behaviours.

Will they get upset?

Hope the idea of using a WPW will work and enriches the data.

Three interviews back to back – hope not too tiring for me and I can stay focused and actively listening.

How will they be feeling about taking part?

#### **7 December 2010**

##### Edgar WPW (Kerry)

##### Amy's self-debrief

She cried at end when talking about how Edgar has changed from being such a positive person to now being "weak". Did I create that by asking "does it make you sad to see that change?"

##### Contradictions

Kerry noticed different changes in Edgar "less tolerant" whereas Edgar thinks he's more relaxed.

Saw his return as premature because of organisation pressure.

I felt it ran very much like and Q and A.

No trust there at the beginning.

Very business like.

Not really expanding on questions.

I feel responsible that she got upset at end of interview, then interview finished.

We did then talk a little bit about outcomes of the study in terms of compassionate workplaces, HR policy and practice and transferable lessons for maternity returnees also feeling out of it.

I asked what could be done to fill gap and Kerry said "keep a diary" (in jest) but this could be a good idea.

I hope that she is OK – will send her an email tomorrow to thank her and to check she is OK.

Our hand shake at the end was a bit awkward as I missed her hand and shook above her thumb – I said "oops" and she laughed – it was all a bit awkward at the end. I got the sense she was embarrassed that she cried – she said "I was doing well".

I missed out question five – didn't feel relevant to ask this question as Edgar had talked about personal strength but apart from her recounting his decision not to go to a party and being bumped into on tube she didn't mention it. Although she did say he was "weak".

Also, is it right to ask WPW question five as this would be passing on information that the participant has shared in confidence with me.

Michael (next interviewee) came up in Kerry's interview – took on lots of responsibility – new alliance with Kerry (while Edgar away) – developed while Edgar away but not noticed?

Do I need to add something into the briefing sheet that says – participant will not see your interview nor will you see theirs and if there is more than one WPW to say that they will not see each others interviews? Whatever is shared in interview is confidential.

Is it changing the way people talk given Edgar is bringing each of them to the meeting room and introducing them to me?

## **7 December 2010**

WPW, Michael

Post Interview, Amy's thoughts

Very nice guy – Edgar's protige – felt he mirrored what Edgar had said about himself. Had they discussed it before and decided what to say?

I am feeling tired now – no break – no lunch and straight into next interview.

It will be interesting to get board's perspective on changes and learning from Caitlin.

Michael mentioned talking to Kerry a lot.

Edgar's reflection about Kerry (told me before interview with Caitlin):-

She said it was more personal than work related

Reminded her how much she cares about Edgar

## **7 December 2010**

### **Post Interview Reflections – CM**

Struck by boards POV

Showing emotions v staying strong for rest of organisation

Hard for them on board

Seemed very business-like. I felt she was giving me the "party line".

I felt tired – glad tape was running as I was losing track of what she was saying at certain points – active listening became difficult – now 4 hrs into interviewing with no break!

## **11.10 APPENDIX J: BIOGRAPHIC DATA CHRONOLOGY (BDC) AND TOLD STORY SEQUENCE (TSS) FOR PANEL (BNIM STAGES 2 AND 5)**

1969: YEAR OF BIRTH; BORN IN SCOTLAND; PARENTS PART OF NEWSTRADE (PARENTS MET WORKING IN JEFFERSONS – NEWSPAPER AND MAGAZINE RETAILER)

1984: AGE 15; MOVED HOUSE WITH PARENTS AND BROTHER WITHIN SCOTLAND FOR FATHER'S JOB PROMOTION (FATHER BECAME CIRCULATION DIRECTOR AT THE DAILY RECORD)

1985: LEFT SCHOOL; STARTS FIRST JOB (LOW-LEVEL) IN NEWSPAPER WHOLESALER WAREHOUSE

1987: BECAME TRAINEE MANAGER AT JEFFERSONS WORKING 7 DAYS A WEEK

MOVES TO JEFFERSON HEAD-OFFICE, ACCOUNTS MANAGER

JOINED MARKETING DEPARTMENT AT FLAG (MAGAZINE MARKETING AND DISTRIBUTION COMPANY); RE-LOCATED FROM SCOTLAND TO SOUTH-EAST ENGLAND TO JOIN FLAG WITH WIFE AND TWO YOUNG CHILDREN (JOHN WAS FOUR AND TONY WAS UNDER 12 MONTHS OLD)

2007: WHOLESALE DIRECTOR (SECOND TIER MANAGEMENT NOT BOARD POSITION); 3 DIRECT REPORTS + 20 OTHER STAFF; CROSS-DEPARTMENTAL RESPONSIBILITIES FOR ALL SUPPLY CHAIN ACTIVITIES; INDUSTRY-WIDE RESPONSIBILITIES INCLUDE CHAIR OF PPATSP (PERIODICAL PUBLISHERS ASSOCIATION TECHNICAL SERVICES PANEL) + MEMBER OF EMERGING ACE (ASSOCIATION OF CIRCULATION EXECUTIVES)

FEBRUARY 2008: STARTS ASHRIDGE DIPLOMA IN GENERAL MANAGEMENT

20 FEBRUARY 2010: FRIEND'S 40TH BIRTHDAY PARTY

MARCH 2010: VISITED GP; BLOOD TESTS TAKEN; REFERRED TO CONSULTANT

MONDAY 22 MARCH 2010: ULTRASOUND AND CT SCAN

FRIDAY 26 MARCH 2010: (AFTERNOON): ULTRASOUND & CT SCAN RESULTS SHOW "LARGE MASS ON RIGHT KIDNEY"; REFERRED TO EUROLOGICAL SURGEON WHO IDENTIFIES "LARGE MASS" AS "TUMOUR"; REFERRED TO MR CLEVERLY (SURGEON)

FRIDAY 26 MARCH 2010: (EVENING): RETURNED HOME FROM HOSPITAL; TOLD WIFE; THEN TOLD BOYS, THEN PARENTS & FAMILY, THEN WORK COLLEAGUES; MR CLEVERLY PHONED AND INVITED HIM TO ATTEND HIS CLINIC THE NEXT DAY

SATURDAY 27 MARCH 2010: ATTEND MR CLEVERLY'S SURGERY

W/C 29 MARCH 2010: MADE LIST OF WORK STREAMS; VISITED FLAG OFFICES, ONE-TO-ONE MEETINGS WITH TEAM; DELEGATES WORK TASKS

8 APRIL 2010: DAD DROPS HIM OFF FOR OPERATION; MR CLEVERLY OPERATES TO REMOVE TUMOUR (FOUR HOUR OPERATION)

JUNE 2010: RETURNS TO WORK; TWO DAYS A WEEK FROM HOME PHASED TO FOUR DAYS IN OFFICE (09.30 – 16.00) AND ONE DAY WORKING FROM HOME

OCTOBER 2010: ROUTINE BLOOD TESTS SHOW INCREASED CREATENINE LEVELS

OCTOBER 2010: APPOINTMENT WITH MR CLEVERLY TO DISCUSS INCREASED CREATENINE LEVELS; MRI SCAN; RESULTS SHOW CREATENINE LEVELS REDUCED SO TOLD TO CANCEL RENAL APPOINTMENT AND NOT TO COME BACK TILL JANUARY

OCTOBER 2010: DISCUSSION WITH MD AT WORK WHERE HE REITERATES HIS JOB IS SAFE



## EDGAR: TOLD STORY CHUNKS IN SEQUENCE FOR PANEL (UP TO LINE 528)

	Page/Lines	No of lines	Speaker: text sort	Content (gist)
1	1/5 -17	12	A: SQUIA/ SQUIN	<p>First: 'Your story....themes'</p> <p>Second: Your trauma experience and how it influenced you</p> <p><i>A: In this first interview I'll ask you to tell your own story in your own way so there will be no specific interview questions we'll take a comfort break after you've finished talking and then we'll reconvene so that you can talk some more about some of the so that I can <u>ask</u> you to talk some more about some of the themes that have emerged</i></p> <p>E: OK (laughs)</p> <p><i>A: OK erm can you tell me about your trauma experience and how it influenced your life personally and professionally since then and up to today please start whenever you like take the time that you need I'll listen I won't interrupt and I'll just take notes for afterwards</i></p>
2	1/18-32	24	E: REPORT	<p><i>Introduces self and family, early career history</i></p> <ul style="list-style-type: none"> <li>- E (41), married to Sarah,</li> <li>- 2 sons going to be 17 on xmas eve 14 in Jan</li> <li>- Career starts straight from school; "will help explain how I go about my work"</li> <li>- No university</li> <li>- Left school; low-level job in newspaper warehouse</li> <li>- Trainee manager in Jeffersons (newspaper wholesaler); long hours; "7 days a week"</li> </ul>
3	1/35-42	7	E: EVALUATION/ DESCRIPTION	<p><i>Habit of working long hours, "silly hours" until "period of personal trauma"</i></p> <ul style="list-style-type: none"> <li>- Worked long hours; seen as initiation to the industry</li> <li>- Travelled 30 miles from home to work: arrived 7am "thrown out" at 9pm</li> <li>- Will talk later about impact that habit had</li> </ul>
4	1/42-72	30	E: REPORT	<p><i>Work progression (+ touch of family)</i></p> <ul style="list-style-type: none"> <li>- Jeffersons wholesale warehouses into head office then Account Manager at Jeffersons with Flag as his primary account</li> <li>- Flag: detailed description (magazine marketing and distribution company)</li> <li>- Move to Flag – re-located from Scotland to SE with young family, Sarah could then be closer to her family who lived in Surrey.</li> <li>- Started in marketing department (limited marketing knowledge, didn't go to university) then moved on to wholesale department</li> </ul>
5	2/73-127	55	E: DESCRIPTION	<p><i>Job at Flag, recession, industry-wide responsibilities</i></p> <ul style="list-style-type: none"> <li>- Hold job title' of Wholesale Director (3 reports + 20 staff)</li> <li>- "Tough time"; managerial challenges; had to make staff redundant; in bad times publishers blame distributors (i.e. Flag)</li> <li>- Key responsibilities are for supply chain; also "I'm a process owner" with "cross-departmental responsibility"</li> <li>- Wholesale director "is not a board role"</li> <li>- Part of team of associate directors (13 people) "sort of second tier management structure"</li> </ul> <p><i>Young board, and an inclusive board</i></p> <ul style="list-style-type: none"> <li>- You "feel as though you're having an influence"</li> </ul> <p><i>Other industry responsibilities</i></p> <ul style="list-style-type: none"> <li>- "Fairly well-known character within the industry"; chair of PPATSP (periodical publishers association technical services panel); member of ACE (association of circulation executives)</li> </ul>

6	2/125-136	11	E: REPORT	<p><i>Ashridge Foundation Course</i></p> <ul style="list-style-type: none"> <li>- No university education but being part of ACE enabled him to take part in Ashridge Foundation Course (May-November 2007)</li> <li>- Opportunity to network with people in industry</li> <li>- General management course with 25 people from industry</li> </ul>
7	3/137-156	19	E: REPORT/ EVALUATION	<p><i>Diploma in General Management</i></p> <ul style="list-style-type: none"> <li>- Applied to ACE fund for Diploma in General Management; "I saw this as a good opportunity of proving to myself that had I gone on to university I would have had the ability to get a degree"</li> <li>- "Fortunate enough to be taken in"; Studying Diploma since Feb 2008</li> <li>- "The personal trauma has happened mid-way through that"</li> <li>- "I have had to manage doing a Diploma in amongst an extremely hectic daytime schedule"</li> </ul> <p><i>Course requirements of Diploma = Ashridge Leadership Process (ALP)</i></p> <ul style="list-style-type: none"> <li>- Ashridge Leadership Process; "which I guess has led me to this <u>room</u> really because it was as a result of my participation in there I think you've probably got my contact details"</li> </ul>
8	3/158-179	21	E: DESCRIPTION/ EVALUATION	<p><i>Thoughts about changing my work-life balance; then trauma-induced actions kicking and screaming</i></p> <ul style="list-style-type: none"> <li>- ALP happened "before I had any trauma whatsoever" helped to shape 'already forming' thoughts about changing work-life balance which was "balanced in completely the wrong way"</li> <li>- ALP made him question previous "I lived to work", but only 'nudged' him</li> <li>- My personal trauma made me act on it, "dragged me kicking and screaming"</li> </ul>
9	4/180-219	39	E: DESCRIPTION/ ARGUMENT	<p><i>Upbringing and work ethic; self-confidence at work; career aspirations</i></p> <ul style="list-style-type: none"> <li>- Grew up in newstrade (father became Circulation Director at Daily Record)</li> <li>- Inner core and work ethic instilled by father "that's how things are done"</li> <li>- "I've consistently worked tirelessly to make sure things are 100% done"</li> <li>- Feels less confident than his peers</li> <li>- "I've psychologically felt that I've had to work harder to be at that sort of level of being in a position where people would want to promote me"</li> </ul>
10	4/222-243	21	E: REPORT	<p><i>Sarah, lifestyle, personal motivations</i></p> <ul style="list-style-type: none"> <li>- Wife been at home to bring up boys</li> <li>- She loves the allotment, gardening and painting</li> <li>- Money is not a motivation</li> <li>- Live in three-bed mid-terrace house</li> <li>- Not an extravagant lifestyle</li> <li>- Motivated by happiness and having two intelligent children</li> </ul>
11	5/245-285	30	E: REPORT	<p><i>How trauma started</i></p> <ul style="list-style-type: none"> <li>- "I'd like to tell you about what's happened to me this year"; "relevant to your work"</li> <li>- healthy, no previous illnesses</li> <li>- 20<sup>th</sup> February 2010, friend's 40<sup>th</sup> birthday party; dancing, free bar, fish and chips</li> <li>- Morning after party felt "a bit rough"</li> <li>- Continued feeling ill for two weeks; "I thought I've not felt like this before"</li> <li>- Visited GP; physical exam and blood tests</li> <li>- Blood tests showed something was wrong; GP "couldn't put his finger on what the problem was" but ruled out leukaemia and lymphoma</li> </ul>

12	5/287-298	11	E: EVALUATION	<i>Reflects on innate optimism</i> <ul style="list-style-type: none"> <li>- "blind optimism" before trauma</li> <li>- "I'm a very glad half full optimistic person",</li> <li>- took what the GP said as being it's not that serious</li> </ul>
13	6/300-330	30	E: EVALUATION/ REPORT	<i>GP Referral; Hospital tests; continuing optimism</i> <ul style="list-style-type: none"> <li>- BUPA cover from work speeded process up</li> <li>- Hospital sent him for ultrasound and endoscopy</li> <li>- Ultrasound picked up something on kidney</li> <li>- Edgar optimistic; "probably something silly"</li> <li>- Sent for immediate CT scan</li> <li>- Still believed it was nothing serious</li> <li>- Relieved that he didn't need endoscopy</li> <li>- "blind optimism"; believed nothing was wrong</li> </ul>
14	6/331-348	17	E: REPORT	<i>Work and the illness</i> <ul style="list-style-type: none"> <li>- People at work aware of tests and him feeling unwell</li> <li>- Edgar known for being an upbeat person at work; "even grinning through the pain if that's what's required to keep everybody else happy"</li> <li>- MD called to wish him luck for scan results; "I'm gonna be told stop wasting our time go and take some anadin"</li> </ul>
15	6/348-374	26	E: PIN	<i>Getting to the diagnosis</i> <ul style="list-style-type: none"> <li>- Consultant confirms 'mass' on right kidney; life threatening; "that was a bit of a blow"</li> <li>- Waiting room for 20 minutes before seeing different consultant (eurological specialist); "pretty traumatic time"; "I remember physically shaking but not really understanding what was going on"</li> <li>- Eurological specialist uses word 'tumour' for first time; confirms likelihood of cancer</li> </ul>
16	7/374-381	7	E: EVALUATION	<i>Shock to the system</i> <ul style="list-style-type: none"> <li>- state of shock</li> <li>- optimism worked against him; previous belief that there was nothing seriously wrong</li> <li>- "I don't get ill"</li> </ul>
17	7/381-397	16	E: REPORT	<i>Description of tumour; referral to surgeon</i> <ul style="list-style-type: none"> <li>- Complicated; grown along renal artery and onto main vein into heart; op required to remove right kidney</li> <li>- Specialist knew surgeon who could perform op</li> <li>- Asked to get CT scan on disk from radiology dept but couldn't get a copy; they were "really heartless";</li> <li>- Specialist gives him surgeon's phone number</li> </ul>
18	7/398-442	44	E: PIN	<i>Breaking the news to his family; feeling the love</i> <ul style="list-style-type: none"> <li>- Returned to his car; "had a cry for about three minutes that was all"</li> <li>- Thoughts about dying and how to tell family the news</li> <li>- Got home around 6pm, told wife, she was expecting bad news but was relieved it wasn't terminal; just two of them</li> <li>- Told boys everything; "most emotional part for me"</li> <li>- Told story before and thinking about family's reactions to being told is most upsetting part</li> <li>- Rang parents and brother, rang work colleagues</li> <li>- "overwhelming aspect" is "amount of love I got back from friends family work colleagues industry colleagues"; "it was unbelievable"; "still quite an emotional thing to take in"</li> <li>- Some people die without knowing how many friends they had; Edgar <i>did</i> see how many friends he had</li> </ul>
19	8/447-478		E: EVALUATION/ REPORT	<i>First-time meeting Derek Cleverly; from lows to highs;</i> <ul style="list-style-type: none"> <li>- Day after diagnosis, attends Cleverly's Saturday morning clinic with his wife; "it was one of the most reassuring conversations I've ever had"</li> <li>- Arrive at hospital early, sat in hospital café for hour with wife waiting for appointment; "I've never felt so scared in my life"; "I was like a little boy and it was probably the</li> </ul>

				<p>lowest point in ma life that day"</p> <ul style="list-style-type: none"> <li>- Cleverly explained that he'd performed 800 of these operations with a 60-70 per cent success rate</li> <li>- Told he had youth and fitness on his side</li> <li>- Gave them hope and optimism; "it gave me a little bit of that back"</li> <li>- Operation delayed for a week because surgeon was going on a skiing holiday; wanted to be able to manage aftercare; "I can't talk highly enough about this man he's been fantastic"</li> </ul>
20	9/481-528	45	E: PIN	<p><i>Visit to the office; Feeling the love</i></p> <ul style="list-style-type: none"> <li>- Extra week; put affairs in order at work; opportunity to visit office and tell people about operation and delegate work tasks; "because of my pride in making sure things are done properly"</li> <li>- "there was lots of hugs and lots of scared people to be honest with you there was a lots of tears and it was it was a very emotional day"</li> <li>- Michael (direct report) was shocked and "deeply affected" by news</li> <li>- Edgar re-assured people</li> <li>- Made list of work tasks; had one-to-one meetings; talked people through what needed to be done</li> <li>- Drew 'physical and metaphorical' line under work; "when I leave the office today that's it I'm switching off"</li> <li>- Colleagues were shocked at what he was saying; didn't believe he would "switch off" from work</li> <li>- Trauma changed him; put energy into fighting cancer</li> <li>- People were surprised that he didn't want to know about work; "cause that's not me"</li> </ul>

### 11.11 APPENDIX K: EDGAR'S 'LIVED LIFE' PANEL 27/9/2011 (BNIM STAGE 3)

KEY: X = DISPROVEN HYPOTHESIS (WITH FLIPCHART NUMBER) ☺ = PROVEN HYPOTHESIS

#### FLIPCHART I

EDGAR: Context and Early Life

Pre- 1969

- Edgar's parents met working in Jeffersons, (newspaper and magazine retailer) – Scotland

1969 Edgar born

1984 (Edgar aged 15)

- Father promoted to being circulation director for the *Daily Record*
- Family moves house in Scotland for new job

EXPERIENCING HYPOTHESIS

CHALLENGING (POSITIVE)

FUTURE HYPOTHESIS

1.1 MOVES JOB AND PLACES A LOT

1.2 GOOD GRADES (X FLIPCHART ii)

1.3 FRIENDSHIPS

1.4 CAREER SUCCESS

1.5 SETS CHALLENGES IN WORK AND HOME LIFE (E.G. RUNNING MARATHONS)

EH

CHALLENGING (NEGATIVE)

FH

1.6 FAILS EXAMS

1.7 TROUBLE WITH LAW (? FLIPCHART v)

1.8 ONE JOB FOR LIFE (X FLIPCHART iv)

1.9 LIMITED CAREER (X FLIPCHART vi)

1.10 LOSES OLD SCHOOL FRIENDS

1.11 BECOMES ROOTLESS

1.12 ALWAYS PLAYS IT SAFE (LIFE IS HIGHLY ROUTINED)

1.13 STAYS LIVING IN PARENTS HOME

EH

MAINTAINING THE PATRIARCHY (☺FLIPCHART vi)

FH

1.14 UPWARD MOBILITY

1.15 MARRIAGE TO NON CAREER WOMAN (WIFE AT HOME)

1.16 MARRIAGE TO CAREER WOMAN

EH

EXCITEMENT – NEW CHAPTER

FH

1.17 MOVES JOBS AND LOCATIONS OFTEN

1.18 EXOTIC HOLIDAYS

1.19 MARRIES MORE THAN ONCE

(WITH FLIPCHART NUMBER) COMMENTS IN RED ADDED BY AMY AFTER PANEL (29-9-11)

**FLIPCHART II**

1985 (Edgar aged 16)

- Edgar leaves school
- Edgar starts first (Job) low-level job in the warehouse of a newspaper wholesaler (Jefferson's?)

EH

POSITIVE

FH

1.1 NO FURTHER CONTACT WITH EDUCATION (X FLIPCHART vii)

1.2 VOCATIONAL EDUCATION OR ON-THE-JOB EDUCATION (☺FLIPCHART iii)

1.3 STARTS LOW-LEVEL JOB BUT MOVES UP FAST (☺FLIPCHART vi) (E.G. COULD BE APPRENTICESHIP)

EH

NEGATIVE

FH

1.4 STAYS IN THE JOB (☺ FLIPCHART iii)

1.5 TOTAL LOSS OF SOCIAL LIFE

1.6 GOES BACK TO SCHOOL (☺ FLIPCHART vii)

1.7 MARRIES (☺FLIPCHART v)

EH

PATERNAL/PARENTAL 'GIFT' (I.E. JOB) – STAYS CONSTRAINED BY ORIGINAL GIFT

FH

1.8 DOES NOT MOVE AWAY (X FLIPCHART v)

1.9 LIVES WITH PARENTS (X FLIPCHART v)

1.10 WORKS WITH FATHER (X FLIPCHART v)

1.11 LATER RUSH OFF (EMIGRATES) TO AUSTRALIA

EH

BECOMES EDUCATION-PHOBE

FH

1.12 NEVER LEARNS FORMALLY AGAIN & CHILDREN PUT OFF SCHOOL BECAUSE OF HIS EXPERIENCE

EH

ALWAYS SECOND BEST

FH

1.13 BECOMES SECOND IN COMMAND AT WORK BUT NEVER DIRECTOR

EH

TEENAGE FATHER

FH

1.14 BENEFIT-CLAIMANT

1.15 UNEMPLOYMENT

1.16 DISADVANTAGE

**FLIPCHART III**

1987 (Edgar aged 18)

- Becomes a Trainee Manager at Jeffersons (working 7 days a week?)

