

## **Gendering of Compassion in Organizations**

Kaitlin Keane

Faculty Advisor: Jane Dutton, Distinguished University Professor of Business Administration  
and Psychology

Honors Thesis, Organizational Studies Department, School of Literature Science & Arts,  
University of Michigan, Ann Arbor, MI

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## Abstract

To better understand