EH

MAKING SOMETHING OF LIFE

FH

1.1 MORE SUCCESS IN JOBS (☺FLIPCHART iv)

1.2 PRIVATE LIFE – BUY HOUSE, WIFE, KIDS (☺FLIPCHART iv AND v)

1.3 **LIFESTYLE**

EH

RESENTMENT

FH

1.4 OFF TO AUSTRALIA – **LOSES TOUCH WITH PARENTS**

1.5 LESS DEMANDING CAREER TRACK

1.6 NO SOCIAL LIFE

1.7 OWN FAMILY BREAK-UP

EH

WORKING WITH OTHER YOUNG PEOPLE – SUPERVISORY

EH

EQUALITY

EH

LUST FOR POWER

EH

MEDIA TYCOON

EH

RESPONSIBILITIES V FUN

EH

UNION SOLIDARITY (FROM SCOTLAND AND WORKS IN A TRADE)

EH

BURNOUT – DROPOUT

EH

FUTURE YUPPEE (STATUS-DRIVEN, MATERIALISTIC, FOCUSING ON PROFIT – WHAT ARE HIS VALUES?) (? FLIPCHART iv)

EH

**GLASS CEILING**

FH

**MANAGER FROM TRAINEE MANAGER BUT NEVER ANYTHING MORE**

EH

**ENTREPRENEUR**

FH

**RUNS OWN BUSINESS**

**FLIPCHART IV**

1993 (Edgar aged 24)

- Moves to Head Office at Jeffersons as Accounts Manager
- First child (John) is born

EH

PLEASED (☺FLIPCHART v)

EH

TREADMILL ANXIOUS (WANTS TO PROVIDE FOR FAMILY; IM NOW IN HEAD OFFICE AM I OUT OF MY LEAGUE? I'VE NOW GOT A CHILD IM RESPONSIBLE FOR THAT) (☺FLIPCHART v)

EH

INVOLUNTARY MOVE BY COMPANY (GO TO HEAD OFFICE AND BECOME ACCOUNTS MANAGER OR YOU CAN GO)

FH

1.1 GETS DEPRESSED SO SEEKS COUNSELLING

1.2 STARTS DRINKING

1.3 DIVORCE

1.4 LEAVES JOB

1.5 ILLNESS

EH

ABSENT FATHER BECAUSE WORKS ALL THE TIME - NO TIME FOR FAMILY

FH

1.6 DIVORCE – SEPARATION

1.7 EXTRA-MARITAL AFFAIRS

EH

COMPETITIVE (COMPARES HIMSELF TO FRIENDS)

FH

1.8 STATUS ANGST (E.G. BIGGER CAR)

1.9 GOLF CLUB MEMBERSHIP

1.10 LOSES FRIENDS (NO TIME FOR THEM BECAUSE HE'S WORKING ALL THE TIME)

EH

EXCLUDED, LONER

1.11 WORKS 8 DAYS A WEEK

1.12 NO FRIENDS

EH

VERY PLEASED - CAREER RIGHT ON TRACK

FH

WIFE, CHILD, PROMOTION, CAN BUY NICE HOUSE



**FLIPCHART V**

1997 (Edgar aged 27)

- Second son (Tony) is born
- Leaves Jeffersons to join FLAG (marketing and distribution company)
- Relocated with wife and two children (4, under 1) to FLAG in South-East England (wife was nearer mother's family)
- Marketing department at FLAG

MICHAEL MENTIONS CHANGE OF GOVERNMENT IN 1997 AND ASKS IF HE WAS HEADHUNTED

KRYSTAL SAYS THAT IT IS NOT CLEAR IF IT IS AN UPWARDS, DOWNWARDS OR SIDEWAYS MOVE

LOTS OF CHANGE GOING ON (MB)

MOVE POSITIVE OR NEGATIVE?

WAS HE RE-LOCATING FOR FAMILY REASONS OR DID HE MOVE FOR JOB OPPORTUNITY – WHAT CAME FIRST? AND HOW WAS IT TOLD IN THE STORY? (MEMO FOR AMY)

EH

POSITIVE

FH

1.1 CHILDCARE CONCERNS HENCE MOVE TO BE CLOSE TO IN-LAWS

EH

NEGATIVE

FH

1.2 FORCED TO MOVE BY WIFE (PANEL Qs MORE INFO – WHY CHANGE?)

EH

FAMILY STRAIN INLAWS OR BECAUSE OF MOVE AWAY FROM OWN FAMILY

EH

SIDEWAYS MOVE BACK TO SQUARE ONE

FH

SUCCESSION OF LOW-LEVEL JOBS IN THE SOUTH EAST

EH

UP-ROOTED AND ROOTLESS

FH

NEVER SETTLES IN SE

MOVES BACK TO SCOTLAND

FAMILY BREAK-UP

**FLIPCHART VI**

1997-2007

(Edgar aged 27-37)

- Marketing Department to Wholesale Department
- 2007
- Wholesale Director
    - 2<sup>nd</sup>-tier management
    - 3 direct reports + 20 other staff
    - Cross-departmental responsibilities
  - Industry-wide Functions
    - Chair of PPATSP (Periodical Publishers Association Technical Services Panel)
    - Member of ACE (Association of Circulation Executives)

UPWARD TRAJECTORY CONFIRMED

MOVES UPWARDS FAST – DONE VERY WELL

MAYBE IT'S ALL GOOD FOR HIM – CAREER SUCCESS, NICE WIFE AND KIDS ETC

IF HIS LIFE WAS TO GO ON LIKE THIS...WHAT IS THE PATTERN OF THAT LIFE?

MICHAEL – SEEN PEOPLE LIKE THIS IN HIS PROFESSIONAL LIFE. NEXT STEP WILL BE

BOARD POSITION. WILL WANT QUALIFICATION OF SOME KIND TO BACK UP EXPERIENCE.

**STRUCTURAL HYPOTHESIS 1 (I.E. REPEATING PATTERN OF HIS LIVED LIFE)**

WORK-ORIENTED

UPWARDS-MOVEMENT (FAST)

TRADITIONAL (WIFE AND KIDS AT HOME)

PATRIARCHY &amp; GENDER ROLES

GIVING SOMETHING BACK IN SOCIETY

PROACTIVE – MAKING DECISIONS RIGHT FROM BEGINNING, MAKING STRATEGIC CAREER

MOVES, CONTROL ELEMENT

**STRUCTURAL HYPOTHESIS 2**

REACTIVE

– DAD GOT HIM FIRST JOB

- WIFE MADE HIM MOVE

**STRUCTURAL HYPOTHESIS 3**

UNHAPPY PERSONAL LIFE

WORKS LONG HOURS BECAUSE HE DOESN'T LIKE BEING AT HOME

WORK AS COMPENSATION

**FLIPCHART VII (NO HYPOTHESISING – PANEL TIME RAN OUT)**

ONE OF THE SH – COMES TRUE (MICHAEL'S) KNOWLEDGE OF OTHER CASES SORT OF PERSON WHO...HELPS INFORM WHAT MIGHT HAPPEN TO THIS PERSON AND WHEN – TRAJECTORY TYPES FOR LIVE LIVES

RACHEL BELIEVES HER PRO-ACTIVE HYPOTHESIS IS STANDING UP – JOINED ACE KNOWING HE'D GET SOME BENEFITS FROM IT

UNLIKELY TO FAVOUR REACTIVE HYPOTHESIS – NOT TOLD TO GO ON A COURSE 2007-9

- Ashridge Foundation Course for 25 ACE members including Edgar
- Feb 2008 Starts Ashridge Diploma in General Management
- October 2009 Ashridge Leadership Process 5-day Residential Course

2010

- Recession - makes some people from his department redundant

March 2010: A

- Mid-March 2010 Visits GP, blood tests, referred to consultant
- March 22<sup>nd</sup>: Ultrasound and CT scan
- March 26<sup>th</sup> day :informed that tests show 'tumour on the right kidney', and referred to surgeon
- March 26<sup>th</sup> evening:
  - told wife, children, parents, and work
  - Surgeon phones and invites him to come to clinic the next day (Saturday)

March – May 2010: B

W/c 29 March – work

- Lists work-streams
- One-to-one meeting with team
- Delegates work-tasks

W/c 5 April – 14 April

- Parents come down from Scotland
- 4-hour operation to remove tumour
- Returns home from hospital

May

Managing Director visits him at home and assures him that his job is safe

June to October 2010

June 2010 – Starts working again 2 days per week – from home

October 2010 – Work pattern becomes 4 days in office (9.30 -4.00) with 1 day working from home

October Creatinine levels rise, MRI scan, told to cancel renal appointment and come back in January

October – MD at work reiterates that SE's job is safe

? Joins Friends of Renal Oncology group (monthly) – wife doesn't come

November-Dec: BNIM interview

## 11.12 APPENDIX L: EDGAR'S 'TOLD STORY' PANEL 28/9/2011 (BNIM STAGE 6)

### FLIPCHART I

*A: In this first interview I'll ask you to tell your own story in your own way so there will be no specific interview questions we'll take a comfort break after you've finished talking and then we'll reconvene so that you can talk some more about some of the so that I can ask you to talk some more about some of the themes that have emerged*

*E: OK (laughs)*

*A: OK erm can you tell me your trauma story and how it influenced your life personally and professionally since then and up to today please start whenever you like take the time that you need I'll listen I won't interrupt and I'll just take notes for afterwards*

#### **Emergent Hypotheses**

OH MY GOSH!

#### **Future Hypotheses**

- 1.1 SILENCE OF INTERVIEWEE (X FLIPCHART ii)
- 1.2 ASK FOR PROMPT (X FLIPCHART ii)
- 1.3 RAMBLING (X FLIPCHART ii)
- 1.4 LATCH ONTO ONE WORD/ASPECT (☺ FLIPCHART iii)
- 1.5 SAFE (PROFESSIONAL) (? FLIPCHART iii)
- 1.6 RISKY (X FLIPCHART iii)
- 1.7 WHAT?

#### **Emergent Hypotheses**

BEEN HERE BEFORE

#### **Future Hypotheses**

- 2.1 INITIAL SILENCE – PLAN (X FLIPCHART ii)
- 2.2 REHEARSED SPEECH (☺ FLIPCHART ii)
- 2.3 CHRONOLOGICAL REPORT (☺ FLIPCHART ii)

#### **Emergent Hypotheses**

RELIEF AT FIRST INTEREST IN MY EXPERIENCE

#### **Future Hypotheses**

- 3.1 HIGHLY EMOTIONAL – 1<sup>ST</sup> EXPLORATION (? FLIPCHART ii)
- 3.2 LONG SILENCE TO DEAL WITH EMOTIONS AND PLAN (X FLIPCHART ii)
- 3.3 DISJOINTED RESPONSE (X FLIPCHART i)
- 3.4 LOTS OF RESTATEMENTS (☺ FLIPCHART iii - UNIVERSITY)

KEY: X = DISPROVEN HYPOTHESIS (WITH FLIPCHART NUMBER) ☺ = PROVEN HYPOTHESIS (WITH FLIPCHART NUMBER)

**FLIPCHART II**

RED INDICATES FURTHER THOUGHTS WHEN TYPING UP FLIPCHART NOTES (4-10-2011)

Page 2 / 18-32 24 lines REPORT

**Introduces self and family, early career history**

- E (41), married to Sarah,
  - 2 sons going to be 17 on xmas eve, 14 in Jan
  - Career starts straight from leaving school; *"will help explain how I go about my work"*
  - *'Didn't go to university'*
  - Left school; low-level job in 'newspaper warehouse environment'
- Trainee manager in Jeffersons (newspaper wholesaler); long hours; *"pretty much 7 days a week"*

**Emergent Hypotheses**

SAFE REPORT

**Future Hypotheses**

1.1 GETS OUT OF PERSONAL

1.2 ELABORATES ON CAREER

**Emergent Hypotheses**

INTERVIEW LIKE A JOB/PROMOTION INTERVIEW

**Future Hypotheses**

TALKS AS IF HE'S READING FROM HIS CV

TRIES TO PRESENT CAPABLE/BEST SELF

**Emergent Hypotheses**

EXPLANATION OF INTERVIEWEE

**Future Hypotheses**

HOW I GO ABOUT MY WORK

DIDN'T GO TO UNIVERSITY

**Emergent Hypotheses**

PROUD OF WORKING UP

**Future Hypotheses**

DESCRIPTION OF HIGHER ED (☺ FLIPCHART iii)

SKILLS FROM UNIVERSITY OF LIFE (? FLIPCHART iii)

**Emergent Hypotheses**

DEFICIT/DEFENSIVE

**Future Hypotheses**

ARGUMENTATIVE (INTERNALLY AND EXTERNALLY)

MORE EDUCATION FOR CHILDREN

**STRUCTURAL HYPOTHESIS**

WORK ETHIC

**FLIPCHART III**

p.3 1.35-42 7 lines EVAL/DESCRIPTION

***Habit of working long hours, "silly hours" until my "period of personal trauma"***

- Worked long hours; seen as 'initiation' to the industry. 'How I described it to a lot of my work colleagues since'
- Travelled 30 miles from home to work at 7.00 a.m. "thrown out" at 9pm
- Will talk later about impact that habit had

p. 1 / 42-72 30 lines REPORT

***Work progression (+ touch of family)***

- Jeffersons different wholesale warehouses into head office then Account Manager at Jeffersons with Flag as his primary account
- Flag: detailed description (magazine marketing and distribution company). '100 different magazine publishers' + list'. Hurst corporation US-owned. 'I'm very happy there; treated very well'.
- Move to Flag – re-located from Scotland to SE with young family, Sarah could then be closer to her family who lived in Surrey.
- Started in marketing department ('limited marketing knowledge, didn't go to university') then moved on to wholesale department

p.2 73-137 55 lines DESCRIPTION/REPORT/EVALUATION

***Job at Flag, recession, development of industry-wide responsibilities, and opportunities***

- Hold job title' of Wholesale Director (3 reports (*incl. Michael, one of my workplace witnesses*') + 20 staff).
- "Recession: Tough time"; managerial challenges; had to make staff redundant; in bad times publishers blame distributors (i.e. Flag)
- 'An environmental view of the type of workplace I was in a...and am in'
- Key responsibilities are for supply chain; also "I'm a process owner" with "cross-departmental responsibility". Wholesale director "is not a board role"
- Part of team of associate directors (13 people) "sort of second tier management structure"
- *Young board, and an inclusive board*
- You "feel as though you're having an influence"
- *Other industry responsibilities*
- "Fairly well-known character within the industry"; chair of PPATSP (periodical publishers association technical services panel); 'Fair level of responsibility'.
- member of ACE (association of circulation executives) 'social.. help people network...fellowship... and charity elements within it'
- 'as said earlier not having any university education...being part of ACE allowed me the opportunity to take part in an Ashridge foundation course

**Emergent Hypotheses**

SWITCH TO PERSONAL STORY

**Future Hypotheses**

1.1. EMOTIONAL SAFETY IN POSSIBLE PERSONAL STORY

1.2 GETS UPSET

1.3 DISCARDS PROFESSIONAL COVER

1.4 POSSIBLE CONTEXT FOR REHEARSED NEGATIVITY

1.5 SUPER-THIN REPORT

**Emergent hypotheses**

STAY AWAY FROM TRAUMA

**Future Hypotheses**

TALKS ABOUT WORK COLLEAGUES

TALKS ABOUT FAMILY (SAFE)

**FLIPCHART IV**

p.2 125-57 32 lines REPORT/EVALUATION

**Professional development interrupted**

- *Ashridge Foundation Course*
  - No university education but being part of ACE enabled him to take part in Ashridge Foundation Course (May-November 2007).
  - Opportunity to '*network with other people in industry*'
  - General management course with 25 people from industry enabled him to apply for funded Diploma at Ashridge
- *Diploma in General Management*
  - Applied to ACE fund for Diploma in General Management; *"I saw this as a good opportunity of proving to myself that had I gone on to university I would have had the ability to get a degree"*
  - *"Fortunate enough to be taken in"*; Studying Diploma since Feb 2008
  - *"I have had to manage doing a Diploma in amongst an extremely hectic daytime schedule"*
  - *"The personal trauma has happened mid-way through that"*.
  - *Course requirements of Diploma includes residential Ashridge Leadership Process (ALP)*

Ashridge Leadership Process; *"which I guess has led me to this room really because it was as a result of my participation in there I think you've probably got my contact details"*

**Emergent Hypotheses**

STILL DELAYING TRAUMA STORY

**Future Hypotheses**

- 1.1 GET TO TRAUMA STORY
- 1.2 FURTHER DELAY
- 1.3 DETACHED ABOUT STORY
- 1.4 MORE DETAIL ABOUT ASHRIDGE
- 1.5 CAN MANAGE INTERRUPTION AND DIFFICULTY

**Emergent Hypotheses**

USING INTERVIEWER'S LANGUAGE

**Future Hypotheses**

- 2.1 SELF DE-PERSONALISED
- 2.2 FAV EU HELPFUL?
- 2.3 EMOTIONAL DISTANCE

**Emergent Hypotheses**

OUTSIDER GETTING LUCK OF ACCEPTANCE

**Future Hypotheses**

- 3.1 HUMILITY/FALSE HUMILITY
- 3.2 DISCOVERED SECRET PERSONAL DATA
- 3.3 YOU'VE – HOW DARE YOU
- 3.4 HAS PERMISSION TO TELL STORY
- 3.5 RESULT OF ALP

**FLIPCHART V**

p. 3 l.158-79 21 DESCRIPTION/ ARGUMENTATION

**ADDITIONAL THOUGHTS WHEN WRITING UP FLIPCHART (11/10/2011)*****Thoughts about changing my work-life balance; then trauma-induced actions kicking and screaming***

- ALP happened "before I had any trauma whatsoever" helped to shape 'already forming' thoughts about changing work-life balance which was "balanced in completely the wrong way"
- *Fantastic course, very thought provoking: who I am and what I really wanted out of life*. ALP made him question previous "I lived to work", but it only 'nudged' me.
- My personal trauma made me act on it, *"dragged me kicking and screaming in this direction (bangs leg on table leg)"*

**STRUCTURAL HYPOTHESIS**

DELAYS GETTING TO RISKY PART

- EXPLANATION IN SQUIN
- DELAYS KEY EVENTS
- SEPARATES PERSONAL AND PROFESSIONAL
- AVOIDS EMOTIONS AND PERSONAL STORY

**STRUCTURAL HYPOTHESIS**

MASCULINITY

INDUSTRY

- ORGANISATION
- GOOD QUALITY OF LIFE

RISK

- TUMBLING DOWN?
- NECESSARY CHANGE

**FLIPCHART vi**

p.4 180-219 39 lines DESCR/ ARG

***Upbringing and work ethic; self-confidence at work; career aspirations****Little bit of background, sort of underline thing'*

- Grew up in newstrade (father became Circulation Director at Daily Record)
- Inner core and work ethic instilled by father "that's how things are done"
- *"I've consistently worked tirelessly to make sure things are 100% done"*
- *'Delegation skills aren't good'*
- Feels less self-confident in own ability than his peers

*"I've psychologically felt that I've had to work harder to be at that sort of level of being in a position where people would want to promote me.... I used to say I didn't have any career aspirations...[I want to] feel I'm having an influence on things.... people tapping me on shoulder and saying 'We think you can do this' LACKS SELF-*

***CONFIDENCE OR IS THIS A FALSE MODESTY?***

RESISTANCE/TAKING THE RISK

FATHER – INSTILLED ? (STAR WARS)

- DEFEAT
- REPEAT
- REJECT

UNDERCURRENT BEFORE WATERFALL MOMENT E.G. helped to shape 'already forming' thoughts about changing work-life balance which was "balanced in completely the wrong way.



**FLIPCHART X – NO HYPOTHESISING ONWARDS FROM HERE; PANEL TIME RAN OUT**

p.4 l. 222-43 21 lines REPORT/DESCRIPTION

***Sarah, our lifestyle, personal motivations***

- Money is not a motivation for us
- Wife been at home to bring up boys
- She loves the allotment, gardening and painting
- Live in three-bed mid-terrace house
- Not an extravagant lifestyle
- Motivated by *'being happy'* and having two *'very intelligent children'*
- *'I've now bored you with background' -> 'what's happened to me this year'*

IS MONEY REALLY NOT A MOTIVATION OR IS HE JUST SAYING THAT BECAUSE NOW (WHEN TELLING THE STORY IN THE INTERVIEW) HE HAS THE PERSPECTIVE OF HIS CANCER TO DRAW ON WHICH RENDERS A FOCUS ON MONEY USELESS IN HINDSIGHT?

**FLIPCHART XI**

p.5 l. 245-85 30 lines REPORT/about-PIN

***How trauma started***

- "I'd like to tell you about what's happened to me this year"; "relevant to your work"
- healthy, no previous illnesses
- 20<sup>th</sup> February 2010, friend's 40<sup>th</sup> birthday party; 'vigorous' dancing, free bar, 'quite a few pints' fish and chips
- Morning after party felt "a bit rough"
- Continued feeling ill for two weeks; "I thought I've not felt like this before"
- Visited GP; physical exam and blood tests
- Blood tests showed something was wrong; GP "couldn't put his finger on what the problem was" but ruled out leukaemia and lymphoma

**FLIPCHART XII**

p.5 l. 287-98 11 lines EVALUATION/REPORT

***Reflects on innate optimism***

- *'Wife and I that night reacted in completely separate ways: she thought it was serious'*
- "blind optimism" before trauma
- "I'm a very glass half full optimistic person",
- "took what the GP said as being *it's not that serious*"

IF THAT OPTIMISM HE TALKS ABOUT IS TRUE, DOES THAT MAKE HIM A LITTLE NAÏVE? HE'S BEEN TOLD IT'S NOT LEUKAEMIA OR LYMPHOMA BUT HE STILL DOESN'T THINK IT'S SERIOUS. WHAT DOES THAT SAY ABOUT HIS JUDGEMENT AND ABILITY TO BE REALISTIC AND OBJECTIVE?

**FLIPCHART XIII**

p.6 l. 331-43 17 lines REPORT/DESCRIPTION

***Work and the illness – 'I'll just be told: go take some anadin'***

- People at work aware of tests and him feeling unwell
- Known for being an upbeat person at work; *"even grinning through the pain if that's what's required to keep everybody else happy"*
- MD called to wish him luck for scan results; *"I'm gonna be told stop wasting our time go and take some anadin"*

DOES HE REALLY THINK IT'S NOT SERIOUS OR IS HE PLAYING IT DOWN TO OTHER PEOPLE? IS HE USING HUMOUR TO DIFFUSE THE SITUATION (GALLOWS HUMOUR)

**FLIPCHART XIV**

6/ 348-74 26 lines PIN

**Getting to the diagnosis**

- Consultant confirms 'mass' on right kidney; life threatening; "*that was a bit of a blow*"
- Waiting room for 20 minutes before seeing different consultant (urological specialist); "*pretty traumatic time*"; "*I remember physically shaking but not really understanding what was going on*"
- Eurological specialist uses word 'tumour' for first time; confirms likelihood of cancer

**WHY THE UNDERSTATEMENTS?****FLIPCHART xvi**

p.7 347-81 7 lines EVAL

**Shock to the system**

- state of shock
- optimism 'counted worked against me'; previous belief that there was nothing seriously wrong
- "I don't get ill"

**DID HE THINK HE WAS INVINCIBLE?**

### 11.13 APPENDIX M: INTERPRETIVE PANEL SUMMARIES (STAGE 4 - IMAGINING)

Edgar's "lived life" panel (27 September 2011)

	<i>Name</i>	<i>Background</i>
PANEL MEMBER 1	Rebecca	Female, English, approximately 30 years old, Senior Lecturer in School of Life and Health Sciences, Aston University
PANEL MEMBER 2	Mark	Male, English, approximately 40 years old, Senior Lecturer at Aston Business School
PANEL MEMBER 3	Alice	Female, Australian, approximately 30 years old, part-time PhD student in Health Psychology at Aston University
PANEL MEMBER 4	Kirsty	Female, English, approximately 25 years old, full-time PhD student at the University of Leeds
PANEL MEMBER 5	Amy	(me) Female, English, 36 years old, part-time PhD student at Aston University
PANEL MEMBER 6	Tom	Male, English, approximately 60 years old, retired academic, originator of BNIM method

'Lived life' panel members 'imagined' accounts of Edgar's story

1. PANEL MEMBER 1
Everything was going to plan. Edgar as <b>proactive</b> , strategic, successful individual. Everything was going to plan. He made a reasonable start in life, got his break when he moved down to the SE, he thought that move was going to be a nightmare! All turned out being really good for him, he was heading up and up to board level then...SHOCK! Completely out of the blue, out of his control (at least perceived control) he gets cancer. Whole diagnosis experience might have put things into perspective. Regains control through FROG which in many ways shows he maintains that proactive lifestyle. Doesn't give up! Keeps on working because he keeps on living.
2. PANEL MEMBER 2
Wants to reflect on life otherwise he wouldn't have taken part in research, which suggests to me that he wanted to be something that he didn't become. This I an opportunity to think what that might be. But on the other hand, he needs work as a focus in order to cope, so although he might have had one purpose which was ' <b>drive</b> ' the new purpose is just to fill up time to have things to do. He wants to remain independent so that's why he wants to go to the counselling sessions by himself. It's his way of learning to cope without his family, although he will talk to his family, that's him wanting to cope independently. I also wonder about work, how safe. If someone comes to say your job's safe twice, does the work really mean what it really means? Some insecurity maybe, because although work's reassuring him that his job's safe, he could be thinking, well I'm now a liability in this context, so how safe is safe? And also maybe something about him as a manager changes? He maybe thinks, how far do I know the people around me? He therefore might take the trouble to get to know them better to find out what experiences they are having that they're not disclosing?
3. PANEL MEMBER 3
I think Edgar came from humble beginnings. His parents worked hard, he was quite fond of them. He left school at age 16 into a low-level job – school wasn't really his thing (he didn't hate it or love it) so he decided to leave. Worked hard in his job (7 days a week) and worked his way up. Learnt a lot along the way. Doesn't look back in great fondness but appreciates the opportunities and experiences this job afforded him. Promoted to assistant manager. Met his wife and had son. Fond times. Worked hard. Has a good home life. Got better job in London – reward for hard work and on the positive side he's living closer to wife's family and his lifestyle's picking up and he's had the rewards in life that go with that lifestyle – car, house. Diagnosis – shock but took it in his stride and he's keeping his job because he's worked hard and has family support. Keeps job – reward for loyalty and career survives.

4. PANEL MEMBER 4
Edgar is a <b>pro-active</b> man. He has had a successful life and has traditionally been in <b>control</b> . I think the experience of cancer will have a huge impact on his sense of identity – threatening his job, his sense of control and ultimately his life. He is likely to present his early career with a strong sense of agency – lots of “I” words and pride. When it comes to the illness, he is likely to rush over or gloss over the emotional/destabilising sections things that challenge his sense of identity and progress to details about taking <b>control</b> of that – how he delegated work/returned to work/joining support group. As he lived his life, he wants to take <b>control</b> of his story because it could potentially threaten his whole identity this illness. Being positive about moving forward. ‘Beating’ cancer as another success.
5. PANEL MEMBER 5
Life of everything going well and to plan, success after success in term of what he wanted to do in his career and then rug being pulled from under him with cancer diagnosis, which left him feeling out of <b>control</b> and tries to regain some control of his life by becoming cancer activist through the FROG group which then shapes a career change and his purpose in life becomes cancer support and supporting others.
6. PANEL MEMBER 6
Basically he’s felt very much under the <b>control</b> of other people. His father made him leave school and go into the father’s firm at a low-level when actually he could have gone on and done his A-Levels and done rather well, so in fact his whole career was set back by 20 years and it’s only very recently that he’s gone back into education, whereas if he hadn’t been taken out by his father who was saying, you’re not going to waste my money on school, he would have done rather well. So he had to start right from the bottom, completely unnecessary. He could have gone in at a higher level if he’s had the education. He married and he had his children and he felt he had to stay continuing to work and continuing to push for more income and then he was under <b>control</b> of the firm plus his wife. His first move for real independence was when he managed to have his own cancer and when he had his own cancer, although that’s terrible shock actually is was something that was <i>his</i> . It wasn’t anything that anyone had wished on him. It was his cancer and although he felt terrified he was also quite pleased because people wouldn’t take him for granted anymore and I will find out whether people are interested in me or I won’t and in fact his MD did come to visit him and re-assure him his job was safe so he did feel valued. So it’s a move from constant reactivity to finally, at last some proactivity in the form of having a cancer.

Panel members 1, 2 and 4 describe Edgar as driven and proactive (highlighted in red), which differs from my interpretation of Edgar in the case account. I see Edgar as self-protective, which is in part due a crisis of self-confidence. Panel member two predicts that Edgar will need his work in order to cope with his cancer. Again, this is not the interpretative position I took in his case account, when, for example Edgar describes himself as “*switching off*” (sub-session 1, line 510) from work at the point of diagnosis. Panel members 4, 5 and 6 raise the theme of ‘control’ (highlighted in blue) within their imagined projections of Edgar’s story. For example, panel member 4 talks about the theme of ‘control’ on three levels; first Edgar having control over his life and his career prior to the experience of cancer, then Edgar taking control by fighting the illness, and finally him taking control of his narrative in terms trying to project a positive self-identity. This hypothesis is realised to the extent that Edgar crafts his story structure and therefore the projection of himself in his narrative (e.g. sub-session 1 lines 18-19; lines 245-246). This prediction from panel member 4 helps to demonstrate the creative power that BNIM panels possess within the interpretative process.

The strongest area of interpretative convergence surrounds Edgar’s cancer experience as a catalyst for change. Panel members 1, 2, 4 and 5 carry this hypothesis. Panel member 1 describes the diagnosis experience as putting things into perspective for him. Panel member 2 describes him changing as a manager. Panel member 4 talks about Edgar “*being positive moving forward*”. Panel member 5 predicts a career change for Edgar as a result of his experience with his new purpose becoming cancer support. Many of these imagined outcomes are borne out within Edgar’s story. One reason for this interpretative convergence is that growth through trauma is a realistic outcome. As panel member 2 writes at the beginning of their imagined account: “*(he) wants to reflect on life otherwise he wouldn’t have taken part in the research*”.

None of the ‘lived life’ panel member’s imagined accounts described Edgar’s story as negative or pessimistic. Furthermore, none of the ‘lived life’ panel members were able to make any valid interpretations of Edgar’s inner self. Given that they were working from biographical data only, it would have been a challenge to expect them to do so. In the ‘told story’ panel, panel members were explicitly

asked to think about Edgar's identity. Following the 'blind chunk-by-chunk' analysis of the telling of Edgar's told story, panel members were asked, at the end of the panel session, to describe their understanding of Edgar and his life.

#### EDGAR'S 'TOLD STORY' PANEL

Edgar's "told story" panel (28 September 2011)

	<i>Name</i>	<i>Background</i>
PANEL MEMBER 1	Rebecca	Female, English, approximately 30 years old, Senior Lecturer in School of Life and Health Sciences, Aston University
PANEL MEMBER 2	Mark	Male, English, approximately 40 years old, Senior Lecturer at Aston Business School
PANEL MEMBER 3	Hazel	Female, English, approximately 25 years old, full-time PhD student in health psychology at Aston University
PANEL MEMBER 4	Fred	Male, Scottish, approximately 40 years old, part-time PhD student at Aston Business School
PANEL MEMBER 5	Fiona	Female, English, approximately 25 years old, full-time PhD student at Aston Business School
PANEL MEMBER 6	Amy	(me) Female, English, 36 years old, part-time PhD student at Aston University

At the end of this panel, members were asked to imagine the kind of person who might tell their story in this way.

Told story' panel members' descriptions of Edgar

1. PANEL MEMBER 1
He's a very principled man. Initially this was lived out through performing the role of a good worker – <b>seeking approval</b> from his father by continuing his <b>work ethic</b> . He is proud of his children and affectionate towards his wife but has great humility toward his own achievement which he attributes to luck rather than ability. He's a strong man – <b>always ensuring others are happy at work and at home</b> . The first time he really thinks about himself is following the ALP and his trauma. ALP enabled him to reflect on his sense of self in a way he hadn't done before. I think he is lucky to have gone through the ALP 'waterfall' moment before his trauma because he may not have had the emotional/psychological repertoire/language to make sense of it earlier. At last he has <b>changed his work-life balance</b> and not been punished for it but <b>rewarded with love from work and elsewhere</b> – so now he can put himself first.
2. PANEL MEMBER 2
Edgar is <b>work-focused</b> . ? Seems to <b>compress his emotions</b> . Glass-full, but is he happy? Stereotype, but ? human being in the ? for work-oriented/life balance. Do I know him? Is he honest? <b>Worried about others' feelings not his own</b> .
3. PANEL MEMBER 3
Edgar has changed as a result of his trauma. Before the trauma, he was <b>focused on work</b> . He seemed to have low self-esteem and a <b>desire to prove himself, perhaps to his father and his work colleagues or to be a positive role model for his children</b> . Although not driven by financial reward, <b>he was driven by praise and recognition</b> . Perhaps the most telling thing is his desire to compensate for a lack of education <b>by working hard and proving himself</b> . As a result of the trauma, he <b>received a great deal of support and 'love' from his family, friends and work colleagues</b> . This acknowledgement and recognition seems to have <b>enabled him to recognise a lack of balance in his life previously</b> . <b>It may have enabled him to express his emotions more freely</b> .
4. PANEL MEMBER 4
Edgar appeared to be a <b>workaholic</b> possessing a <b>strong work ethic</b> . His initial dialogue continued this and supported the image that he was not family-orientated. However, as the story revealed he had strong family values. His belief system took a knock by attending ALP, built such were his work ethics no change was made until the trauma event which forced him to challenge his beliefs. Edgar

was a person who underwent an epiphany to <a href="#">change his belief and work-life balance</a> .
5. PANEL MEMBER 5
<a href="#">Work provides a sense of being valued</a> – need to tell colleagues and comment about feeling love back. Needed to build up to divulging personal details. Still remains quite descriptive esp process driven, this then this. Diagnosis, telling family and friends, career structure. Use of niche (?) and 'others words' 'blind optimism', 'personal trauma' allows a distance to be maintained from narrative – <a href="#">not opening up fully on own sentiments</a> .
6. PANEL MEMBER 6
Edgar's whole sense of himself has been previously shaped by work – <a href="#">his work defined him and he defined himself by his work</a> , which was someone who was chirpy and upbeat and who <a href="#">worked damn hard</a> to get to where he got to. He felt people respected him for <a href="#">how hard he worked</a> rather than for the person he was inside. Moment of trauma made him realise that <a href="#">people loved him for who he was and not for the job he did</a> or the people he knew. Trauma brought him close to his family and made <a href="#">him change his priorities from work life to home life</a> . He found that people respected him even more because of that.

Most panel members (i.e. panel members 1, 3, 4 and 6) allude to a pre and post-cancer self. All panel members except panel member 5 described Edgar as being work-focused or possessing a strong work-ethic (highlighted in red) prior to his cancer diagnosis. Panel member 5 instead describes Edgar as gaining a sense of self-worth through his work (highlighted in green), which could be interpreted at a deeper level as him defining himself by his work prior to the cancer diagnosis. This work-led self-identity is also described by panel member 5 (also highlighted in green).

Three other areas of interpretative convergence exist when it comes to describing Edgar's pre-cancer self. The first relates to the theme of 'supporting others' (theme 1g in the case account). The second relates to the theme of 'emotional strength' (theme 1g in the case account), and the third relates to the theme of 'seeking re-assurance' (theme 2b in the case account). The theme of 'supporting others' is suggested by panel members 1 and 2 when they described Edgar as more focused on others' happiness than on his own (highlighted in purple). The second theme (emotional strength) is suggested when panel members 2 and 5 describe Edgar as someone who suppresses his emotions (highlighted in orange). Interestingly, panel member 5 suggests that Edgar's emotions will be suppressed in the telling of his story and that a "distance" will be maintained in his narrative. This hypothesis is one that is realised. I discuss emotional avoidance as a narrative device in his case account.

The idea that Edgar 'seeks re-assurance' (highlighted in dark blue) is raised by panel members 1 and 3. Panel member 1 describes a pre-cancer Edgar who seeks approval from his father for his work-ethic. Panel member 3 suggests that Edgar has a desire to prove himself to his father and his work colleagues. This panel member also suggests that Edgar wants to recognition for being a positive role model for his children. However, I did not find any evidence in the interview to support this interpretative position. In contrast, Edgar describes how much of his children's upbringing he has missed (sub-session 2, line 967-969) because of his work. Panel member 3 also describes Edgar as seeking praise and recognition and that he compensates for his lack of education by working hard. These ideas match my interpretations of Edgar in his case account.

In terms of Edgar's post-trauma self, there are two key areas of convergence when comparing panel member interpretations with my own as written in the case account. Firstly, panel members 1, 3, 4 and 6 describe Edgar as re-addressing his work-life balance (highlighted in light blue) as a result of his cancer experience. These interpretations as shown as theme 5c in the case account. Secondly, panel members 1, 3 and 6 describe Edgar receiving recognition and reward through the love and support he receives post-diagnosis (highlighted in dark red). Panel member 1 suggests that the love Edgar receives from work colleagues enables him to focus on himself. Panel member 3 describes the support and love Edgar receives enables him to re-address his work life balance and to express his emotions more freely. Panel member 6 suggests people loved him for the person he is on the inside. There are three themes that I discuss in Edgar's case that are not prevalent in panel members' descriptions of Edgar. One panel member hypothesised that Edgar presents himself as a strong man (panel member 1), which became the dominant theme in this case account. Panel member 2 was the only panel member to question Edgar's happiness. None of the other panel members addressed Edgar's happiness. However, in the case account I suggest that Edgar sub-consciously engages in self-blame for the onset of his cancer

### 11.14 APPENDIX N: EDGAR'S THEMES (BNIM STAGE 7)

SUPER-ORDINATE THEME	THEMES	REFERENCE	QUOTES & NON-VERBAL CUES
1. STRONG MALE WORK-ETHIC	1a) Living to work	SS1/1/30	"working very long hours and pretty much seven days a week"
		SS1/1/36	"silly hours"
		SS1/1/38	"arriving at work at 7am when the security guard opened the building and being thrown out by the security guard at 9pm"
		SS1/3/147	"I've had to manage doing a Diploma in amongst an incredibly hectic daytime schedule"
		SS1/3/161	"the ALP happened at a time before I had any trauma whatsoever erm and was pretty influential in some of my already forming thoughts about what I might be able to do about changing my work life <u>balance</u> which I've already sort of intimated was balanced in completely the wrong way" [laughs quietly]
		SS1/3/167	"I think it would it would be fair to say that before I went along to the ALP I probably thought that I lived to work [slightly laughs] the ALP made me question that my personal trauma has made me act on it" [laughs]
		SS1/4/190	
		SS2/20/1151	" <u>that</u> became part of my sort of inner core and work ethic about that's how things are done you er there's there ma father al..also erm instilled doing things right into me and therefore erm I've consistently worked tirelessly to make sure things are 100 per cent done" "I want to be seen as someone that does it all"
	1b) No formal education	SS1/1/27 & SS1/2/66	"didn't go to university"
		SS1/3/125	"not having any university erm education"
		SS1/3/140	"I saw this as a good opportunity of proving to myself that had I gone on to university I would have had the ability to get a degree"
	1c) Modesty and deference	SS1/3/142	"was fortunate enough to be taken in"
		SS2/3/128	"I've had many many managers over the time and all the rest of it but there are a number of the tutors that have stood at the front of the room that you just <u>believe</u> [...] their tone their the way in which they actually put themselves across you pretty much believe everything they say erm there are others who <u>say</u> what the theory is but you don't believe them it feels like it's out of a text book"
		SS2/3/143	
		SS2/7/416	"but when I went to Cleverly I felt like he cared and he he was he became a much much bigger part"
		SS2/8/480	"He just had an air about him of knowledge of empathy and [...] hope"
		SS2/18/1038	"when he talked to us we believed him" " <u>did I deserve all of this? Where is all of this coming from?</u> "
	1d) Patriarchy	SS1/4/222	"my wife Sarah erm doesn't work and that's been a conscious decision erm because the the most important things to me are her and her happiness and ma boys and having trained as a nursery nurse Sah as I know her erm had the choice of going out and looking after other ki..other people's kids or looking after ours and we decided that she'd look after ours...we've continued to take the decision that there's no need for Sah to to erm go out and work"
		SS2/4/223	"I'd been protecting her from what I really felt deep down inside"
	1e) Display of physical strength	SS1/5/250	"as you can see I'm six foot tall I'm about 14 stone now <u>reasonably</u> fit erm and healthy and and have had <u>no</u> serious illnesses in the past so you're not talking to someone who's been dogged by you know physical ailments throughout their life" [laughs]
		SS1/10/572	
		SS1/11/637	"And erm felt that right after two months and feeling what I thought was quite fit decided to return to work"
		SS1/13/720	"I think in reflection I came back too early [...] erm [...] I [...] I haven't pushed



		SS2/13/774 SS2/14/796	<p>things <u>too</u> hard but probably pushed things harder than I should of which has probably slowed down ma recovery"</p> <p>"it's not until you look back you realise some of the decisions you've made might not have been the right ones y'know like driving as early as I did or going back to work after two months when probably three months might have been more appropriate because you feel strong enough so I've reflected on some of those decisions and and just felt that right I <u>do</u> need to back off a bit and by pacing myself a little more"</p> <p>"I had that taken away from me and I'm <u>still</u> in that situation just now where I can't lift things and I <u>couldn't dream</u> of protecting my family from an aggressor [laughs] and <u>that really</u> knocks your confidence back"</p> <p>"I was on the underground the other day and there was a chap running towards me and I had to get myself up against the wall cause I thought I'd've never done that before I would've just stood up to him and [crosses his arms] go on then [laughs] y'know and I've lost that so that's a big part of the psychological part of what I guess I'm dealing with"</p>
	1f) Display of emotional strength	SS1/6/334 SS1/6/345 SS1/6/352 SS1/7/374 SS1/7/400 SS1/8/429 SS1/12/718 SS2/16/945	<p>"I'm probably known at Flag for being someone where even when I'm not feeling great I'll tell people I am they'll ask me how I am and I'll say "wonderful, how are you doing" and I and I just like being upbeat even grinning through the pain if that's what's required just so that I can appear to be happy and keep everybody else happy"</p> <p>"I remember telling him at the time "Peter, I'm pretty sure that I'm gonna be told stop wasting our time go and take some anadin" and and you know [laughs] "get out of our sight"</p> <p>"so that was a bit of a blow" [breathes in]</p> <p>"<u>"Ah"</u> we've gone from it being a mass to a tumour are we talking about cancer?" and he said "very probably yes" [...] erm [voice breaks slightly with emotion] and that was pretty tough"</p> <p>"went back to my car had a cry for about three minutes that was all"</p> <p>"I <u>wasn't</u> I'm not afraid of dying"</p> <p>"stop feeling sorry for yourself [smiles] and get on and start re-building your life again"</p> <p>"previously it was all about as I say coming into work in the morning and thinking probably thinking about it how can I make everybody feel good"</p>
	1g) Supporting others	SS1/8/428 SS1/9/495 SS1/10/551 SS1/10/556 SS1/14/812 SS2/4/203	<p>"I'm not afraid of dying but to see the impact it was having on on my family"</p> <p>"but what I was able to do was erm reassure people"</p> <p>"<u>it wasn't hard for me</u> actually is what I'm recalling is how upset my dad was for him [says crying]"</p> <p>"again it's just the trauma I think goes way beyond me and probably more into how it impacted on ma family ma friends erm and my work colleagues"</p> <p>"and that <u>that</u> I guess is is kinda what I want to give back now is demonstrate to people that you can get through adversity erm and you can come out the other end with a life and that it's not all doom and gloom"</p> <p>"so I had three minutes of feeling <u>really</u> sorry for myself and being <u>really</u> scared about dying and then I genuinely put that behind me and thought about everybody else [laughs] thought about ma wife and I thought about ma kids and I thought about ma family"</p>

SUPER-ORDINATE THEME	ORDINATE THEMES	REFERENCE	QUOTES & NON-VERBAL CUES
2. CRISIS OF SELF CONFIDENCE	2a) Need to prove worth	SS1/4/199 SS1/10/568	<p>"I've not got the same level of confidence that many of my colleagues have got in my own ability and therefore I I guess I've psychologically felt that I've had to work harder to to be at that sort of level of being in a position where people would want to promote me"</p> <p>"things are <u>tough</u> people are being made redundant erm and therefore in the back of ma mind there's I can't stay off too long because there's gonna be a point where people say what did he do? Cause we're managing without him" [laughs]</p>



2b) Seeking re-assurance	SS1/4/211	"my whole <u>career</u> has progressed as a result of people tapping me on the shoulder and saying "we think you can do this" rather than me actively going out and saying "I want to go and do that"
	SS1/4/217	"I'm not an individual who has aspirations to be the managing director if that was to <u>happen</u> and people felt that that's what I had to offer fine but if it's not and I'm happy fine"
	SS1/9/531	"reassured me that I needed to take as long as I needed out and that they would er they wouldn't they would carry on without me and make the adjustments that were required to be able to to take on things I'd done so erm so that was that was reassuring"
	SS1/10/566	"but throughout all of that erm ma managing director came up to visit me as well and reassured me"
	SS1/11/641	"they are continuing to reassure me that if I need time take it and we'd rather you came back fully fit and well than push yourself and and did yerself any damage so they've and y'know to the point where erm recently I sat down with Mark the MD who again reiterated to me he said that my job is safe y'know "if you being here is because you think that your job's under threat don't think like that be reassured that you're an important part of this business"
	SS2/1/34	"I don't have to challenge my erm inner voice in terms of erm er right do are people gonna think that I'm taking the micky here y'know that cause that's that's something that's ingrained into me y'know is like do people think that you're er you're erm winging it so to speak or not winging it but milking it rather"
	SS2/16/902	"so it was just things like re-assuring me that erm I wasn't gonna have any pay docked if I was going to stay off for a while [smiles] because there's a policy that says that it's six weeks paid leave but anything beyond that is down to board discretion and don't worry about it" [laughs]
	SS2/16/910	"I'm an extravert but I'm actually quite insecure so I've got to be I guess my ego's got to be massaged every now and again where I'm told I'm doing a good job to just <u>oh right good</u> thank goodness for that"
	SS1/8/447	"I'm always feeling like I've got to run twice as fast to stay up keep up with them and therefore there was a vulnerability with this situation about right is this where I get found out?" [smiles]
	SS1/8/470	"so at lunchtime on the following day I was sitting in front of the surgeon [...] with ma wife [...] erm [...] and it was one of the most reassuring conversations I've ever had"
	SS1/8/477	"I actually walked out of that with a great deal more hope and optimism again and it gave me a little bit of that back [..]"
	SS2/16/919	"I can't talk highly enough about this man he's been fantastic"
		"to hear it from the MD who is another person that I trust y'know I don't see him as being a shallow individual who would say things because that's the right thing to do he says things as he sees it and he's an honest man and therefore I absolutely believed him when he said that and I think what that did was take some probably unconscious pressure off myself"

SUPER-ORDINATE THEME	ORDINATE THEMES	REFERENCE	QUOTES & NON-VERBAL CUES
3. REGULATING EMOTIONS	3a) Showing emotion	SS1/7/363	"that was a pretty traumatic time I spose I remember physically shaking but not really understanding what was going on"
		SS1/7/402	"what I realised as I sat there was or as I walked back to the car I thought god am I gonna die? [voice shakes with emotion] erm and when I got back to the car I had a bit of a cry and then realised how on earth am I gonna go home and tell my family this news?" [voice shakes with emotion]
		SS1/8/427	"I suppose it's this part of it that's the most emotional part for me cause I've told this story quite a lot [laughs] and it's still this part of me that upsets me because it I wasn't I'm not afraid of dying but to see the impact it was having on on my family and I mean I had to phone ma parents tell them that wasn't good [says crying] ma brother erm [voice shakes with emotion] my work colleagues who had made me promise that I would let them know how I got on cause they were worried about me" [says crying]
		SS1/8/455	"I've never felt so scared in my life y'know [voice shakes with emotion] I was I was like a little boy y'know and it was it was probably the lowest point in ma life"
		SS2/3/178	
		SS2/2/113	

		SS2/4/229	<p>that day [says crying]"</p> <p>"when I got into the car I almost had ma own little sanctuary of I I was in ma own little bubble physically within a y'know a physical shell if you like that allowed me just to get the emotion out because up until then I was short of breath I was shaking y'know I could feel myself physically shaking and it was only when I got into the car that I was able to to have a proper cry [...] and I I think I said to you it lasted maybe three minutes"</p> <p>"I remember actually saying [says laughing] erm right "lets cut to the chase are we talking about cancer?" [laughs] and er and and I reflect back on that cause I thought it was a really unusual set of words and it was almost like a erm I was in some kind of a negotiation [laughs] where "lets cut to the chase" lets get to the nub of this problem [bangs finger on table] [laughs] and and I probably was trying to deal with it in a in a professional way"</p> <p>"on that day we had a big outpouring and I admitted to the fact that I was scared witless and that was a very very difficult thing to do and resulted in me having another cry which didn't last long"</p>
	3b) Compassion at work	SS1/8/434  SS1/9/486  SS2/11/619  SS2/3/152   SS2/12/703  SS2/13/728  SS1/11/615  SS2/11/623	<p>"I think that was the overwhelming aspect of this is that following all of this the amount of love I got back really [voice shakes with emotion] from friends family work colleagues industry colleagues was overwhelming it was unbelievable [says crying] and I I that's still quite an emotional thing to take in"</p> <p>"the fact that I was given an extra week erm allowed me to erm [...] put all of that stuff in order erm visit the office which I did one day which was a sort of start of feeling the love [laughs] y'know there was lots of hugs and [...] lots of scared people to be honest with you [voice shakes with emotion] there was a lot of tears and it was it was a very emotional day"</p> <p>"they were all incredibly y'know they were there was tears just because people I think were upset by the predicament I was in"</p> <p>"I truly believe that Flag are helping me [smiles] they are looking out for me y'know they care about me and they're not just fulfilling their obligation as part of a HR policy or legislation [...] and that's what makes a difference it makes it genuine" [..]</p> <p>"I think what that did was prove to me that there's more to life than work y'know and those relationships you have with people at work aren't just professional relationships you've got people looking out for you"</p> <p>"Even through everything we've been through he still cares"</p> <p>"that's another significant thing to really talk about here is that whilst I've been through all of this there's a huge number of positives have come of it I've already talked about the the reaction that I've got in terms of the love I've felt"</p> <p>"they were just saying y'know how loved I am [laughs] [...] and it was just like well I'm sure I'm not universally and they were like that "I think you'd be surprised" y'know and it's just like oh where did that come from?"</p>
	3c) Social support	SS1/8/439  SS2/18/1039  SS1/13/725  SS1/13/733 SS1/14/808 SS2/11/649	<p>"you kinda go to people's funerals and there's there's a bit turnout and it's just like oh gosh they didn't know how many friends they had I do I've I've had the benefit of having all of that without not being there to see it" [says smiling]</p> <p>"And it was things like these things that were happening that just made me think gosh y'know I have got so many good friends in this industry that are genuinely looking out for me"</p> <p>"I do need to back off a bit and by pacing myself a little more erm particularly when I I know I've got such great support around me at all levels and I'm able to do that and people are a..y'know keep telling me how well I look and I keep telling them how crap I still feel [laughs] erm but they and they keep reminding me that I've been through such a lot is that it's such early days really"</p> <p>"I keep reminding being reminded that it's no time at all really for what I've been through"</p> <p>"I've made an awful lot of good friends in this FROG group that I think will erm endure for a many many years to come and gives me the ability that if I can demonstrate strength to other new members as they come in and are diagnosed as well I can do ma little piece to help other people"</p> <p>"that gave me a bit of strength as well where I left the office that day thinking y'know I've got people rooting for me"</p>

SUPER-ORDINATE THEME	ORDINATE THEMES	REFERENCE	QUOTES & NON-VERBAL CUES
4. IDENTITY	4a) Motivations	SS1/4/207  SS1/4/235	<p>"what motivates me is getting up in the morning and feeling as though I'm having an influence on things and that everyday's different and that erm I'm energised and am around people that I like being around"</p>

		SS1/4/239 SS2/1/19	<p>"it's not about money"</p> <p>"we're motivated by the fact that we're very happy and that we've got two incredibly clever kids"</p> <p>"what motivates me is having the opportunity to influence how we work"</p>
	4b) Challenge to identity	SS1/9/525 SS1/9/509	<p>"I don't want to know about what's happening work wise and they were delighted to hear it as I say but they were very surprised cause that's not me"</p> <p>"when I leave the office today [...] that's it I'm switching off" which I think took a lot of people back really [voice sounds emotional] because they I think believed that I'd try and carry on"</p>
	4c) Optimism	SS1/5/287  SS1/6/312 SS1/6/321 SS1/7/376 SS1/11/651 SS1/14/812	<p>"up until this personal trauma have probably had a blind optimism [laughs] and I'm a very glass half full optimistic person and I've always had the sort of mantra of that there are optimists and there are pessimists the erm outcome will be the same but the optimists will probably have a better time getting there and I suppose that's really again very deep inside me is is something that I do I don't think about it it's just the way I am"</p> <p>"with my optimistic view thought right well it's not nothing too bad the reason that I've been feeling ill is that I've probably got a cyst or something silly"</p> <p>"again with my deep-set optimism felt that he was actually saying if he's got something bad to say to you he'll be straight with you but he's not going to do it so I still firmly believed that there wasn't anything serious wrong"</p> <p>"I guess this is where my optimism probably counted against me because I went from really believing that I was I was not ill because I don't get ill" [laughs]</p> <p>"one of the things that this whole experience has done has made me very wary of this blind optimism [...] so erm whilst I probably still have that optimism deep in ma soul [...] I now consciously challenge it [smiles] [...] because I had such a fright and such a such a bad experience of that during my diagnosis period"</p> <p>"and that that I guess is is kinda what I want to give back now is demonstrate to people that you can get through adversity erm and you can come out the other end with a life and that it's not all doom and gloom so it's about re-training my optimism into something that can be a little bit more practically useful"</p>

SUPER-ORDINATE THEME	ORDINATE THEMES	REFERENCE	QUOTES & NON-VERBAL CUES
5. MANAGERIAL GROWTH	5a) Self-awareness	SS1/14/800 SS2/5/256 SS2/17/1005 SS2/19/1137	<p>"that's one of the other positive things that have come out of this whole situation is that I've erm I'm more in-tune with myself in terms of what I <u>want</u> er I'm more aware of how other people within the industry <u>perceive me</u>"</p> <p>"I do think that psychologically I was probably suppressing my physical healing"</p> <p>"I'm more in-tune with myself from a personal point of view as a result of being able to reflect but I don't think I would've had that opportunity had I not had this happen to me"</p> <p>"I personally think I've benefitted from this experience"</p>
	5b) Better manager	SS1/11/607 SS1/14/818 SS2/19/1084 SS2/19/1101  SS2/19/1119 SS2/20/1157	<p>"it's highlighted to me that the people below me are probably more able that I'd thought they were and are able to do if not as good a job as I was doing before a better job than I was doing before [says laughing] frankly"</p> <p>"the other really to say is erm in terms of my attitude to <u>work</u> erm things that I thought were important before I realise I'm and therefore am able to prioritise my work far more effectively erm and that I think has probably made me better at what I do than I was before [.....]"</p> <p>"I actually probably empathise even more with other people now"</p> <p>"I don't know whether that makes me more effective in what I do because I can be a little bit more balanced and thoughtful...or does the fact that I've not got that energetic explosion of emotion does it take something away from me I don't know"</p> <p>"I'm not as precious about things as I once was"</p> <p>"I <u>believe</u> I'm a better manager as a result of the fact that I'm providing people with the opportunity to do their own thing and be grown-ups and all the rest of it so I think it kinda boils down to that I'm not getting as pre-occupied by the detail which is releasing me more time to think [smiles] that's allowing me a bit more prioritising in terms of what I do and what I don't do and therefore I'm probably I <u>think</u> acting better that I was before"</p>

	5c) Work-life balance	SS1/9/522  S1/10/590  SS1/10/597  SS2/17/971	<p><i>"both of them were pretty surprised and heartened by the fact that I said I didn't want that I just didn't "get on with it and I don't want to know what's going on with the work"</i></p> <p><i>"what this introduction back into work and the way in which it was done allowed me to do is not worry about getting into work until half past nine in the morning and leave at four o' clock in the afternoon which is what I've been doing"</i></p> <p><i>"over the last few days I've found myself working until half past five and I'm [sound of him clicking his fingers] about to snap out of it again cause it's it's I've remembered that is what happens and it slips back"</i></p> <p><i><u>"I've probably missed an awful lot of their childhood</u> of not being there for having dinner with them every night as most other families probably do but I <u>need to actually</u> really do something about this and had I not had this opportunity to <u>stop</u> and step back and think about that <u>it would've been too late</u>"</i></p>
	5d) Vicarious growth	SS1/14/823	<p><i>"there's other amazing things that have come out ... she realised <u>life was too short</u> and that she had to go and follow her dreams y'know and it's and I guess it's little stories like that that actually make you think that d'you know what out of what was an <u>incredibly negative thing</u> there's been a <u>huge</u> amount of positives that've come out of it"</i></p>

### 11.15 APPENDIX O: WORKPLACE WITNESS INTERVIEW ANALYSIS: CAITLIN

WORKPLACE WITNESS NAME: CAITLIN INTERVIEW DATE: 7 DECEMBER 2010 TIME: 1.45PM LOCATION: FLAG OFFICES		
Descriptive notes	Transcript	Interpretative notes
	<p>A: Erm OK thanks for agreeing to participate =</p> <p>C:= That's OK</p> <p>A: In this doctoral research just to recap the objectives of the study are to understand how the experience of personal trauma may act as a catalyst to re-shape one's thinking and behaviour at work</p> <p>C: Mhm</p> <p>A: The purpose of the research is to im im improve our understanding of the impact of personal experiences on an individual's professional life furthermore this research seeks to understand the role of the workplace in supporting or hindering individuals post-trauma I appreciate the topic I'm researching is personal and by asking people to talk about their traumatic experiences it may be difficult as the nominated workplace witness you may have also been affected by Edgar's trauma therefore if you find at any point it becomes difficult for you to talk about Edgar's experience you can stop the interview and if you wish you can withdraw from the study</p> <p>C: Mhm</p> <p>A: At that point all of the data you've provided would be destroyed</p> <p>C: OK</p> <p>A: The purpose of meeting you today is to get a third party perspective on any changes you may have seen in Edgar at work post-trauma I've already conducted two interviews with Edgar all of your responses will be treated as strictly confidential and I should er elaborate on that by saying that your interview would not be seen by Edgar</p> <p>C: Mhm</p> <p>A: You wouldn't see Edgar's interview nor would you or any of the other workplace witnesses see each other's interviews =</p> <p>C: = I understand</p> <p>A: So anything that is shared today =</p> <p>C: = Is with =</p> <p>A: between you and I stays between you and I with your consent I would like to continue audio recording you'll have the opportunity to review a transcript of your</p>	

	<p>interview if you wish to see it and the information provided for the study will be completely <u>anonymised</u> which means neither you the participant or the organisation can be identified</p> <p>C: OK</p> <p>A: Furthermore you will never be quoted in written work without your prior authorisation can I just run through =</p> <p>C: = Yep</p> <p>A: the consent form with you to check if you're still happy to proceed erm OK by answering the questions on the form and providing your signature at the end you are agreeing to give voluntary consent to this study</p> <p>C: Mhm</p> <p>A: Do you feel that the purpose and objectives of the study have been sufficiently well-explained?</p> <p>C: Yes</p> <p>A: Do you understand what participation in this study involves?</p> <p>C: Yes</p> <p>A: Are you clear that this is a research project and not a therapeutic intervention?</p> <p>C: Yes [smiles]</p> <p>A: Have you been made aware of the potential risks of taking part in this study?</p> <p>C: Erm I guess emotionally for me is what I'm assuming?</p> <p>A: Yes</p> <p>C: That was referencing so yes that's yep</p> <p>A: Er are you aware that being asked to talk about your colleagues trauma it may be difficult for you?</p> <p>C: Yes</p> <p>A: Erm I haven't asked you if you have any questions [Caitlin laughs] about the study do you have any questions?</p> <p>C: Erm no no that's fine</p> <p>A: OK are you happy for the interview to be recorded?</p> <p>C: Yep</p> <p>A: And er are you happy that the interview er may be transcribed by myself and or a third party?</p> <p>C: That's fine</p> <p>A: And then it just asks some questions there about how your relationship with Edgar</p> <p>C: OK</p> <p>A: And then just for some contact details at the end</p> <p>C: That's fine (.....) [Caitlin continues completing the form] I've put erm I've known him for seven years and I should've put his name there [says whispering] erm and that which is back sort of six and a</p>	
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<p>KNOWN EDGAR 6 ½ - 7 YEARS</p> <p>COLLEAGUE BUT ON BOARD SO SENIOR TO HIM IN HIERACHY BUT NOT RESPONSDING AS A BOSS</p>	<p>half to seven</p> <p>A: Yeah</p> <p>C: And as a colleague I don't know if he's explained erm where I sit in the sort of management tiers aligned with him</p> <p>A: Yeah</p> <p>C: But I'm not a line manager to him but I'm on the board</p> <p>A: Yeah</p> <p>C: As a sort of senior manager above him in the hierarchy</p> <p>A: Yeah</p> <p>C: But I've put colleague cause it's I'm not responding as as his boss</p> <p>A: Yeah</p> <p>C: In any way shape or form so</p> <p>A: Yeah</p> <p>C: OK (.....) [Caitlin continues completing the form] I've left the address blank cause it's Flag and you've got that address so that's fine</p> <p>A: OK thank you oh yeah of course (....) OK are you happy to start?</p> <p>C: Yep absolutely</p> <p>A: I'll I'll make some notes during the course of the interview if that's if that's OK?</p> <p>C: OK</p> <p>A: Erm firstly for some background information would you mind talking me through er your role and your job title?</p> <p>C: OK er my job title until recently has been retail sales director which means that in the business that we're in here in a magazine distributor I'm responsible for a team of fourteen people who take who sort of champion magazines out at retail so the team go and talk to Tescause Sainsbury Waitrose WHsmith independent retailers on the corner shop erm to champion magazines and get them listed promoted erm and hopefully sell lots on behalf of the publishers so I sit sort of <b>I was recruited in from WHsmith about seven years ago</b> erm to help this business get a <u>better</u> understanding of retail erm cause it's obviously a publisher-led business erm and the industry has changed quite a bit where retailer's power has grown</p> <p>A: Yeah</p> <p>C: So in the past publishers would say "here's a <u>lovely</u> magazine of course you will want it I'll send you all a copy please put it on your shelves and sell lots of them" erm now retailers are saying "I've only got this much space because I've put a chiller in here with food and sandwiches and I've got this and I've got this I only want these magazines" and we need to try and influence erm their thinking so erm so as I say I joined the business erm a little while ago <b>it is a business</b></p>	<p>SEES HERSELF AS COLLEAGUE NOT FRIEND</p>
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<p>RETAIL SALES DIRECTOR</p> <p>TEAM OF 14</p> <p>7 YEARS AT FLAG</p> <p>BUSINESS WHERE PEOPLE HAVE BEEN HERE A LONG TIME</p> <p>NEW GIRL</p> <p>ALSO RESPONSIBLE FOR IS AND HR</p> <p>RE-ALIGNMENT OF ROLES AT BOARD LEVEL</p>	<p>where there has been a lot of people here for a long time which has probably come through from some of the conversations you've already had so in some ways [says laughing] I'm still a bit of a <b>new girl</b> erm and my responsibilities have grown while I've been here to take responsibility on for a couple of other areas erm which seem like a bit of a mismatch but they align with experience I've got in the past so I'm now responsible for a number of the sort of supporting areas <b>so IS and HR</b> and the trade marketing side of things so erm my title is <b>now retail marketing director</b> and general <b>manager</b> which is a bit of a silly mouthful erm</p> <p>A: OK</p> <p>C: But it's capturing the fact that we've done some <b>re-alignment of roles at a board level</b> to try and group certain things together so erm so <u>that's</u> kind of the headlines and <b>so on the HR side of things</b> we have an <b>HR manager</b> who kind of handles and a team who handle the <b>day-to-day side of things</b> and they're trained and qualified in that area erm so the role I play with <u>that</u> is I guess <b>championing that side of things at a board level</b> making sure we have a sort of people <u>plan</u> erm that isn't just functionally recruiting and erm training but is a bit broader than that so and <b>there's a level of change management</b> work that I've done in the past in other businesses erm aligned with either <b>acquisition</b> erm or <b>system changes</b> that has <b>meant some level of trauma with people in the past</b> erm and as we've been through a couple of change management programmes in here that's kind of what's led into erm HR falling under me because it's needed that kind of <b>extra line of thinking</b> which it hasn't had as itself so</p> <p>A: OK</p> <p>C: I don't know if that makes broadly some sense? But OK</p> <p>A: That's great thank you can you talk about what kind what Flag is like to work for ?</p> <p>C: OK erm a couple of different ways of cutting it I guess one is that erm <b>when I joined Flag I was joining from WHSmith</b> as a retailer so Flag supply into Flag but erm looking at Flag and <b>it's competitor</b> so it's equivalent companies of which there are sort of four in four major ones in the industry <b>each has it's own kind of personality</b> and one of those companies is very <b>process-orientated</b> one is very <b>system-orientated</b> which you'd think would be the same but actually it creates a quite different personality erm and <b>Flag has always been very much a people business</b> so around the industry people recognise it as having that personality erm and (...) there are a lot of considering where we are based which is not particularly lovely <u>area</u> we do have a <b>very high erm retention rate</b> and a <b>very low turnover</b> erm which has been exacerbated over the last couple of years with the economic climate erm <b>so a lot of people here have been here a long time</b> erm which is <b>great for people understanding each other</b> and <b>knowing people well</b> and <b>having quite strong relationships</b> but also <u>because</u> y'know people so well some of the <b>politics at play is more acute</b> because of that I guess erm and a couple of the other</p>	<p>OUTSIDER COMING IN</p> <p>ENTRENCHED ? WHAT DOES SHE MEAN BY THIS? "NEW GIRL"</p> <p>SHE DOESN'T FEEL ENTIRELY PART OF THE FABRIC OF ORGANISATION</p>
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<p>HR MANAGER DAY TO DAY STUFF CAITLIN BOARD REP OF HR CHANGE MANAGEMENT</p>	<p>complexities in here is that the <b>MD is married to another member of the board</b> which <b>isn't healthy</b> and was my one issue about joining but it hasn't changed and I <b>haven't left yet so it's obviously alright</b> erm so (..) it's a <b>friendly business to work for</b> it's a <b>successful business</b> to work for in an industry that's pretty tough at the moment erm (..) we're probably a <b>little bit perfectionist</b> in trying to get to the hundred percent rather than the eighty twenty kind of rule and <b>we're not great at shouting</b> about our successes we kind of get on with it and then some of our competitors are very good at saying "<u>oh</u> well we did <u>this</u>" and it's like well we've already <u>done that</u> and moved on but we forgot to tell people about it so erm and <b>I don't think we're as aggressive as we could be but that's kind of not how Flag does it I guess</b> is in the competitive side of things erm but we've probably got clearer plans and goals than we've ever had in the past which is sort of setting out the next three years in a pretty robust way erm and our staff surveys have always come through we do we generally do them annually we didn't do one last year erm and we're just about to kick off the next one and they are <b>generally very positive</b> in the broad would you recommend Flag as a good place to work? Do you see it as a career? And y'know all those kind of questions erm and the niggles are investing in the place erm <b>it's harder work than ever it used to be much more fun</b> now we're just <b>having to work harder</b> those kind of things but erm generally very positive so I think <u>because</u> of that the <b>frustrations come through harder</b> if that makes sense or stronger that because it's all pretty good</p>	<p>"TRAUMA" – DIFFICULT TIMES IE REDUNDANCIES</p>
<p>COMPARES FLAG TO PREVIOUS COMPANY</p>	<p>A: Yeah C: <b>When it's not it really isn't</b> A: OK C: Erm <b>whereas if it was all quite tough and horrible all the time erm OK we'd get more turnover</b> but erm <b>that one issue wouldn't feel as noisy</b> so so the last couple of years have been tough because there's been a <b>pay freeze for two years</b> erm and er we've we <u>have</u> made <b>some redundancies</b> and we've <b>asked people to take on new responsibilities without fully recognising that</b> in terms of pay erm (..) but on the basis of how Flag has been and is erm it has been broadly accepted without <b>too much noise</b> so it's a <b>pretty good place to work</b> erm it's quite a <b>small business</b> really but a <b>number of people here have never worked for anything bigger</b> so think it's quite a big business which is erm a slight conflict of understanding can come through sometimes but erm but pretty much <b>everyone knows everyone</b> and certainly everyone knows Edgar [laughs] if that's a relevant point at some <u>point</u>?</p>	<p>STATES COMING FROM OUTSIDE AGAIN</p>
<p>FLAG = PEOPLE BUSINESS</p>	<p>A: Yeah</p>	<p>LIKE A PERSON, NOT A SYSTEM OR MACHINE</p>
<p>HIGH STAFF RETENTION LOW TURNOVER</p>	<p>C: Bad timing to stop sorry [laughs]</p>	<p>"PEOPLE BUSINESS" WHAT DOES THIS MEAN?</p>
<p>REPEATS LOTS OF PEOPLE HERE A LONG TIME</p>	<p>A: Erm can you describe the kind of person Edgar is at work? C: Erm (...) am I <b>answering it as he was?</b> Or <b>as he is generally?</b> Or <b>as he is now?</b> It's not changed fundamentally but there are probably a couple of</p>	

UNDERSTANDING	differences shall I bring those out as I talk?	
KNOWING	A: A answer it however =	REPEAT
STRONG	C: = OK =	
RELATIONSHIPS	A: = you would like	= KNOWING PEOPLE WELL
ACUTE POLITICS	C: Erm (...) <b>very hard-working</b> in terms of effort enthusiasm passion focus and <b>until recently the hours he put in as well</b> erm <b>he's tried to do some changing on that but not achieved it as fully as he should've done</b> perhaps erm he has a good understanding of the big picture as well as the detail albeit <b>detail is more his thing</b> erm <b>from the way he's come up through the ranks</b> and erm in terms of what he's best at erm and is <b>well-liked</b> and <b>respected internally</b> and <b>externally</b> with our publisher clients and with our trading partners erm his <b>passion can sometimes get a little er strong</b> to the extent that it can (...) <b>wind him up</b> is probably a bit too strong but get people on the other side of the table a bit <b>worked up</b> as well which <u>actually</u> can often come out with the best result <b>but it might have a bit of a boom before</b> it erm I don't quite know the right words but certainly with the wholesalers who he's working with most <b>he will challenge them hard</b> championing the publishers interest that <b>will push them to a point</b> that they will get quite frustrated but at least it will make the point and they'll come up with a better solution but it won't be a smooth erm ride all the way through because his passion will come through which is <b>great</b> <b>but different people work differently</b> erm he is very collaborative erm will always try and bring people along with him erm works well within a team erm and <b>his team (...) all think the world</b> of him erm he has been <b>challenged before now about his delegation skills</b> erm and until <u>reasonably</u> recently he hasn't had people strong enough to delegate <u>to</u> erm and Michael who you've met obviously and a couple of other people in that team are now in that place where he <u>can</u> but it's just <b>it's something that he does struggle with</b> erm and he has certainly recognised that [says slightly laughing] before now erm but he's very <b>well-liked well-respected</b> gets the job done erm in terms of his development erm and next steps <b>there is a bit of a question about whether he can get the big picture sufficiently to be able to step up to that next level</b> there isn't a role there <u>for him</u> right now because his line manager is on the board and isn't due to be going anywhere so what Edgar what we've done with Edgar and others is take is ask them to get involved in new things and <b>stretch them sideways</b> I guess and give them new learnings and responsibilities but <b>some of the things that we'd probably look to Edgar to do don't absolutely align with his core skills so that's sort of a a question for him and for the business going forward</b> erm especially recognising what's happened to him so erm so yeah but he is well-known across the industry as well erm cause it's <b>quite a incestuous industry</b> anyway so a lot of people know each other but <b>Edgar is very well-known</b> and (...) er <b>well-liked</b> (...) and is <b>a terrible flirt</b> [laughs]	= "STRONG RELATIONSHIPS" AS OPPOSED TO FRIENDSHIPS POLITICS INCENSTUOUS, NOBODY KEEPS DISTANCE PEOPLE INTERTWINED UNHEALTHY "FRIENDLY"
MD MARRIED TO BOARD MEMBER		
NOT GREAT AT SELF PROMOTION TO OUTSIDERS		SET IN ITS WAYS ISN'T CHANGING ENTRENCHED
HARDER NOW LESS FUN AT FLAG		
TOUGH ENVIRONMENT		
PAY FREEZE		
REDUNDANCIES	A: OK have you noticed any changes to the way Edgar views and approaches work as a result of his experience?	

PEOPLE ASKED TO TAKE ON MORE WITHOUT FULL RECOGNITION	C: Erm <u>yes</u> I guess in a kind in a few different ways one is he was very clear that (..) I think the changes that what has happened to him and the <b>impact it's had on how he's thought about his family and the time he spends with them</b> and the fact that the boys are growing up and will not be at home for too much longer <b>so him not being home until eight at night if not nine and not really seeing them and all of that kind of part of things has made him think about the hours he works</b> so I think from what he's been through and (..) how it's made him think about his family has affected how he has been erm spending <u>time</u> at work and <b>I think because for <u>so</u> long in his career he has worked he has been in at seven and left at after seven</b> erm finding a way of working to get the job done within less hours is something that I think he's not quite <u>found</u> yet so as a result had stretched back into working a <u>few</u> more hours and not stuck to "I'll leave at four" kind of thing erm and then had a scare a little more recently again and so that pulled him back at bit so <b>but the family and spending time at home and doing things that work isn't y'know <u>everything</u> and erm was definitely a big change</b> in terms of his erm physical ability which is partly where so the the hours part of it and <b>being erm at home more is one part</b> but actually the hours of not being on the M25 at the worst times cause that's why he has was doing the early and late <b>which is what I do as well</b> cause I live in Wiltshire so I try to be not on the motorway at the worst times but as a result erm of <u>physically</u> not wanting to it's not right for him to be in the office for as <u>long</u> erm again that's had the same that's kind of aligned with him being at home more but has meant that he's he is more <b>if he's had two days of quite heavy meetings or been in London or something like that the next couple of days he has looked physically drained which then worries people around him</b> as well as worries himself as well as he can't think as strongly so he's not delivering the job as well etc etc etc so that <b>physical element of things has definitely played a part</b> erm and <b>then I think the emotional part</b> (...) I guess I separate it from the sort of wanting to spend time with the family but <b>the bigger question of what's it all about?</b> And	
EVERYONE KNOWS EVERYONE		COCOONED
MAKES DISTINCTION EDGAR BEFORE EDGAR NOW		TOO CLOSE?
EDGAR HARD-WORKING DETAIL-FOCUSED PASSIONATE PUSHY	y'know I <b>strongly get the impression he y'know is cares a lot about the business and the people here (..) so that's been important to him to want to carry on but actually in the grand scheme of things is this really what he wants to spend his time doing?</b> Has been a question that I've (..) f felt has come through a few times but actually <b>it's probably a question that other people are asking as well even if they're not asking it of him</b> erm if that makes sense so again as a board =  A: = Do the questions come through to you in your own <u>mind</u> or do questions come through to you to him?  C: Erm I <b>guess they've come through from him to us at odd points in time where he's said y'know "I'm not sure"</b> particularly at his worst moments sort of <b>"I'm not sure whether I" he's never said "I won't come back to work" but actually y'know "what should I be doing?"</b> kind of and <b>"what is life all about?"</b> kind of questions were around at the beginning of the trauma	EDGAR IS DIFFERENT
		SLIGHTLY CONDESCENDING
		DOES SHE MEAN STRESSED

PASSION COMES THROUGH	erm since then it's probably been <b>more questions I guess amongst his peer group probably not to him well definitely not to him</b> erm about er "where is his head at in the long-term?" and <b>certainly as a board we have had that question we're holding that question as well</b> erm and it's not come to a head yet and there's no need for it to but it is <u>there</u> erm just as it has been we we again you say traumas happen a lot at work erm <b>a lady in finance lost her eighteen year old son? erm to cancer about eighteen months ago erm and again y'know questioned would she come back to work?</b> y'know would she want to? <b>actually she has wanted to because it's otherwise she would've been at home and getting more depressed erm and it's actually given her a new lease of life and she's taken some new responsibilities</b> and that kind of thing but <b>that's how she's dealt with it again we weren't sure whether that was really how Edgar would want to go and we're still not sure so it's <u>that</u> kind of question that we're holding</b> not =	EMOTIONS RUN HIGH WITH EDGAR
DELEGATION SKILLS NEED IMPROVEMENT	A: = Yeah =	HE ISN'T FLEXIBLE IN THE WAY HE DOES THINGS
WELL-LIKED	C: = Erm and it's a kind of less of an emotional one more of a functional actually y'know <b>the role that he does hasn't been a hundred percent done for a while</b> we're coping <b>putting pressure on a number of other people and onto Edgar himself cause he's knows he's not doing it so and I think that is having an impact</b> back to your original question of erm <b>how it has changed his work style</b> I think that because that's a lingering question <u>around</u> <b>it is having an impact</b> even if it's not <u>truly</u> impacting on the work <b>it is affecting people as they think about it and so as soon as people see him looking tired or not himself people worry which in the past we all look a bit tired on the odd day people don't tend to worry</b> so he's not being wrapped in cotton wool nor would he let that happen <b>but there is a bit of that</b> if that makes sense (..)	STRUGGLES TO "LET GO" CONTROL
QUESTIONS ABOUT WHETHER HE CAN STEP UP TO NEXT LEVEL	A: Have you noticed any other changes to the way he views and approaches work?	COLLEAGUE? NOW TALKING AS SOMEONE ON BOARD – HIGHER LEVEL THAN HIM
SIDEWAYS STRETCH FIRST	C: Erm (..) I'm probably not close enough I'm certainly not close enough in the day-to-day what he's doing everyday to be able to er notice any real differences in that part of things erm (....) so no and I think actually more now <b>in the last few weeks</b> than at any point in the in the period erm <b>he is more himself</b> in wandering the building <b>chatting to people being more himself</b> and I think partly that's because he's got over the erm y'know as soon as he walked back in everyone was like " <u>Oh</u> how are <u>you</u> ?" Ooh y'know and <b>him sort of not wanting to talk about it some days and then happy to talk about it other days</b> it's because he's been in enough now to get <u>past</u> that erm so there's been a I mean obviously the <b>rollercoaster of emotions</b> and the <b>physical changes</b> but actually <b>where he's at now is different</b> to where he was a month ago which is where he was different to a few months ago <b>so he's closer to himself in the way he's walking around the building</b> and behaving at a general level in terms of workload it's <b>getting more tricky</b> to be clear about some of the things that <b>Michael</b> and others have picked up and <b>whether they release them back to Edgar</b> or whether they shouldn't cause it's quite good development for	
WELL-LIKED FLIRT!		"INCESTUOUS"
RE-ADDRESSING WLB		"FLIRT" – GENDERED COMMENT



EDGAR ASKING OF HIMSELF	<p><b>emotional day</b> (...) it's probably caught a bit quicker (.....)</p>	VICARIOUS GROWTH?
OTHERS ASKING IT TO THEMSELVES INCLUDING THE BOARD	<p>A: Have you learnt anything about <u>yourself</u> personally and professionally as a result of Edgar's experience?</p> <p>C: Erm personally (...) I think the (...) I guess two counts one is the sort of emotion of erm <b>when someone who y'know quite well goes through that it it does it's odd how it affects you at different times and it catches you out</b> so it might be y'know when you're told you react like everyone else does <b>but then sometimes the things that go in your mind afterwards</b> erm y'know the odd things like well if he y'know <b>going to visit him at home is not something I y'know I've not been to his home before whereas others in the business might have been</b> so those kind of things suddenly become a bit like "<u>ooh well I want to</u> but it's a bit odd but I want to so I will" and those kind of things but I think the bigger <u>so odd silly questions come up</u> which actually really shouldn't matter at that point <b>but they still kind of linger</b> I think the <b>bigger things for me</b> were more around cause <b>similar to Edgar I work long hours</b> when maybe it's not always the most sensible thing to do erm and <b>those kind of questions</b> app y'know <b>I'll apply to myself</b> not that erm <b>it was like to protect myself from getting ill</b> but more about <b>actually a bit of a life check</b> erm and especially cause this year erm God nothing like as traumatic as Edgar's been through [says laughing] but I <b>turned 40 and got married so they kind of make me think about some things as well</b> so actually those things all dove-tailing around the same timing do prompt those kind of questions which is <b>is this a job I want to be doing? Is it as fulfilling as I want it to be? Am I spending the time outside of work travelling up and down the M4 or do I want to do something else?</b> So those kind of questions it poses erm and <b>in a protective if that happened to me next year would I be y'know would I and I wasn't here in twelve months time would I have done the things I wanted to do</b> those kind of questions I guess come into play erm professionally (...) er (...) I guess again <b>it's it prompted a number of people around the business to think about again some of that work-life balance question which has prompted us as a business to look at a couple of our policies</b> and how they were working type of things which wasn't wasn't completely prompted by what has happened to Edgar but they were on the radar and <b>we've sort of maybe all emotionally felt we should really try and get those sorted rather than having them lingering on a to do list</b> so there's been a little bit of that not maybe as much as we should've moved forward on but some movement erm (...) I guess whether it's personally or professionally for me erm <b>recognising the pressure it's put on members of Edgar's team</b> so and actually I mean you've seen Michael and Kerry Kerry does report in to me now but erm <b>she has tried to stay close to Michael to help him</b> and kind of just being aware of that and staying close to it <b>without interfering</b> because it's not my area is one of those sort of things that has been erm quite a big area of focus I guess erm (...) so and I <b>guess the kind of the caring for Edgar thing</b> in terms of y'know what it means to his family cause as</p>	
LADY IN FINANCE LOST SON SAME QUESTION ABOUT HER BACK AT WORK HOW SHE COPED		<p>WHY DEFINITELY NOT TO HIM? THOUGHT PEOPLE KNEW EACH OTHER INSIDE OUT</p> <p>WORK AS WAY OF COPING AND NEW PURPOSE</p>
PRACTICAL QUESTION ABOUT		



<p>STILL TIRED BUT BETTER THAN BEFORE</p> <p>WAS OUTGOING FULL OF ENERGY CHANGED WITHDREW INTO HIMSELF WHICH WAS APPARENT GIVEN WAY HE USED TO BE</p>	<p>is how some people would be erm whereas Edgar himself was prepared to be open about it actually meant that people weren't "where is he?" "What's going on?" which can start its own rumours and that kind of thing <b>he was prepared to be transparent so we could communicate with everyone consistently</b> erm and probably <b>more recently</b> when <b>he's had a couple of moments of bloods not quite right not sure he's kept that more private</b> erm but probably if that hadn't gone well he would've been prepared to be open about it again erm but <b>I think that was down to him as an individual</b> and I think as I say as a management team we've had to deal with a couple of issues in the past so kind of <b>emotionally for us we've kind of known we have to put our emotions in a box and be professional about it and then behind closed doors we can get emotional about it I guess</b> erm so that <b>we can hopefully provide some strength to others</b> in the business erm I think also Edgar has a <b>strong peer group</b> who themselves have <b>wanted to support him</b> erm and and have hence taken on work that <b>there was no grudge grudgingly sort of "Oh alright then if I have to what are you going to give me for it" it was like "of course I will"</b> which again in different businesses with different people with different tasks that might be different erm but that's worked well partly cause Flag's Flag partly because Edgar's Edgar erm and partly because we've been able to say "well look take this on for this period it's not forever erm we'll come back and review it again" because again <b>we've learnt in the past just throwing stuff at people and saying do it until we come back and tell you again isn't isn't the way to do it</b> so erm so but the comms is the biggest part that actually when it's a secret it's really hard</p> <p>A: Mhm</p> <p>C: (...) Cause also <b>those in the know</b> y'know when we've got new business about to come in or anything else <b>those in the know</b> y'know you want to tell people or you don't know how to tell people if it's bad news at least <b>if you're clear about it and everyone's can be open about it it's much easier</b> (...) the difficult thing with all of these professionally in terms of the workplace in my view is because there <b>isn't a time by which it's all gonna be better</b> erm be it Edgar and sort of how he is physically now erm <b>to when he will be back to himself if whatever that is and if he wants to be and if he ever will be</b> but again if there is a grieving process when someone's died or erm whatever else it's still <b>there isn't a point at which you can say "right draw the line now we move on"</b> you kind of need to <b>in some nominal way</b> but with most projects or processes you draw a timeline and you move on at that point and and <b>actually some people in the business might have moved on from something when or you make the assumption that they have and then they haven't</b> so again Michael is possibly quite a good example where <b>he has been incredibly strong about what he's had to take on and about his emotions</b> around what's happened to Edgar (..) we actually recognised we did some staff awards erm about a month ago erm that sort of recognised under a number of different categories and in terms of outstanding</p>	<p>"GOES INTO HIMSELF" EDGAR HAS AN INNER / OUTER SELF</p> <p>NORMALITY ABNORMALITY</p> <p>PUTTING ON AN ACT? PLAYING A ROLE</p> <p>THEY WANT HIM TO BE LIKE THE OLD EDGAR</p> <p>HID HIS EMOTIONS IN PART</p> <p>VULNERABILITY SHOWS NOW PHYSICALLY AND EMOTIONALLY</p> <p>NEGATIVE APPRAISAL SEE LINE 242</p>
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	<p>contribution we gave it to Michael erm and it was one of those things that it was to recognise what he'd done and it was a great y'know positive thing erm but <b>I think that by recognising him for it it was one of those things that probably brought back a few things that maybe he'd already put in a box and put the lid on</b> so it was a celebration but of a really horrible thing so and I don't think everyone had thought that through quite the way that <b>it ended up probably making him feel [says laughing] just awkward</b> a bit unfortunate but there you go</p> <p>A: Why what did he get upset?</p> <p>C: Well I don't think that he did as such but I think it sort of I think it just as I say he didn't get absolutely upset but <b>it just probably opened up a few things</b> that he y'know in a room full of a lot of people patting him on the back he's like <b>"well don't congratulate me because the only reason I had to do this is because he was really unwell"</b> so there was a bit of that which is <b>it's a hard balance to find</b> to say "thank you for doing that <b>you did a really good job you've been great</b>" it's like <b>well of course I would</b> but y'know <b>let's not forget what happened to Edgar</b> so it's it's finding that balance</p> <p>A: Yeah</p> <p>C: If erm which is and it was fine it wasn't a big issue but <b>it was just one of those things that I just thought afterwards mmm</b> because <b>when Mark Mark's the MD was presenting the award as as we all do he tried to make a flippant comment to make light of the recognition</b> of what was happening when and why this award was being given erm and it was <b>it was something like y'know was "not with thanks to Edgar for being ill but this is why Michael's got it"</b> but it was kind of y'know underlying was almost those words <b>which was a bit like urgh it's not quite what you wanna say</b> so so yeah but I do think as I say <b>the openness is the biggest thing and not having to be secret about it erm and the lurve</b> for Edgar probably helped it through a lot as well</p> <p>A: OK (.....) can you talk about Flag's response to Edgar's trauma?</p> <p>C: Erm OK I guess various different levels that we sort of touched on a <b>little</b> bit one being his direct team so <b>direct reports his team</b> and his <b>peer group</b> as another sort of level and <b>then business as a whole</b> as another erm (...) I think all parts were <b>shocked</b> by the news kind of shocked that something like that could I guess y'know when the story started becoming clear about how large the tumour had been and sort of that it was inside him and he hadn't put on loads of weight and had just actually looked like he'd lost weight but something that big was inside y'know all of those kind of things erm there was just a sort of <b>shock</b> and er <b>scaredness</b> of what was gonna happen to Edgar but as I say those kind of emotions that I guess affected everyone else which is so that can happen <b>if that can happen to him it can happen to anyone</b> and that you could just <b>see</b> filtering through very quickly erm <b>I think the team pretty quickly focused on right</b> so we're gonna <b>prove we can do this without him and we'll cope</b></p>	<p>CONTRADICTION?</p> <p>IT'S "ODD" STRANGE TO SEE HIM LIKE THIS</p> <p>I WASN'T PREPARED</p> <p>REFLECTION / RUMINATION</p> <p>OUTSIDER AGAIN</p> <p>COMPANION TO HERSELF</p> <p>SELF PROTECTION</p>
CATCHES YOU OUT EMOTIONALLY		
REALISED DIDN'T KNOW EDGAR AS WELL AS OTHERS EG VISITING HIS HOME		
FORCED CAITLIN TO ASK HERSELF SAME LIFE QUESTIONS		
IS THIS WHAT I WANT TO BE DOING?		

<p>PROTECT HERSELF FROM GETTING ILL</p> <p>PROMPTED FLAG TO LOOK AT POLICIES</p> <p>RECOGNISING PRESSURE IT PUT ON EDGAR'S TEAM</p> <p>DEALING WITH TRAUMA AS A BUSINESS – DONE IT</p>	<p>with him until he gets back erm and so jumped into sort of more engaged action than ever would've done I think his peer group were more more focused on Edgar in terms of right what can we do to support? Because there's less they could do in the business although a couple of them erm like Kerry had a role she could play erm but it was more about OK so what can we do instead? Erm and (..) as a board it was it was around OK how can we support him? What can we do if anything? How can we make sure we are supporting the key people who are most affected by it from what we can see? Erm and how do we keep the business running in that area? So it was more functional kind of conversations erm (....) I think the time the (..) it's probably getting a bit deep but the timing of it happening was y'know if you were mapping what was going on in the economy and in our performance sales-wise as a result cause magazines are a bit of a treat bought more often than not so y'know when people are saving a bit of money they are not buying a magazine or they're not buying as many erm we were as a business not y'know going through quite a tough time at the same time that that was happening so I think there was quite a lot of doom a gloom in the business before news like <u>that</u> broke and then that overlaid with it because as I say I can't think of anyone in the business who doesn't know who Edgar is which is shouldn't make a difference I guess in the grand scheme of things but if it was someone who was er y'know someone keying in something everyday in finance who's mainly known by a few people in finance team and a few people around the business it wouldn't have had quite the same impact on the business as a whole but it definitely did affect the business as a whole but as I say it came at a time when the business was quite low anyway we'd had a poor trading period in the first quarter cause of the snow and the ash cloud cause we have quite a lot of sales through the airports so sales were seriously down erm we'd been though a load of redundancies the year before so sales being that down would've prompted people to think what's next we'd already said there was a pay freeze it was all a bit crap and then that came along and it was even more crap so when the first bit of <u>good</u> news came through from that and it was sort of surgery had happened they think they've got everything erm and then the first time he came into the office were a much <u>bigger</u> deal than maybe Edgar thought they would've been I don't really <u>know</u> how he felt about them but erm there was a real high as a result of that more than was just around him but it was like <u>Oh</u> there's some good news in a world where there wasn't really any and it had got worse because of an individual thing like that</p> <p>A: Erm</p> <p>C: So those had quite big company effects in a way that if it was someone else in the business it might not have done erm and would've maybe just affected the team in that kind of way</p> <p>A: And at a different time?</p>	<p>EMOTIONS</p> <p>"TRIED" TO STAY CLOSE, IS SHE CLOSE OR NOT?</p> <p>IN THEIR RELATIONSHIP / FRIENDSHIP IE 3'S A CROWD?</p>
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TWICE BEFORE	<p>C: Yeah at a different time when maybe things were more on a high <u>I don't know I guess if things were more on a high</u> it maybe would've been a <b>really</b> big drop so it would've it could've been just as negative I guess because when everything's ticking along well and then there's one big and then there's one piece of bad news it could just it could've had a similarly bad effect whereas <b>it was just oh here's another bit of appalling news in a world of appalling news</b> erm but I think probably <b>what it did is it exacerbated the positive of him coming through it</b> and a really <b>positive element</b> and actually externally it's interesting talking to people erm who heard the first news heard he'd got through it but then haven't heard anything else cause maybe they haven't been in and seen us or we haven't spoken to them so I saw a few people last week who sort of said "<b>Oh how's Edgar?</b>" and I said "<b>Oh he's over there</b>" and "<b>Oh my God oh wow</b>" <b>so again it still has that quite positive affect</b> because it was sort of such bad news at at the time erm and <b>it's still having those waves</b> since [says laughing slightly] <b>which is quite interesting</b> I guess erm so it definitely did affect the business as a whole <u>I think</u></p> <p>A: Yeah (..)</p>	EMOTION
DIFFICULT TO DO	<p>C: But in terms of did our publisher client who pay our way wages notice a difference in service and <b>did we lose any business as a result of losing a key member of the team for quite an extended period of time no which is all credit to Michael in the first instance and his and the team erm and the clarity of of that team as a whole to say "right well we'll park that we'll have to do this we'll find someone else to cover that"</b> and get into that functional stuff to resolve day-to-day issues quite quickly erm so y'know we could have lost a couple of clients who trust Edgar erm expect him to be there at every beck-and-call erm or things like that and we didn't <b>so I guess that's positive too</b></p>	EMOTIONAL ATTACHMENTS TO PEOPLE AT WORK
LEARNING HOW TO DO IT	<p>A: C <b>Can I go back to it's related erm when you were talking about the organisation's response you talked about the board responding by saying how can we support Edgar and those affected?</b></p>	WANTED TO FORGET
HOW TO MANAGE COMMUNICATIONS	<p>C: Mhm</p> <p>A: <b>Can you talk some more about what was done?</b></p>	KEEPING A LID ON HER EMOTIONS
WORKY PROCESS FOR SOMETHING THAT IS PERSONAL	<p>C: Yes erm well actually not <u>not all that much when it comes down to it</u> erm (...) because [sighs] because Edgar didn't want it? That's not quite true erm I mean <b>one of the elements is in terms of sort of what sick pay we provide</b> and when people get to a certain I mean our sick pay is sort of better than erm new government standard SSP sort of stuff but <b>you get to a certain number of sick days and then you move to half pay and then you move to just SSP erm we've done it before where we've extended</b> y'know cause it <b>is sort of manager's discretion</b> as to when we do switch off or switch into the next level erm <b>so we did extend that a little bit</b> erm when <b>if we'd stuck to the rules we wouldn't have done</b> erm so there was some sort of financial elements there I think the other part in terms of</p>	WHY WITH THE LEAST EMOTION
ADDED DIFFICULTY BECAUSE EDGAR WAS SO LIKED BUT EASIER TO COMMUNICATE BECAUSE HE WAS OPEN		<p><u>REMAIN DETACHED</u></p> <p>WORK AND EMOTIONS DON'T GO TOGETHER</p> <p>MORE DIFFICULT BECAUSE PEOPLE ARE EMOTIONALLY ATTACHED TO EDGAR</p>

<p>BOARD HAS TO PUT EMOTIONS IN A BOX AND PROVIDE STRENGTH TO OTHERS</p> <p>TEAM SUPPORTED HIM AND OPENLY TOOK WORK ON</p> <p>THROWING EXTRA WORK AT PEOPLE INDEFINITELY DOESN'T WORK</p> <p>WHERE DO YOU DRAW A LINE AS A BUSINESS AND MOVE ON WHEN PEOPLE MAY NOT HAVE MOVED ON IN THEMSELVES</p>	<p>A: How did you so what can you talk me through the specifics of that?</p> <p>C: Yes I'd need I can double-check the absolute timings if that's helpful erm cause I can't quite remember what how many weeks?</p> <p>A: Ah</p> <p>C: So say it's twelve weeks that we pay full pay off sick and then then it would drop to half pay</p> <p>A: Yeah</p> <p>C: And then it would drop to SSP</p> <p>A: Yeah</p> <p>C: Erm and I can't quite remember our timings which I really <u>should</u> but I <u>can't</u> so erm as I say I can get those for you if it's helpful but <b>at the point that it would've dropped from full to half erm it was just at a point that whether he was going for the next phase of surgery or something else so we were just we kind of agreed we'll just move that a little bit erm and then we also looked at well he nominally came back to work and was so was back into full pay when he wasn't <u>really</u> erm so he was working from home although the job isn't a desk-bound job erm he was working from home and kind of nominally doing some project work and clearing a few emails for which we were paying him full-time which no one had any <u>issue with</u> but <u>possibly</u> if it was a different individual in a different role at a different time might not have been an approach we could've taken</b> erm as I say the policies are at manager's discretion and we're comfortable with that <b>we've done those kind of exceptions to the rule before <u>now</u> so Edgar didn't set the precedent erm which probably <u>helped</u></b> cause I guess the first time you do it is is the hardest decision to make erm so there were those sort of concessions I guess if that's the right word to to financially for him erm he was already set up with laptop and broadband and blackberry and those kind of things and mobile phone so it's not as if we had to sort those out <b>whereas in the past in a similar well not a similar situation but a situation where someone has needed to work from home for a bit because of a broken leg or whatever else we've we've set up those facilities er on a short-term basis so that we can still <u>ideally</u> so we can get work out of them</b> but realistically so they can still get paid and we don't have to kind of <b>fudge things</b> to quite the extent that we would otherwise have to do erm in terms of cause again in in <b>in some other roles we might have looked to back-fill a role for a period of time or said "look y'know just don't be here until you're ready to but in the meantime we <u>will</u> put someone in that role"</b> because we know we felt <b>we knew Edgar well enough to think he wouldn't want that and would feel quite threatened by it it would stress him out more at a time when he doesn't need that stress we did it other ways so made sure that the role was covered</b> but not by putting one person in that place which can often be the thing that in my experience <b>unsettles people</b> but by sort of sharing it out so <b>showing actually we need five people to do your job actually</b></p>	<p>PUBLIC V PRIVATE SELVES</p> <p>HIDING EMOTIONS</p> <p>PRIVATE V PUBLIC SHOWS OF EMOTION</p> <p>EQUATES STRENGTH WITH HIDING EMOTIONS</p> <p>SOCIAL SUPPORT AFTER MENTIONING "STRENGTH"</p> <p><u>"THOSE IN THE KNOW"</u></p> <p>INSIDERS V OUTSIDERS CLIQUES</p> <p>OPEN ABOUT EDGAR</p>
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<p>RECOGNISED MICHAEL'S CONTRIBUTION BUT WAS THIS RIGHT THING TO DO IN THE CIRCUMSTANCES</p> <p>STEPPING UP BUT BECAUSE OF SOMEONE ELSE'S ADVERSITY</p> <p>MARK MD'S GESTURE DID NOT WORK</p>	<p>can sometimes be [says slightly laughing] seen as a (...) as a better way of managing that and to be honest it was a more cost effective way for us to do it but it has put pressure on those individuals erm so I guess those are the sort of very tangible things we did erm y'know lots of people sent gifts and things like that it's <u>interesting</u> actually we didn't we haven't actively set up I mean it might happen next year cause we'll do our voting for charities cause we we nominate three charities from the company each year and there wasn't a big fund raising event for erm cancer research or any of those kind of things immediately after it happened but I would imagine that as we vote for the next charities that might come through there erm and there were gifts sent and support erm we did erm <b>HR did go and see Pippa's the HR manager did go and see Edgar and his wife a couple of times to sort of check that there was anything else we could do but they were pretty much "no actually just we'll get on with it and we'll come back talk to you if we need to" so erm there was an offer of what else can we do and do you want some support and any counselling or anything like that we can sort out?</b> but erm</p> <p>A: Do y'know anything erm about the discussions that took place in terms of the period Edgar was off the transition back to work and the ongoing in terms?</p> <p>C: Erm I guess at different levels cause there's been again <b>Pippa has spent time with Edgar with a sort of HR hat on but a bit of a friend hat on to just say "are you ready to?" "are you sure you should?" "you've already come back a bit too much you're not looking yourself"</b> so that kind of [clears throat] <b>pushing back on him and saying "you're doing too much too early"</b> erm but <b>"it's your y'know it's actually your choice but you shouldn't be"</b> so there's been a bit of that kind of official HR coach him back into the erm into the job Edgar's line manager erm I think Edgar cause Edgar's line manager is called Stuart it gets confusing but <b>Edgar I think pushed back a bit to I think to Stuart his line manager because Stuart was saying "stay at home you don't need to start work just y'know here's a couple of things to do" where as Edgar was like "no I want to come back into the office I want people to see that I'm well I want to get back into seeing people"</b> erm and Stuart was like <b>"no no no don't don't don't"</b> and Mark the MD was sort of <b>"right well Stuart you need to let Edgar decide what he wants to do"</b> which we did do and then he probably came back well he <u>definitely</u> came back a bit too much a bit too early so Stuart then thought <u>well</u> that's what I <u>told</u> you was going to happen so there was a <u>bit of all of that going on</u> but it was everyone trying to do the right things erm but I think again going back to there isn't an absolute formula to say this is how it should work erm that we could apply and <b>Edgar's emotional wanting to come back versus his physical capability is probably where the where the difference has been</b> erm so emotionally he has wanted to do more and physically hasn't been able to erm and <b>he actually needed himself to realise</b> that cause although there were probably a number of</p>	<p>BUT NOT ABOUT THEMSELVES?</p> <p>"BACK TO HIMSELF" AGAIN</p> <p>HE'S A STRANGER AT THE MOMENT</p> <p><u>HIS CHOICE V HIS ABILITY</u></p> <p>EQUATES STRENGTH WITH HIDING EMOTIONS AGAIN</p> <p>LID ON EMOTIONS AGAIN</p> <p>BAD THING TO OPEN IT AGAIN</p> <p>EMOTIONAL SCRIPTS</p> <p>IS IT NOT OK THEN TO OPEN UP EMOTIONS AGAIN?</p>
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<p>OPENNESS LOVE EDGAR FELT</p> <p>RESPONSES AT DIFFERENT LEVELS</p> <p>DIRECT REPORTS</p> <p>PEER GROUP</p> <p>BUSINESS AS WHOLE</p> <p>HIS TEAM RALLIED ROUND</p> <p>BOARD GAVE FUNCTIONAL AND STRATEGIC SUPPORT</p>	<p><b>different discussions in place erm officially and unofficially for his return to work it it it (..) erm he he pushed back against those a bit more than maybe he should've done but I think he was getting the push at home to say stay at home as well but I think he just wanted to prove everyone wrong</b> [says laughing] I'm sure so erm <b>I think in terms of could we have been more official about it yes</b> we could've done erm but I think because and again where we've had people we've got a warehouse in Castleford where we erm have got a workforce of about a hundred where it's less it's probably more official so if someone has been on long-term sick there maybe because of they've injured themselves on a forklift or something like that we do have quite a <u>robust</u> process for the first the return to work process and the coming to see them at home and then the first day in and then the first week in and then the first month in there's a sort of checkpoint and we've got quite an official process but <b>applying that to Edgar because he was in dialogue with us y'know from day one of post op through it kind of it didn't <u>negate it</u> but it kind of made it feel it would've felt really awkward applying the very formal process</b> that we do in in Castleford as a work environment</p> <p>A: Mmm</p> <p>C: And it and it and we do apply it in Didcot too but we don't haven't had too many people off long-term sick in that way whereas say a forklift driver won't <u>be</u> in touch until he's ready to come back or until we're <b>pushing him</b> to say "are you coming back?" erm (.....) so I don't know if that kind of answers any element of what you wanted me to? but</p> <p>A: It does</p> <p>C: OK [laughs]</p> <p>A: It does is there anything your organisation or colleagues did that you feel was <u>unhelpful</u> to Edgar following his trauma?</p> <p>C: That's an <u>interesting question</u> (.....) erm (.....) well clearly not that I can think of off the top of my head otherwise I would have said erm (....) we talked about doing things like switching off his emails or diverting them and diverting his phonecalls to mean that he couldn't be distracted by them or see them or anything else erm we chose not to do that initially cause <b>he said "I'm just not gonna look I'm not interested" because his mind was somewhere else and I think a number of us thought <u>you're saying that</u> but we're not y'know that's <u>so not like you</u> that however traumatic what you're going through is we don't believe that's what you'll do within a week of everything happening initially it was very clear that that's he was sticking to what he'd said so we didn't need to take that action</b> but I think if he had started sending the odd email or y'know erm or we'd seen cause I think if <b>he <u>had been dealing with any work at that point it wouldn't have been very well done</u></b> [says slightly laughing] as it were so if we'd seen him behave in any way like that then we probably would have had to have taken that action but it was quite an intrusive thing to do so we decided not to do it</p>	<p>SELF PROTECTION AWKWARD</p> <p>WHY "<u>LURVE</u>" NOT LOVE?</p> <p>DIFFICULT TO TALK ABOUT EMOTIONAL STUFF LIKE LOVE</p> <p>COMPASSION</p> <p>COMPASSION AND SOCIAL SUPPORT</p> <p>PROBLEM FOCUSED COPING</p> <p>PRACTICAL SUPPORT</p>
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<p>HIS ILLNESS GALVANISED THE BUSINESS AND BROUGHT PEOPLE TOGETHER IN DIFFICULT TIMES OUTSIDE BUSINESS</p> <p>BIG AFFECT ON COMPANY AS A WHOLE AT THAT TIME</p> <p>TIMING WAS IMPORTANT AND CONTEXT WAS IMPORTANT</p> <p>EXTERNAL</p>	<p>to start with erm and as I say we wouldn't normally do it for anyone but <b>because he is so workaholic in the past we felt actually diverting things away from him would've been a good thing</b> but we kind of so I'm kind of it was one of the things we <u>thought</u> about doing we didn't do it was the right decision not to do it in the end because <b>he took control of it himself</b> and said "I'm not gonna touch it" but if we had done that it <b>might've probably would've made him feel a bit undermined so it was the right decision</b> not to do I don't think there was I think people got a real balance of when to pop in to see him at home y'know there was a lot of people who wanted to <u>go</u> but most people talked to each other to say "well I'm going then so I'll go the next day" or "I'll leave it a couple of days" and then people checked in with him before they went and saw him I think probably as a business and as an industry he [laughs] his sons would tell you that they did very well out of sweets and biscuits cause a lot of people sent a lot of fantastic hampers and things which he couldn't really eat at the time erm so if we ever did anything wrong it was probably sending him far too much sugar into the house [says laughing] erm and I think again <b>I don't know whether this came through in anything he said but certainly his wife and family I think were quite stunned by how many cards he got and gifts he got which doesn't surprise any of us here because we know how well-liked he is but maybe sometimes at home people don't kind of know <u>that</u></b> erm but no I can't I can't think of anything else off the top of my head that we've done I think <b>I think that the way his boss Stuart tried to tell him to stay at home longer was the right thing to do but it felt like probably the wrong thing for Steve</b> erm (.....) but also what's y'know <b>everyone's different but Stuart is Stuart is quite an emotional guy</b> and I was actually in probably in this room with him when he got the call to say that the op had gone OK the first op had gone OK erm (...) and it's funny because I think most people would think Oh he'll be tough about it and everything else but actually he had to leave the room and go outside and he couldn't kind of but I'm not sure if Edgar ever <u>really</u> saw any of that emotion and <u>gets quite frustrated by his line manager</u> quite often so and would <u>know</u> he cares about him and everything else but I spose <b>more of us saw that than Edgar</b> did I guess that's not really answering your question <b>but showing the emotion sometimes I guess (..) for some people isn't what they want</b> I think Edgar again <u>seemed</u> fine about it and liked knowing it and knows everyone cares about him so it would've been odd if we'd hidden that emotion from him but some people I think wouldn't want to see that so again we did it right for Edgar but if you applied exactly the same things for someone else it might not be right</p> <p>A: Yeah</p> <p>C: Is I guess the =</p> <p>A: = Yeah =</p> <p>C: = <u>Obvious</u> underlying message on this is that <b>everyone is different</b></p>	<p>CONTEXT</p> <p>BUSINESS FOCUSED ON EDGAR RATHER THAN OUTSIDE WORLD</p>
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<p>REACTIONS TOO</p> <p>REAL POSITIVE TO SEE HIM GET THROUGH IT</p>	<p>A: Yeah</p> <p>C: <b>And how people want to deal with trauma is very different</b></p> <p>A: Yeah</p> <p>C: <b>But then how that reflects into the business then handles it makes a difference</b></p> <p>A: Yeah do you think Flag's learnt anything from Edgar's trauma</p>	<p>POSITIVE EMOTIONS DISPLAYED THROUGH EDGAR'S JOURNEY</p>
<p>BUSINESS DIDN'T SUFFER AS A RESULT WHICH IS A POSITIVE TOO</p>	<p>C: <u>Eeuurr</u> as a business (.....) <u>hmm</u> as a business we have probably ratified the strength of some of his <u>team</u> erm because they have handled what they've handled and coped with what they've coped with and delivered the excellent service that we aim to give our clients at all times and they've managed to retain that which doesn't mean we've learnt we can cope without Edgar but does mean that those guys can step-up in a way that we would like to think that they could've developed into but they have been able to do that erm I think we've probably so it's not a new learning it's a ratification I guess the <b>other ratification would be how well-liked and loved Edgar is because of the level of emotion that sort of rose from the business around it</b> erm and <b>I guess how close a business Flag is</b> in some ways in in <b>when things like this happen</b> because of <b>how people have rallied around both to get the job done and to support Edgar</b> erm but I guess none of those are new learnings as such it's sort of erm confirmation of some of the things that we would've maybe thought we were in the past in terms of process and managing the situation as I say erm although the situation with Edgar is is new in <u>itself</u> we have had to manage a few situations like that in the past erm and with the management team who are in place now so there were probably no absolutely new learnings at that point either because some of the decisions we had to make like this sort of when does pay shift? erm how do we manage him back into the business? those kind of things we've kind of had to handle that before erm it was more about how we gonna handle it for Edgar than <u>Oh my God what do we do?</u> Erm <b>I think for the individuals around it around him so his line manager and his direct reports haven't personally had to deal with that before within their team so as a business we've known how to handle it as individuals they haven't so they've obviously been through quite a big learning curve</b></p>	<p>POSITIVE THING FOR BUSINESS</p> <p>EDGAR'S SURVIVAL = POSITIVE EMOTIONS IN THE BUSINESS</p>
<p>BUSINESS EXTENDED FULL SICK PAY TERMS</p>	<p>A: Mmm</p> <p>C: Erm I think as Flag as a whole though <b>there's probably no <u>one</u> thing I could say we'd absolutely learnt y'know that's brand new</b> erm and I guess the not learning but again the thing for us now is to work out with Edgar <b>what's gonna be right for him going forward and what's going to be what the business needs and what he needs and can we make those work in the role he's in now or is there something new and different we create that's gonna work for him</b> and keep his skills and and personality and everything else in the business erm <b>while we provide the development for those people who stepped-up</b></p>	<p>WAVES OF EMOTION?</p> <p>WAVE – WATER METAPHOR</p> <p>POSITIVE CONCLUSIONS</p>



FLEXED RULES	<p><b>while he's been away to not push them back down to say "thanks but no thanks" so that's that's the sort of bit we're now in which if I'm honest no one's quite getting a grip of right now (..) but in the New Year I think we will but I think because we were about to do that a couple of months ago and then and then he was in not such a great place again so we've left it but so as I say there's no <u>one</u> thing that we've absolutely learnt that I can think of if I think of anything I'll let y'know</b></p>	
FULL PAY WHEN ONLY BACK PART TIME AND WORKING FROM HOME	<p>A: Just related to that though having dealt with those situations before were you conscious of bringing anything into the decision- making for the Edgar situation from that you'd learnt from the =</p> <p>C: = Yes =</p> <p>A: = others? =</p> <p>C: I think because I think without absolutely being clear <u>Ooh</u> let's remember that bit I think as a as a collective (...) <b>three of us have been line managers of different situations in the past it's just Stuart hadn't been</b> so the things we needed to think about we kind of almost it's a bit naff to say brainstormed but <b>the kind of day that we sat together talking about it for the first time we all said "well have you thought about that have you thought about that have you got that" and that kind of pulled it all together so it wasn't a document that was here and ready but we kind of did the Oh well when than happened we thought about it so it was kind of a pulling those moments together</b></p>	CONTRADICTION? INDIVIDUALS DID A LOT BUT ORGANISATION DIDN'T?
DIFFERENT PERSON THEN MAYBE DIFFERENT DECISION	<p>A: And what came into your head then about what you remembered from the other situations that you'd learnt and thought I need to deal with that differently or we need to do <u>this</u> this way or</p> <p>C: Erm =</p> <p>A: = Can you remember anything?</p> <p>C: <b>I think there was definitely a piece about his family</b> erm (..) and just not looking to <b>making sure that we don't just talk to his family through him but that we do talk to them or talk to his wife sort of separately to check that there's anything we can do for <u>her</u> that Edgar might say "Oh no she's fine" but actually to check with her herself</b> erm so there was a part there around that family element erm and I guess the other part that specifically came into my mind was <b>the pressure it was immediately going to put on a number of people around the business</b> and that it wasn't just the initial conversation with them to have to say "are you OK with taking this on?" Erm but to <b>make sure we were regularly checking in with them</b> erm because it's <b>not just the taking on the work but it's the emotional impact of being close to Edgar</b> cause <b>the only people who took the work on were the people who were close to Edgar so they got the double whammy</b> and not that in the past we'd sort of forgotten that but <b>there was a bit to make sure we didn't forget it</b> erm (..) and as I say because Stuart isn't someone who immediately thinks about some of those elements partly being a bloke partly whatever else [says laughing] but erm it was <b>just a kind of nudge him every little while to say "have you</b></p>	WHY ONLY A "LITTLE BIT"?  GRUDGINGLY? EXTENDED SICK PAY
WASN'T FIRST TIME RULES WERE FLEXED		FLEXED POLICIES "A LITTLE BIT"

<p>DIDN'T PUT SOMEONE INTO HIS ROLE BECAUSE HE WOULDN'T WANT THAT AND MORE COST EFFECTIVE BUT PUTS PRESSURE ON OTHER PEOPLE</p> <p>HR VISIT</p> <p>OFFER OF COUNSELLING</p>	<p><b>checked in with Michael?" "Is he OK?"</b> "Have you checked in with Kerry?" "Is she OK?" "Have you checked in with this?" Erm so there was a bit of <u>that</u> kind of for me that I was keen to make sure we were thinking about erm and the other elements were quite functional really I guess erm</p> <p>A: Did anyone come up with anything in that meeting when you were talking about stuff that you thought about but that's been really helpful?</p> <p>C: Erm (.....) if I say no it sounds a bit big-headed but erm not that I can think of (.....) there probably were things during the period but I <u>can't</u> put my finger on anything right now I have to say I think I think for me because I was [sighs] I guess I'm confident enough that it wasn't all to be on my shoulders or anyone's shoulders to think about it because as a senior team we meet regularly enough and we talk all the time to mean that if we'd thought of something it wouldn't have been forgotten again it would have been picked up pretty quickly erm and as a wider management team and business <b>if someone had a good idea we would've heard about it</b> so I guess because it didn't have to all come out in that first conversation there wasn't a huge worry to say oh if we've missed something now it's that's gone</p> <p>A: Yeah</p> <p>C: Erm I think if [sighs] if he had if the news had been he'd <u>died</u> rather than this is what he's found and he's gonna have an operation <b>it puts more pressure on</b> it because it's kind of it's now happening and erm and we've got to deal with things differently erm and that's probably when we've had <u>that</u> happen in the business before now it <b>puts more pressure on we've got to get this right because it's only now we're gonna get to do it in the communication or the support mechanisms</b> and everything else whereas I think because the Edgar thing although we didn't know at the time whether it was gonna be or not is the hope and assumption was he will come through this so it's a longer-term (..) project [laughs] (****) in a worky kind of way so erm so yeah I can't think of any <u>one thing</u> that came through that sort of <u>Oh yeah good idea</u> (....) I think er to be honest when we first heard the news it was a bit of well we've gotta wait and see cause we didn't know what was gonna happen next and there's been a few stages in the process that have had a bit more of <u>that</u> erm because it could've been a wait and see and actually the worst happened or it could've been a wait and see and actually he says "right I've had the operation but actually I'm walking away I don't wanna to come back to work" so <b>there were a number of scenarios that we could have mapped out</b> a whole plan for <b>but actually there was an element to say "we can cope let's wait and see"</b> which in different environments at different times might not have been possible erm</p> <p>A: Mmm</p> <p>C: Erm and in a smaller business or even in a bigger business that might not have been possible either so</p> <p>A: Is there anything else that has been important to you</p>	<p>SMALL BUSINESS SO DID THEY NEED A PRECEDENT TO DO THIS?</p> <p>HUMAN RESOURCES OR HUMAN BEINGS?</p> <p>"FUDGING THINGS" OR BEING FLEXIBLE AND TAILORING FOR INDIVIDUAL SITUATIONS AND NEEDS</p> <p>EDGAR WAS STRESSED</p> <p>MANIPULATIVE EMPLOYER?</p>
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<p>HR CONVO'S WHEN RETURN TO WORK</p> <p>EDGAR PUSHED BACK ON LINE MANAGER</p> <p>MD INTERVENED AND SAID EDGAR SHOULD DECIDE</p> <p>EMOTIONAL WANT V PHYSICAL CAPABILITY PLUS HOME SAYING HE SHOULD NOT RETURN TOO SOON</p> <p>HAD TO BE INFORMAL WITH EDGAR BECAUSE DIALOGUE WAS CONSTANT</p>	<p>about this that you wanted to add? Cause I don't have any specific questions I've been through =</p> <p>C: = OK =</p> <p>A: = all of the questions that I had</p> <p>C: Erm (.....) no I mean <b>I think emotionally for me personally it's just as it has for a lot of people it has been horrible (...)</b> in in the context of y'know <b>at at our age erm or my age</b> [says laughing] erm I am it's <b>it's not it's not what I'm used to yet</b> I'm not saying my parents are used to it yet but they are starting to get a bit more used to it erm be it either dealing with y'know illness of a serious nature cancer of a specific nature or the sort of y'know high likelihood of death and <b>the impact it has on a number of people</b> it's just not kind of where we're at our lifecycle at the moment sort of thing so I think every time you do touch it at this stage in your life you kind of (..) it builds that it builds it up towards what you're going to get more used to <b>but it is still quite unusual and in a work environment because however much we are all personal friends it is still quite worky it's finding that balance between the work and the personal when it becomes something that is so emotional that is quite hard and I guess (..) we don't have I mean although we've talked about senior management a bit we don't have a huge hierarchy but there is a bit for me which is as a senior manager I want to make sure that we are being strong for everyone else when actually you're not always going to feel that strong and in the initial communication when we wanted to do as much as we could face-to-face that was quite hard erm (..)</b></p> <p>A: That's a really interesting point from the board's point of view about the emotions that they were going through</p> <p>C: Mhm</p> <p>A: But maintaining that</p> <p>C: Yeah cause it's a balance of everyone knows we are reasonably caring sharing kind of business everyone knows that it's very traumatic but <b>you kind of need to give the confidence of "right this is what's gonna happen next he's gonna be y'know he's gonna go for the operation and then we'll tell you what's gonna happen"</b> and being quite functional about it but recognise the emotion that's going on not be hard and cold about it but try and be strong so that everyone can feel right we're going to get through this he's going to get through this and it's you can put more pressure on yourself than you maybe need to but it's it's personally quite important to me to provide y'know when people in my team or around the business see that I'm having a bad day I've failed cause I'd rather they didn't know I'm having a bad day erm as I say this is one of those sort of examples where you kind of it's that balance between between those different things erm</p> <p>A: Is that you talking just you personally or is that was that the board's general =</p> <p>C: = I think the board =</p>	<p>NOT JUST EDGAR</p> <p>IE LEAVE US ALONE?</p> <p>CAN YOU WEAR TWO HATS?</p> <p>IS THIS MANIPULATION?</p> <p>SAYING FRIEND BUT STILL REPRESENTING HR?</p> <p>HR PUSHING HIM</p> <p>IMPLIES ARGUMENT OR PHYSICAL FIGHT</p> <p>BUT HE WASN'T WELL</p> <p>MD LIKE FATHER MEDIATING BETWEEN TWO CHILDREN</p>
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EDGAR DID SWITCH OFF FROM WORK	A: = feeling? =	
EDGAR TOOK CONTROL HIMSELF	C: = Would generally feel that way erm and the board did generally feel that way <b>personally for me it's it's something I'm a bit too hung up on sometimes</b> so erm but as I say because Edgar I was slightly separate from that in terms of not having to cascade to <u>his</u> team cause someone that if I'd had to do that to my team that would've been and <b>when I had to do it for Robert who died it was awful and I didn't deal with that very well</b> so and it was again cause it was the first time I had to do it I think if I had to do it again now to go back to your question so I would've I haven't learnt anything specific about it but it's just I <b>have done it before and doing the second time or the third time is always that bit easier however awful it is cause you kind of know what emotions you're going to go through</b> erm but no as a board that balance of being strong and clear and robust about things whilst sharing difficult news is is I guess something we have to do regularly but <b>it's the prof personal element of it that that comes into play erm (...) and I think I do question in my mind whether Edgar (..) has truly thought about what he wants to be spending his time doing erm and whether coming back to work has given him a level of normality back</b> in what has been a very un-normal period of time but whether this is truly what he should be spending his time doing now erm I'm not I haven't spent enough time with him to truly know whether I can feel confident that he's thought about it in the way I <u>would've thought about it</u> [laughs] erm and it's not something I plan to I certainly we've chatted about talking about it in the New Year erm just in terms of some of the other projects we've got coming up are some of those things interesting to him instead of what he's doing now? or whatever else but erm (...) <b>so that's the sort of a question that lingers for me but it's a question I'm holding I guess maybe it lingers for me because it's a question I'm holding about myself as well</b>	EVERYONE PUSHING EACH OTHER!
FAMILY SURPRISED BY CARDS, RESPONSES ETC		
HIS LM IS EMOTIONAL BUT		
PEOPLE DON'T SEE IT		
EDGAR DIDN'T SEE IT		
EDGAR LIKED PEOPLE SHOWING THEIR EMOTION		
EVERYONE IS DIFFERENT IN HOW THEY REACT TO TRAUMA		
IT IS HOW BUSINESS RESPONDS THAT MAKES A DIFFERENCE		
STEPPED UP		
LEARNING		
RATIFICATION		
HOW WELL-LIKED EDGAR IS		
HOW CLOSE THE BUSINESS IS		
HOW SUPPORTIVE PEOPLE ARE	A: Mmm	CONTRADICTION SHOULD HAVE BEEN MORE OFFICIAL BUT WOULD HAVE BEEN AWKWARD TO DO SO
INDIVIDUALS LEARNT A LOT	C: In terms of I've been here seven years I've just turned 40 just got married I'm not gonna have kids but it's still what am I gonna do next? and so while I'm holding that question I'm thinking about other people and watching what <u>they're</u> doing but actually Edgar is one who I think is he really asking himself that question and it's not my issue really but it's sort of something that you can't help but be mindful of	
ORGANISATION DIDN'T HAVE ANY NEW LEARNING		
WHAT KIND OF ROLE WILL BE RIGHT FOR HIM MOVING FORWARD AND OTHERS WHO HAVE DEVELOPED IN HIS ABSENCE?	A: Were you? Did you have that question before this happened to Edgar?	
THREE BOARD MEMBERS	C: Erm (...) <u>a little bit</u> but it was escalated by erm <b>another year on the clock in this business</b> the other things that have happened in <u>my</u> life this year <u>and</u> the Edgar thing so they kind of all just happened to come together in a way that has probably escalated it a bit more	
ONLY STUART HAD NOT DEALT WITH A SITUATION LIKE THIS BEFORE	A: Mmm	
	C: I think so erm and Edgar I think y'know again he has <b>he has spent time thinking about it but at the same</b>	CHANGE IN EDGAR WAS

<p>LEARNING FROM PREVIOUS SITUATIONS</p> <p>SPEAK TO FAMILY DIRECT TO OFFER SUPPORT TO THEM</p> <p>REGULARLY CHECKING WITH THOSE PEOPLE WHO TOOK ON WORK IN EDGAR'S ABSENCE</p> <p>CONFIDENT COVERED EVERYTHING</p> <p>NEW IDEAS WOULD HAVE BEEN PICKED UP</p> <p>MORE PRESSURE TO GET DECISIONS RIGHT FIRST TIME WHEN SOMEONE HAS DIED</p> <p>EMOTIONALLY DIFFICULT FOR CAITLIN</p> <p>NOT USED TO NEWS LIKE THIS AT HER AGE</p> <p>GETTING BALANCE BETWEEN PERSONAL AND THE PROFESSIONAL HAS BEEN DIFFICULT</p> <p>WANT TO DEMONSTRATE STRENGTH AS A SENIOR MANAGER</p> <p>PUTS PRESSURE ON BUT IMPORTANT NOT TO SHOW HOW YOU ARE REALLY FEELING</p> <p>BREAKING TRAUMATIC NEWS EASIER WITH PRACTICE</p> <p>RAISES EXISTENTIAL QUESTIONS ABOUT ROLE WORK PLAYS IN LIFE</p> <p>QUESTIONS THAT OF HERSELF</p>	<p><b>time it's what his conclusion he's come to erm and how are we helping him with that if we can is the bit I guess that I'm mindful of too</b></p> <p>A: And is someone having that conversation with him?</p> <p>C: [Sighs] Again not as dir <b>when he first came back yes</b> erm since since <b>then I don't think</b> so but I haven't checked recently so <u>probably talking about this I probably will</u> [laughs]</p> <p>A: So it wasn't seen as a too much of a personal y'know you were talking about the balance between =</p> <p>C: = Yeah =</p> <p>A: = the personal and professional thing it wasn't seen as (..) too much of a personal question as in y'know what is important in your life now? Or =</p> <p>C: = Erm I guess it was asked certainly er erm <b>Pippa in HR asked him erm more from the personal side of things</b> to say "look if you if you want" y'know <b>"taking my Flag hat off for a moment tell me what you're thinking? Because if you want me to shape something up through the Flag route that would work better for you then then tell me what you're looking for and I'll see what I can do"</b> erm so that's my understanding of when she asked that question that was sort of applying applying it personally but again I think (..) <b>because he has been very open about the whole thing and is generally quite an open guy it didn't feel too personal but him choosing to be open and honest about that may or may not be where he is at erm and again for someone different it wouldn't be a question you could probably ask</b></p> <p>A: Mmm</p> <p>C: <b>It's a bit like asking someone who's going off to have a baby to say "OK you're going off for a year are you going to be coming back?" You can't ask that [says laughing slightly] erm and nor generally can the individual actually truly answer it because they don't know so and that's pretty much in a very bizarre comparison where we are with Edgar I would imagine that what he <u>thinks</u> is right right <u>now</u> erm (..) may not feel right in six months time so (..) erm and what's right for the business we've proved we can cope but in the longer-term there are a number of things we would we should be getting Edgar to get stuck into right now and we haven't yet and we're gonna need to do something about that soon <b>so it's probably going to come to a bit of a head on the work front erm not in a bad way but just in a right do you want to do that or do we need to get someone else to do it?</b></b></p> <p>A: And how does that happen er process process-wise?</p> <p>C: Erm well as I say that in reality Stuart is looking at we we as a business as a board we've been looking at erm y'know our sort of three-year plan and then specifically what are we prioritising for next year within that there are a number of supply chain elements which is what Edgar's world is all about erm and so the day-to-day stuff y'know is ticking along but actually some of the project activities erm and the strategic planning for three year's time that needs to kick off next year are the</p>	<p>IMMEDIATE IMPLIES THEY DIDN'T BELIEVE SOME OF THE THINGS HE'D SAID BEFORE</p> <p>"IS" BUT IN THE PAST NOT SURE WHO HE IS NOW</p> <p>COMPASSION</p> <p>BEST INTENTIONS BUT BOSS WAS NOT SEEN AS COMPASSIONATE BY EDGAR</p> <p>HIDING EMOTIONS AGAIN</p> <p>EDGAR'S TEAM DEVELOPED AS A RESULT</p> <p>LOVE COMPASSION AND EMOTIONS DISPLAYED FOR EDGAR</p> <p>LEARNING</p> <p>DENIGRATES STUART</p>
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<p>CAN FLAG HELP EDGAR ANSWER THESE QUESTIONS? HR ASKED QUESTIONS ABOUT ROLE AND WORK ON RETURN</p> <p>EDGAR BEEN OPEN SO THEY HAVE BEEN OPEN IN RETURN</p> <p>COMPARES TO MATERNITY LEAVE</p> <p>FEELINGS CHANGE OVER TIME</p> <p>DISCUSSIONS WILL HAPPEN BETWEEN EDGAR AND HIS LINE MANAGER ABOUT HIS ROLE MOVING FORWARD</p> <p>HR WILL ALSO HAVE CONVO WITH HIM</p>	<p>bits that as we pull project teams together for them the natural instinct right now would be to say "right well let's not include Edgar" but his lines his resp his <u>role</u> would naturally say you should have include him so as we start to get into a couple of projects like that next year early next year that will prompt a discussion with him to say</p> <p>A: Between <b>his line manager and him?</b></p> <p>C: <b>Yeah</b></p> <p>A: OK</p> <p>C: Erm <b>but alongside that the certainly Pippa and I have talked about the fact that she needs to catch up with him again erm from an HR perspective to check in see how he's doing try to going back to what we were saying before about trying to pick up on slightly more of the way we would bring people back into the business in other areas</b> erm to do a bit of a "OK you've been back x months how is it feeling? What else can we do? What are you thinking?" to just not to test how open he is but just to see what y'know what he is up for sharing cause he might share differently with her than with erm his line manager (..) so so there's sort of those two streams that in the New Year I would imagine will kind of move on a little bit more than we have done in the last couple of months (..) erm (..) I can't think of anything else =</p> <p>A: = It's been really helpful =</p> <p>C: = Just going back to a couple of questions you OK well good [laughs]</p> <p>A: Really really helpful if you do think of anything else erm what I'll do is I'll drop you an email anyway =</p> <p>C: = Well Jill's got your details because she fixed up =</p> <p>A: = to oh yeah well =</p> <p>C: = So that's fine don't worry =</p> <p>A: = Yeah =</p> <p>C: = Erm so no I'll it's there were a couple of questions you asked that I thought <u>oh</u> I probably should think of something there but I can't right now so if I do then I'll drop you a note</p> <p>A: That's great</p> <p>A: If as you go through the transcript you think I can't remember what she meant meant when she did that because she did that or that erm then give me a shout [says laughing]</p> <p>A: OK yeah I will erm on timescales would you like to see a transcript of your interview</p> <p>C: Erm no I'm fine as I say I'm confident that if it's useful for you then great erm I'm but no that's fine</p> <p>A: And in terms of the final thesis that's probably two years off erm I'm hoping to submit by the beginning of 2012</p>	<p>STUART OUTSIDER NOW</p> <p>COMPASSION</p> <p>EXTENDS TO HOME!</p> <p>EMOTIONS AGAIN</p> <p>EMOTIONS AGAIN</p> <p>COMPARISONS AGAIN</p> <p>PERSONAL V PROFESSIONAL</p> <p>WORK V HOME</p> <p>FRIENDS V COLLEAGUES</p> <p>PROJECT STRENGTH</p> <p>HIDING EMOTIONS</p> <p>HIDING EMOTIONS</p> <p>TRUE FEELINGS</p> <p>PRESSURE ON SELF TO PERFORM</p> <p>WANTS TO LET GUARD DOWN</p> <p>IE FELT SHE WAS UNPROFESSIONAL FOR SHOWING HER FEELINGS</p> <p>MORTALITY</p> <p>TIME IS TICKING</p> <p>CAN SOMEONE FROM WORK GET A TRUE ANSWER TO A PERSONAL QUESTION</p> <p>EDGAR CONSTANTLY CHANGING</p> <p>IMPLIES HE ISN'T TELLING THEM WHAT HE IS REALLY FEELING</p> <p>HE DEFINITELY WON'T TELL HIM!</p>
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# 11.16 APPENDIX P: WORKPLACE WITNESS INTERVIEW THEMES: CAITLIN

CAITLIN SUPERORDINATE THEMES	THEMES	ILLUSTRATIVE QUOTES
1) UNCERTAINTY & CHANGE	1a) OLD EDGAR/NEW EDGAR	<p>"until recently the hours he put in as well erm he's tried to do some changing on that but not achieved it as fully as he should've done perhaps" (LINES 225-227)</p> <p>"what has happened to him and the impact it's had on how he's thought about his family and the time he spends with them and the fact that the boys are growing up and will not be at home for too much longer so him not being home until eight at night if not nine and not really seeing them and all of that kind of part of things has made him think about the <u>hours</u> he works" (LINES 269-275)</p> <p>"the <u>family</u> and spending time at home and doing things that work isn't y'know <u>everything</u> and erm was definitely a big change" (LINES 283-285)</p> <p>"if he's had two days of quite heavy meetings or been in London or something like that the next couple of days he has looked physically drained which then worries people around him" (LINES 294-296)</p> <p>"actually more now in the last few weeks than at any point in the in the period erm he is more himself in wandering the building chatting to people being more himself" (LINES 352-354)</p> <p>"actually where he's at now is different to where he was a month ago which is where he was different to a few months ago" (LINES 359-362)</p> <p>"he's generally full of energy and outgoing and effervescent when he's been tired or a bit feeling low or a bit worried about like the call he's about to get from the doctor about the last blood test that ebullient bubbly self kind of goes into himself a bit which is <u>very</u> different to how he would normally behave" (LINES 384-388)</p> <p>"he tries to be as similar as he can be it's just you can tell sometimes when he's distracted" (LINES 394-395)</p> <p>"normally he was (...) I wouldn't say probably better at hiding emotions but actually didn't have issues to hide (...) in the past (...)" ( LINES 397-399)</p> <p>"when he will be back to himself if whatever that is and if he wants to be and if he ever will be" (LINES 544-545)</p>
	1b) EDGAR'S ILLNESS AS A GALVANISING FORCE	<p>"it's probably getting a bit deep but the timing of it happening was y'know if you were mapping what was going on in the economy and in our performance sales-wise as a result...we were as a business not y'know going through quite a tough time at the same time that that was happening so I think there was quite a lot of doom a gloom in the business before news like <u>that</u> broke and then that overlaid with it because as I say I can't think of anyone in the business who doesn't know who Edgar is which is shouldn't make a difference I guess in the grand scheme of things but if it was someone who was er y'know someone keying in something every day in finance who's mainly known by a few people in finance team and a few people around the business it wouldn't have had quite the same impact on the business as a whole but it definitely did affect the business as a whole but as I say it came at a time when the business was quite low anyway we'd had a poor trading period in the first quarter cause of the snow and the ash cloud cause we have quite a lot of sales through the airports so sales were seriously down erm we'd been though a load of redundancies the year before so sales being that down would've prompted people to think what's next we'd already said there was a pay freeze it was all a bit crap and then that came along and it was even more crap so when the first bit of <u>good</u> news came through from that and it was sort of surgery had happened they think they've got everything erm and then the first time he came into the office were a much <u>bigger</u> deal than maybe Edgar thought they would've been I don't really <u>know</u> how he felt about them but erm there was a real high as a result" (LINES 615-643)</p> <p>"those had quite big company effects in a way that if it was someone else in the business it might not have done" (LINES 648-649)</p> <p>"oh here's another bit of appalling news in a world of appalling news erm but I think probably what it did is it exacerbated the positive of him coming through it" (LINES 657-660)</p> <p>"so I saw a few people last week who sort of said "Oh how's Edgar?" and I said "Oh he's over there" and "<u>Oh my God oh wow</u>" so again it still has that quite positive affect because it was sort of such bad news at the time erm and it's still having those waves since [says laughing slightly] which is quite interesting I guess erm so it definitely did affect the business as a whole" (LINES 663-669)</p>

2) SELF-REFLECTION	2a) EXISTENTIAL QUESTIONS	<p>"the bigger question of what's it all about? And y'know I strongly get the impression he y'know is cares a lot about the business and the people here (...) so that's been important to him to want to carry on but actually in the grand scheme of things is this really what he wants to spend his time doing?" (LINES 301-305)</p> <p>"he's said y'know "I'm not sure" particularly at his worst moments sort of "I'm not sure whether I" he's never said "I won't come back to work" but actually y'know "what should I be doing?" kind of and "what is life all about?" (LINES 313-316)</p> <p>"similar to Edgar I work long hours when maybe it's not always the most sensible thing to do erm and those kind of questions app y'know I'll apply to myself not that erm it was like to protect myself from getting ill but more about actually a bit of a life check erm and especially cause this year erm God nothing like as traumatic as Edgar's been through [says laughing] but I turned 40 and got married so they kind of make me think about some things as <u>well</u> so actually those things all dove-tailing around the same timing do prompt those kind of questions which is is this a job I want to be doing? Is it as fulfilling as I want it to be? Am I spending the time outside of work travelling up and down the M4 or do I want to do something else? So those kind of questions it poses erm and in a protective if that happened to me next year would I be y'know would I and I wasn't here in twelve months' time would I have done the things I wanted to do" (LINES 428-442)</p> <p>"at our age erm or my age [says laughing] erm I am it's it's not it's not what I'm used to yet I'm not saying my parents are used to it yet but they are starting to get a bit more used to it erm be it either dealing with y'know illness of a serious nature cancer of a specific nature or the sort of y'know high likelihood of death" (LINES 1036-1040)</p> <p>"I do question in my mind whether Edgar (...) has truly thought about what he wants to be spending his time doing erm and whether coming back to work has given him a level of <u>normality back</u> in what has been a very un-normal period of time but whether this is truly what he should be spending his time doing now" (lines 1092-1096) ... "that's the sort of a question that lingers for me but it's a question I'm holding I <u>guess</u> maybe it lingers for me because it's a question I'm holding about myself as well" (LINES 1113-1116)</p> <p>"I've just turned 40 just got married I'm not gonna have kids but it's still what am I gonna do next? and so while I'm holding that question I'm thinking about other people and watching what they're doing" (LINES 1108-1111)</p>
	2b) PERSONAL/ PROFESSIONAL DIVIDE	<p>"we're a small business we've had a number of (...) people die erm so it probably brought out for me some of those elements that again were a bit personal a bit professional" (LINES 461-464)</p> <p>"but it is in the professional side of things it is a bit how do you deal with it? how do you tell people?" (LINES 483-484)</p> <p>"it's quite a worky process [smiles] for something quite personal and emotional for a lot of people" (LINES 494-496)</p> <p>"but no one who anything has happened to has been as well-known and well-liked as Edgar so that sort of adds another layer to it in terms of how you manage it I guess" (LINES 500-503)</p> <p>"there isn't a point at which you can say "<u>right draw the line now we move on</u>" you kind of need to in some nominal way but with most projects or processes you draw a timeline and you move on at that point and actually some people in the business might have moved on from something when or you make the assumption that they have and then they haven't" (LINES 547-552)</p> <p>"Pippa has spent time with Edgar with a sort of HR hat on but a bit of a friend hat on to just say "are you ready to?" "are you sure you should?" "you've already come back a bit too much you're not looking yourself" so that kind of [clears throat] pushing back <u>on him</u> and saying "you're doing too much too early" erm but "it's your y'know it's actually your choice but you shouldn't be" so there's been a bit of that kind of official HR coach him back into the erm into the job" (LINES 767-774)</p> <p>"I don't know whether this came through in anything he said but certainly his wife and family I think were quite stunned by how many cards he got and gifts he got which doesn't surprise any of us here because we know how well-liked he is but maybe sometimes at home people don't kind of know <u>that</u>" (LINES 859-863)</p> <p>"I think for the individuals around it around him so his line manager and his direct reports haven't <u>personally</u> had to deal with that before within their team so as a business we've known how to handle it as individuals they haven't" (LINES 919-922)</p> <p>"it's not just the taking on the work but it's the emotional impact of being close to Edgar cause the only people who took the work on were the people who were close to Edgar so they got the double whammy" (LINES 973-976)</p> <p>"emotionally for me personally it's just as it has for a lot of people it has</p>



		<p>been horrible (...)” (LINES 1034-1035)</p> <p>“but it is still quite unusual and in a work environment because however much we are all personal friends it is still quite worky it’s finding that balance between the work and the personal when it becomes something that is so emotional that is quite hard” (LINES 1044-1048)</p> <p>“try and be strong so that everyone can feel right we’re going to get through this he’s going to get through this and it’s you can put more pressure on yourself than you maybe need to but it’s personally quite important to me to provide y’know when people in my team or around the business see that I’m having a bad day I’ve failed cause I’d rather they didn’t know I’m having a bad day” (LINES 1065-1070)</p> <p>“personally for me it’s something I’m a bit too hung up on sometimes” (LINES 1078-1079)</p> <p>“I have done it before and doing the second time or the third time is always that bit easier however awful it is cause you kind of know what emotions you’re going to go through erm but no as a board that balance of being strong and clear and robust about things whilst sharing difficult news is I guess something we have to do regularly but it’s the prof personal element of it that comes into play” (LINES 1086-1092)</p> <p>“Pippa in HR asked him erm more from the personal side of things to say “look if you if you want” y’know “taking my Flag hat off for a moment tell me what you’re thinking? Because if you want me to shape something up through the Flag route that would work <u>better</u> for you then then tell me what you’re looking for and I’ll see what I can do”” (LINES 1136-1141)</p> <p>“Pippa and I have talked about the fact that she needs to catch up with him again erm from an HR perspective to check in see how he’s doing try to going back to what we were saying before about trying to pick up on slightly more of the way we would bring people back into the business in other areas erm to do a bit of a “OK you’ve been back x months how is it feeling? What else can we do? What are you thinking?” to just not to test how open he is but just to see what y’know what he is up for sharing cause he might share differently with her than with erm his line manager (...)” (LINES 1181-1190)</p>
	2c) LEARNING	<p>“I think for the individuals around it around him so his line manager and his direct reports haven’t <u>personally</u> had to deal with that before within their team so as a business we’ve known how to handle it as individuals they haven’t so they’ve obviously been through quite a big learning curve” (LINES 919-923)</p> <p>“I think as Flag as a whole though there’s probably no <u>one</u> thing I could say we’d absolutely learnt y’know that’s brand new” (LINES 925-926)</p> <p>“there’s no <u>one</u> thing that we’ve absolutely learnt” (LINES 939-940)</p>
3) SOCIAL FABRIC OF WORK LIFE	3a) INSIDERS AND OUTSIDERS	<p>“there has been a lot of people here for a long time” (LINES 125 &amp; 168)</p> <p>“going to visit him at home is not something I y’know I’ve not been to his home before whereas others in the business might have been” (LINES 422-423)</p> <p>“those in the know y’know when we’ve got new business about to come in or anything else those in the know y’know you want to tell people” (LINES 537-539)</p> <p>“three of us have been line managers of different situations in the past it’s just Stuart hadn’t” (LINES 948-950)</p>
	3b) FLAG AS INCESTUOUS	<p>“the politics at play is more acute” (LINE 171)</p> <p>“the MD is married to another member of the board which isn’t healthy” (LINES 173-174)</p> <p>“everyone knows everyone” (LINES 212-213)</p> <p>“it’s quite an incestuous industry anyway so a lot of people know each other but Edgar is very well-known and (...) er well-liked (...) and is a terrible flirt [laughs]” (LINES 263-265)</p>
	3c) SOCIAL SUPPORT	<p>“Edgar has a strong peer group who themselves have wanted to support him erm and and have hence taken on work that there was no grudge grudgingly sort of “Oh alright then if I have to what are you going to give me for it” it was like “of course I will”” (LINES 523-526)</p> <p>“I think the team pretty quickly focused on <u>right</u> so we’re gonna prove we can do this without him and we’ll cope with him until he gets back erm and so jumped into sort of more engaged action than ever would’ve done I think his peer group were more focused on Edgar in terms of right what can we do to support?” (LINES 603-607)</p> <p>“as a board it was it was around OK how can we support him? What can we do if anything? How can we make sure we are supporting the key people who are most affected by it from what we can see? Erm and how do we keep the business running in that area? So it was more functional kind of</p>

		conversations" (LINES 610-615)
	3d) COMPASSION/ UNCOMPASSION	<p>"the <u>lurve</u> for Edgar probably helped" (LINE 587)</p> <p>"we did some staff awards erm about a month ago erm that sort of recognised under a number of different categories and in terms of outstanding contribution we gave it to Michael erm and it was one of those things that it was to recognise what he'd done and it was a great y'know positive thing erm but I think that by recognising him for it was one of those things that probably brought back a few things that maybe he'd already put in a box and put the lid on so it was a <u>celebration</u> but of a really horrible thing so and I don't think everyone had thought that through quite the way that it ended up probably making him feel [says laughing] just awkward" (LINES 555-565)</p> <p>"Edgar I think pushed back a bit to I think to Stuart his line manager because Stuart was saying "stay at home you don't need to start work just y'know here's a couple of things to do" whereas Edgar was like "no I want to come back into the office I want people to see that I'm well I want to get back into seeing people" erm and Stuart was like "no no no don't don't don't" and Mark the MD was sort of "right well Stuart you need to let Edgar decide what he wants to do" which we did do and then he probably came back well he <u>definitely</u> came back a bit too much a bit too early so Stuart then thought <u>well</u> that's what I <u>told</u> you was going to happen so there was a <u>bit of all of that going on</u> but it was everyone trying to do the right things" (LINES 776-787)</p> <p>"because he is so workaholity in the past we felt actually diverting things away from him would've been a good thing but we kind of so I'm kind of it was one of the things we <u>thought</u> about doing we didn't do it was the right decision not to do it in the end because he took control of it himself and said "I'm not gonna touch it" but if we had done that it might've probably would've made him feel a bit undermined" (LINES 842-848)</p> <p>"I don't know whether this came through in anything he said but certainly his wife and family I think were quite stunned by how many cards he got and gifts he got which doesn't surprise any of us here because we know how well-liked he is but maybe sometimes at home people don't kind of know <u>that</u>" (LINES 859-863)</p> <p>"I think that the way his boss Stuart tried to tell him to stay at home longer was the right thing to do but it felt like probably the wrong thing for Edgar" (LINES 865-867)</p> <p>"showing the emotion sometimes I guess (...) for some people isn't what they want I think Edgar again <u>seemed</u> fine about it and liked knowing it and knows everyone cares about him so it would've been odd if we'd hidden that emotion from him but some people I think wouldn't want to see that so again we did it right for Edgar but if you applied exactly the same things for someone else it might not be right" (LINES 877-883)</p> <p>"the other ratification would be how well-liked and loved Edgar is because of the level of emotion that sort of rose from the business around it erm and I guess how close a business <u>Flag is</u> in some ways in in when things like this happen because of how people have rallied around both to get the job done and to support Edgar" (LINES 903-907)</p> <p>"I think there was definitely a piece about his family erm (...) and just not looking to making sure that we don't just talk to his family through him but that we do talk to them or talk to his wife sort of separately to check that there's anything we can do for <u>her</u> that Edgar might say "Oh no she's fine" but actually to check with her herself" (LINES 963-968)</p>
4) FEELING RULES	4a) REGULATING EMOTIONS	<p>"when someone who you know quite well goes through that it does it's odd how it affects you at different times and it catches you out" (LINES 417-419)</p> <p>"Oh God I can't y'know I'm doing that again it was hard enough doing it once twice and for someone who you're sort of even closer to in terms of emotionally" (LINES 475-477)</p> <p>"but it was like er kind of put them in a box and wait and if we have to open that box I know how to do it now which the first time it happened it was like <u>oh my God</u> I've never dealt with this before" (LINES 479-482)</p> <p>"it's how you cascade it through a business efficiently and effectively and with the least emotion" (LINES 488-489)</p> <p>"we have to put our emotions in a box and be professional about it and then behind closed doors we can get emotional about it I guess so that we can hopefully provide some strength to others in the business" (LINES 519-522)</p> <p>"Michael is possibly quite a good example where he has <u>been</u> incredibly strong about what he's had to take on and about his emotions" (LINES 552-554)</p> <p>"Stuart is quite an emotional guy and I was actually in probably in this room with him when he got the call to say that the op had gone OK the first op</p>

		<p><i>had gone OK erm (...) and it's funny because I think most people would think Oh he'll be tough about it and everything else but actually he had to leave the room and go outside and he couldn't kind of but I'm not sure if Edgar ever <u>really</u> saw any of that emotion and gets quite <u>frustrated</u> by his line manager" (LINES 868-875)</i></p> <p><i>"it's not just the taking on the work but it's the emotional impact of being close to Edgar cause the only people who took the work on were the people who were close to Edgar so they got the double whammy" (LINES 973-976)</i></p> <p><i>"there is a bit for me which is as a senior manager I want to make sure that we are being strong for everyone else when actually you're not always going to feel that strong" (LINES 1050-1052)</i></p> <p><i>"I have done it before and doing the second time or the third time is always that bit easier however awful it is cause you kind of know what emotions you're going to go through erm but no as a board that balance of being strong and clear and robust about things whilst sharing difficult news is I guess something we have to do regularly but it's the prof personal element of it that comes into play erm (...)" (LINES 1086-1092)</i></p> <p><i>"try and be strong so that everyone can feel right we're going to get through this he's going to get through this and it's you can put more pressure on yourself than you maybe need to but it's personally quite important to me to provide y'know when people in my team or around the business see that I'm having a bad day I've failed cause I'd rather they didn't know I'm having a bad day" (LINES 1065-1070)</i></p> <p><i>"personally for me it's something I'm a bit too hung up on sometimes" (LINES 1078-1079)</i></p>
	4b) EDGAR'S FEELING RULES	<p><i>"Edgar was prepared to he was happy to tell people from a very early point" (LINES 505-507)</i></p> <p><i>"I think some people might be "I'm just gonna be off work for a while I don't want anyone to know why" which is how some people would be" (LINES 507-509)</i></p> <p><i>"Edgar himself was prepared to be open about it actually meant that people weren't "where is he?" "What's going on?" which can start its own rumours and that kind of thing he was prepared to be transparent so we could communicate with everyone consistently" (LINES 509-513)</i></p>

## 11.17 APPENDIX Q: IDENTIFYING BILL'S PINS

	PIN NAME	REFERENCE	QUOTE
1	GP VISIT	SS1, LINES 145-161	"I remember them saying "oh go and see one of our doctors there" and I said "no I'll wait til I get back" and we were coming back feeling <u>really</u> bad on the plane either going straight to work or work the following day because we had some union negotiations I had to be in so I was still there erm [...] finished those went home and thought "ah this is you know I'll go and see I'll go and see the doctors" erm went to see the GP was literally across the road the GP said erm " <u>oh you know</u> not sure what this is but it could be something strange can you pop yourself off to hospital and erm to A&E and get yourself a <u>blood</u> test" or "go and see A&E" I think she said so I went to I went to A&E and they erm this is probably like seven o'clock in the evening or something they took some blood erm someone gave me a lift went home when I got home she had <u>already</u> called <u>home</u> and she said erm "we've had the blood results back from the hospital erm there's something they need to look into further can you go back to A&E and they'll take you in and just take some clothes with you" [...]"
2	DIAGNOSIS	SS1, LINES 176-195	"there'd been a few people appear but suddenly they <u>all</u> appeared which got my sort of attention and the er consultant took me back into the into er sort of a room with er someone else erm and he said they'd had the results back and he said that I'd got Leukaemia which was a complete shock erm he said that I had two years to live [voice shakes with emotion] erm probably up to five maximum [voice shakes with emotion] [...] erm [says crying] and then then then it was quite weird he went on about this erm I had to have this line in which I got used which was a Hickman line or whatever but he then said "well we need to start treatment" and erm "here this line and here's how it works" and I remember thinking "but <u>hold on a second</u> you've you've missed the first bit here what is going on?" and erm I was sort of er asking about that but he moved onto the next thing and I remember just being left there in <u>complete shock complete shock</u> erm [...] then the the other one said "well your family are here" and I was " <u>what?</u> " and it was my sister and it was her partner and they were here "do you want us to tell them or do you want to tell them?" so they came in and I said "no I'll tell them" but I didn't <u>really</u> know what to say because I hadn't <u>actually</u> been told much"
3	PHONING WORK	SS1, LINES 204-213	"I phoned up work I know I was in the ward I had to phone up from within the ward it was years ago and they didn't have mobiles and all this sort of stuff so erm I phoned up from the ward and I spoke to my y first boss and I remember feeling quite embarrassed I was sort of saying "well I I'm just going to be off work" and I sort of ran our department you know and like [laughs] "well I'm not going to be around" but I wasn't I could have the practical "I'm not going to be around" but I wasn't I didn't have any information as to really what or why or where I was I didn't have anything to add to add to the conversation"
4	BLEEDING	SS1, LINES 240-257	"I remember they said "we need to do this scan" and they just had to have the results because this was going to tell them erm where this where it had spread to and what the treatment should be but they they they'd put the line in I'd had an operation they couldn't stop me bleeding erm and [...] but anyway [says crying] they decided [says crying] [...] erm the scan was more important than the bleeding [says crying] which was a medical decision [says crying] because they couldn't stop me bleeding [breathes in] so they said "well look [says crying] [clears throat] you know we have to carry on with the scan erm so we'll we'll do the scan we'll be alright we'll be outside" so basically I was still bleeding from my chest and they put me in this tube for about 20 minutes while the blood was running down [says crying] and erm [crying] [...] but they were all there [says crying] and when they came back they cleaned it all up and the only thing they could do was get sheets they tore a sheet up and they put this sheet around and they'd tore the sheet [says quietly and breathlessly] and pulled the sheet quite tight [says quietly and breathlessly] erm to stop the bleeding and then took me back to the ward"
5	HOSPITAL LUNCH	SS1, LINES 270-280	"[...] I mean at one time one of the nurses brought in lunch and I you know [sniffs] basically I was incontinent [voice shakes with emotion] and I couldn't get they didn't have internal loos there and I couldn't get erm to this they brought in this and I couldn't get there in time so it had all gone everywhere sort of thing and she brought lunch and erm I said [crying] "you know I have a bit of a mess here" and she said "oh we're too busy" and she just plonked my lunch on top of me [says quietly and breathlessly] and all the stuff you know and just [says crying] that was the only time I felt "I can't do this" [says crying] that was the only time I thought " <u>Jesus this is getting ridiculous</u> " erm [...] yeah [says quietly] [...]"
6	ILLNESS POLICE	SS1, LINES 353-371	"I guess [...] I would think I was late autumn I think it was probably August/September er we had a coun we had a welfare chap at work erm I'd <u>definitely</u> spoken to him a couple of times when it had erm sort of all started happening but as I say I <u>can't</u> remember the conversations only because I can't remember much erm but he he came to visit and erm <u>bizarrely</u> I remember being

			concerned that he was coming to see if I was still ill enough to be off [laughs] and looking in hindsight [says laughing] looking back in hindsight that was a ridiculous thought but I remember thinking he was like the sort of erm illness police er so [...] he arrived and I was sort of explaining what the situation was and where I was going or whatever and er the strange thing is I <u>know</u> because I spoke to him afterwards you know months later and he said the first time he arrived I looked so awful erm <u>he</u> had gone back and he had explained to er my boss that it really wasn't looking good because I just looked so <u>bad</u> so we had this bizarre situation where I was trying not to look too well and [laughs] he was worried I was looking [says laughing] on death's door which is a really bizarre situation really [breathes in]"
7	RETURN TO WORK	SS1, LINES 508-517	"I remember one conversation and I can't remember the details but Natalie coming in and asking me something and blah blah blah blah and she <u>said</u> something and I <u>can't</u> remember the words she said but I <u>know</u> what she meant she meant "Bill you're the boss here you need to be making the decision" which had never been a problem before I'd beforehand you know and I clocked that I thought yeah you know [...] whatever has happened they're still expecting me to be the manager or the boss and I wasn't in that space at that time you know I was still like <u>woo</u> what's going on?"
8	9/11 PIN	SS2, LINES 81-93	"[....] I remember feeling I was just desperate for something to happen that that was positive [...] and you know it's aside but then when September 11 <sup>th</sup> happened it was [...] it was it was difficult it was a difficult time it you know I was the world had fallen around me anyway and then that happened and the world was falling around everybody and I remember I could sort of I felt like I could deal with one or I could deal with the other but I couldn't deal with both because I remember in my mind you know on that day and the days afterwards and you were stuck in this ward and just the TVs were on all the time because half the people can't hear and so they're really loud and it's just on when that that plane was just crashing in the ward constantly and I asked them to turn the TVs off again because I just couldn't cope"
9	TUNNEL LONELINESS	SS2, LINES 160-178	"I was in the bed and they were starting to do their do they were starting to move me around and then they had to do the scan and [.....] I was just scared I guess I was just really scared I was scared because I didn't know what to do but I was also scared because I picked up vibes they didn't know what to do either and erm [.....] there was [....] there was when I was in this sort of you know this tunnel thing it was just [...] I guess it was a loneliness I guess I guess it was something it was it was something it was something like that erm [....] and it was a physical reaction and I remember just lying there them saying "lie there" couldn't hear them once you went in because there's all this noise going on at the machine you're bleeding but you can't move it's not a natural position it to you it's just all too confusing because you naturally want to do this [covers chest with hands] but I can't move my arms because there's this thing you know and erm I was just [...] I was just traumatised I that that's what erm my housemate who was there at the time and the clinical nurse specialist who was there even though this happened at like quite late she stayed all night erm that's what they both said they said I was traumatised"
10	FIRST CRY FOR HELP	SS2, LINES 191-199	"I couldn't move erm I <u>crawled</u> out of the room I it was a ward with a sort of corridor (....) I remember crawling out of the room reaching up to open the door leaning out of the door on all fours and saying "Can someone help me" and being in tears and erm I at some point I I phoned my housemate Geoff and erm I asked him to come to the hospital erm and I think he I think he must have had a go at them I don't know but I said to Geoff "I just need you to come here I can't deal with this on my own I just can't I can't hack this"
11	BEING THE BOSS AGAIN	SS2, LINES 453-471	"I <u>don't even</u> remember the words that she said but what did stick in my mind was the <u>message</u> she was getting across and <u>that's</u> why I don't remember more about it but I remember the I remember the message because there was she she'd come to me she'd asked something erm I'd stood there I'd said something there was a bit of a silence erm she sort of shuffled a bit and [.....] she said [.....] something like "well I'm not sure what to do" it was something it was a phrase like that but the way it was said I knew what she meant and so it's strange isn't it the words have gone but the intent which was to say "come on Bill you've really got to start managing us now" but it wasn't direct she didn't say "you've got to do this" she just she didn't say "Bill you've got to start managing us" it was just a frustration that she showed in what she was saying and that [...] that triggered something after she left I remember she left the office and I was thinking "what went on there?" and it was a bit of a like light-bulby thing it's "oh God of course you are supposed to be the boss here" and I'm not being the boss I'm being a colleague who's just interested in what they're doing I'm not being the

			boss"
12	SECOND CRY FOR HELP	SS2, LINES 481- 504	<p>"I'd been out [...] with some friends I think we'd been to the cinema and then I think we'd gone to a pub for a beer or two it wasn't particularly late it was it was probably late evening and I remember coming in and he must have been in and so I must have either grabbed a drink or a [...] tea or something and sat I was sitting at the kitchen table and erm [.....] I just [.....] he was asking about something and erm [.....] he'd asked about I think it was when my next test was or something like that just as a casual you know "when you next in?" and erm [...] I said [...] when I was going in and I must have been working because I said something about work I said erm you know "I'm trying to work and I've got to go to hospital and erm I'm not sure how things are going" and blah blah blah blah blah and erm [...] I yeah did I say it was something like "I just can't cope with all this" or "I just I can't deal with this" or erm "It's all been so awful" or it was something like that sort of phrase erm [...] and then I was in tears and I remember I had a drink not a lot but I had a drink and I wonder if the drink had got something to do with it and erm [...] actually he said it he said it the following day as well he said the following day "Bill last night" blah blah blah "you need some help" [...] erm "you're clearly not right" but he said "you're clearly not sorted" he said "you need some help" and erm I reflected on the previous evening and thought "yeah that behaviour isn't it demonstrates there's something going on so I need some help</p>

## 11.18 APPENDIX R: BILL TOLD STORY PANEL FLIPCHART NOTES

### BILL TOLD STORY PANEL – 7<sup>th</sup> JULY 2012

#### CHUNK 1

Professional

Planner → going predictably  
successful  
No superlatives → quiet and “sort of”  
Introvert → not confident  
nervous  
interview

Not comfortable speaking about himself

Lots of “erms”, hesitation

Lots of facts, fact based

Nothing about personal life

Just enough information, skeleton of story

Used to being in control of his life, steps/structure, progression -

university > degree > job > department

Doesn't celebrate

Understatements → “quite successful”

Doesn't deserve pat on back

Pails into insignificance with life and experience before

Has illness now “I'd been fine”

“Fairly” → predictably

Doesn't want to be reminded of better times

Other people don't count

#### HYPOTHESES CHUNK 1 → 2

Family Life/Personal Life **no no**

Illness **yes yes**

Redundancy/more about work/work suffers/“nosedive” **no no**

Ill → not working → question of support **no no**

working → question of support **no no**

Boss/colleagues **yes no**

#### CHUNK 2

Surprised to hear about Africa, job sounded dull before

Hesitation to see doctor

Work came before going to see doctor

Deep-down he knew

Knows something not right

Focus on work

Didn't feel comfortable with others and culture

Speaking openly was an issue

“someone” in my team

Guarded/bit of a loner

No personal feeling

Physical feelings not emotional ones

Who is the “someone”?

Why no name?

Intake of breath → emotions in check  
fear  
preparation  
psyching self up

Teeth but then doesn't give details, “bits and pieces”

Trying to protect me as interviewer?

Symptoms are embarrassing

“Man thing”

Will bore listener with detail

No time frames – not specific

Self denial?

99 – 2001

Small ailments brushing aside

Only making connections in hindsight

Self-blame? Not picking up signals?

Would it have made a difference to see a doctor in Africa?

Is he gay → guarded  
protects himself  
would expect a woman to be mentioned

Middle child, introverted

More description, more feeling

Does not want to go to doctor → reticence – is it really serious “an this is you know”

Does he not talk home life because of study objectives

### **HYPOTHESES CHUNK 2 → 3**

Diagnosis **no** → emotion **no**

Communication **to him not from him**

Not telling anyone → bottle up  
will he communicate?  
and who with?  
lift to hospital

Work life impact **no no**

Retreat/denial – focus on work, ignore problem **no no**

### **CHUNK 3**

Urgency/speed → clothes  
space of one evening

GP only across the road but still didn't go

Who answered phone? Answer phone?

All in one evening

Who is the “someone” who gave him a lift?

Why not identifying people → irrelevant to interview  
no emotional attachments  
defence mechanism

“Clothes” → not overnight bag  
rush?  
packing

“pop yourself off” → older persons language  
playing it down  
routine for GP to communicate in that way  
lives with parents? “take some clothes with you” mum language

GP visit after work (7pm)

Something “strange” → abnormal, not routine  
HIV  
Cancer  
Leukaemia  
connection with Africa (tropical)

### **HYPOTHESES CHUNK 3 → 4**

Concern about work if overnight in hospital **no**

Describes stay in hospital **yes but brief**

Describes time up to diagnosis **no** → 2 weeks?  
1 day?  
wait/feelings?

Details of illness → strange

Communicate with others → family **no no**  
work **no no**

Mis-diagnosis **yes**

### **CHUNK 4**

Nothing about other people → defence mechanism  
went into himself  
no memory for shock

Still not told anyone

They have not given him any information

No questions from him?

More bothered about where he was “any old ward” than diagnosis

“any old ward” → lack of care

no realisation of where he was

If ward had name he would know what his illness was

Take drink = pause

Ward “type stuff” → shock  
worry  
out of it



No detail of how he got back to A & E

No emotion

10 years later – why no people?

No hiding emotions with humour

Hiding emotions by not identifying people or embarrassment/gay/introvert/no one knows about his personal life

Back to basic needs →

sleep

tired

woke up

“they” said – who? →

doctor

nurse

consultant

Used to being told what to do, just accepts it →

generational thing?

resignation

knew what it was? (hereditary)

Acceptance → background knowledge

medical job/knowledge

#### **HYPOTHESES CHUNK 4 → 5**

Significant other/named/by phone **no**

More on illness →

results **yes**

other tests (daytime)

Moved to a specific ward

Doctor named/consultant

Treatment description **yes**

Withholds further details → doesn't name illness

Tells work **yes**

#### **CHUNK 5**

Lacks details → “blah, blah, blah”

not important?

wants to withhold?

no idea what is going on

Work call out of necessity → “they're keeping me in” → implies work know already

No one has communicated with him

Frustration

‘Breathes in’ → to contain emotion

“Quick conversation” → work related

Lost track of time

“nothing happened” →

no one told him anything

how he remembers what happened

Still not asking questions →

passive

doesn't want to know

Lots of “you aren't well” → platitudes

his interpretation – still playing it down

fobbed off

patronising

#### **HYPOTHESES CHUNK 5 → 6**

Diagnosis **yes but not hereditary or know to him**

Emotion **yes**

#### **CHUNK 6**

Change in tone →

“hold on a second”

flood gates open

People now enter story → consultant

family

More detail

Not surprised it was his sister

Parents? →

old

live abroad

Diagnosis →

shock

just woken up

3 main details remembered →

you tell family or us?

2 – 5 years to live

Hickman line (pain? – physical) visible

Who called his family?

Getting angry

Ignored for 2 days?

“Staccato” → because one-way story

needs to warm up  
 Asking questions → in mind but not verbalise?  
 Communication? → How good is he?  
 Shock → 2 – 5 years or,  
 Leukaemia

Telling family → re-gaining control

### **HYPOTHESES CHUNK 6 → 7**

Relay to his family → **no** brings family together?  
 emotional

Re-living/re-telling **yes**

Other people's emotions → **no** sister's reaction

Play down/how will he tell them? → vague

Wrong about 2-5 years to live → cure?  
 mis-diagnosis?  
 bone marrow?

Donation from sister/estranged family member

Tells work → diagnosis **no**  
 impact at work  
 person at work

Give up work

### **CHUNK 7**

Uncertainty → not sure how long treatment will be

Has to stop work

Prison "let out" → their permission to get his clothes

Out of his control → telling him

"they" said

Gone from A – B → work language (strategic)  
 normally used in journey  
 acceptance  
 no emotion

No description of sister's reaction → not told yet

"so" 3 x → shock  
 no control

No practicalities of what happens at home while in hospital

### **HYPOTHESES CHUNK 7 → 8**

Family/sister → **no** not close  
 talk about her  
 miss her out  
 leave out because of emotions associated

Work → **yes** "A – B" kind of guy  
 play it down **yes**

Who took him to hospital → **no** builds intrigue/mystery  
 because he is private

### **CHUNK 8**

Confused → telling work  
 couldn't bring himself to talk about it  
 ability to communicate efficiently  
 laughs to cover embarrassment

Withholds information from work → because fears he will be replaced?  
 because he was in public  
 wanted to give them clarity but couldn't

First people he speaks to are work

Embarrassed? → didn't have facts

because not able to come to work  
 first time off sick  
 letting people down because running department  
 phoning from ward, not private  
 not professional ringing from bed in PJ's, noisy ward  
 just him relaying facts  
 "nothing to add to conversation" → strange  
 did boss ask questions?  
 did he get any support or sympathy?

"not going to be around" → vague

more profound i.e. not going to be alive

### **HYPOTHESES CHUNK 8 → 9**

Visit from HR → **no** handover projects?  
 Diagnosis/treatment → asking questions **no**  
 emotions? **no**

Timeline → practical/factual  
 business like  
 sequence **yes**  
 Hospital stay → **yes** do as he's told  
 not questioning person  
 resigned to it

### **CHUNK 9**

'Concern' from work → how will they cope?  
 about his work?  
 about him?

Mis-diagnosis  
 Out of his timeline → death > life > longer term treatment  
 tests then chemo  
 off work longer

Horrific memories of treatment  
 Uncertainty/changing all time  
 Wants to go back → big thing for him 6 > 9 months

### **HYPOTHESES CHUNK 9 → 11**

Clarity around diagnosis/treatment  
 More chemo  
 Better quickly/quicker than thought  
 Being ill description → emotions  
 Who cares for him → emotions  
 personal support  
 work support

Work → handover  
 replacement

### **CHUNKS 10 and 11**

Horrific – horror film  
 Traumatic story → on his own in scanner  
 bleeding  
 heartless reactions

No adjectives of emotion  
 Life or death situation

Visitors → why no name?  
 out of it with chemo  
 knows people care but doesn't acknowledge  
 their POV?

"Distressing" → for him or for others?  
 doesn't own their emotion  
 self preservation/selfish

### 11.19 APPENDIX S: BILL'S INTERPRETATIVE PANEL SUMMARIES

	Name	Background
1	Belinda	Female, English, 42 years old, Senior Manager
2	Marie	Female, English, 36 years old, Administrator
3	David	Male, English, 44 years old, Senior Manager
4	Sarah	Female, English, 30 years old, Radiographer
5	Amy	(me) Female, English, 36 years old, part-time PhD student at Aston University

#### Interpretative panel members' descriptions of Bill.

1. PANEL MEMBER 1
Single. Sister – closest to her. Parents either dead or elderly. Gay? Used to relying on himself alone. Practical and professional. Deals with facts and sequences and tries to ignore emotions of others. Used to being reliable and in control at work. Does not share personal information or feelings. Work is a priority over social life. He may go through other cycles of chemo. He may change organisation and/or boss. Whether his organisation supported him or not, he is unable to view it as such. He has a new start in a role where his illness/period off sick does not define him. Is he in remission now, which is why he is able to talk about his story as if it is something that has happened rather than is happening? Or has he comes to terms with regular treatment though it is ten years on now?
2. PANEL MEMBER 2
I feel Bill is a very private person. When re-telling the story he doesn't mention any third party by name which makes me think he was happier dealing with his trauma on his own. It is as though if he mentions someone's name it would mean he would have to deal with their emotional reaction to the situation as well and I just think he would rather not do that. I feel sad for him that he didn't have a 'significant other' by his side throughout his trauma. Clearly the time in the scanner when he was bleeding was a horrible time for him. He was extremely emotional when relaying this part of the story and I think he probably thought he was going to die. Bill's story hopefully ends with him recovering and returning to work with some mention of an improvement in his openness and maybe some mention of a member of his team helping him and making his transition back to work easier.
3. PANEL MEMBER 3
Bill is an incredibly private person who does not easily portray emotion, both to family or work colleagues. He has planned out his work life taking a route from university to heading up a department. He sees this as his primary concern over anything else. Bill sees his illness as a weakness and proactively plays down the magnitude of this. There has been no mention of any close relationships, both at home and at work, which suggests that he keeps his feelings bottled up. The trauma he experienced with the 'scanning' part of his story has obviously left emotional issues – evidenced by the emotion during the interview – but not in the spoken word. Again, no mention of family support! I believe Bill continued to keep in very close contact with his employer during the illness and was supported during his recovery.
4. PANEL MEMBER 4
Bill is closed emotionally and is not able to describe his feelings or how his illness/trauma scan affected him. He is factual – describing events in order that they happened. Work seems to play a big role in his life – he has been successful and a department lead. He seems to be a strategic kind of guy. I think Bill finds the experience at hospital overwhelming, stressful and difficult to manage, maybe because it is out of his control. He is now in a position where what happens is dictated to him in terms of treatment/whether he can leave hospital. I imagine he is diagnosed with some kind of cancer which he overcomes through chemo and hopefully the support of his friends and family, I think he may become more emotionally open!
5. PANEL MEMBER 5
Bill is a private person and his trauma was an extremely lonely experience for him. He felt like he was imprisoned in hospital, where all his dignity was removed. He doesn't mention any key people who support him during his experience, which is strange. It appears as though he endured the experience alone. When his family arrived he appeared shocked and it was as though he didn't actually want them there. The initial admittance to hospital was confusing. He found it difficult to understand what he was being told and how to communicate. It is though he was sleepwalking through the experience. He definitely seems to have a problem with the medical staff who were treating him – they didn't communicate well to him and he believes he received little care from them. He had very little privacy in the hospital and had to do most of his dealings with work from a public ward. He seems to be embarrassed not to be able to show work his usual professional demeanour. He didn't want anyone to come and see him in the state he was in. Bill was left psychologically scarred by the scanner experience. He takes a long time, and struggles to come to terms with the trauma experience.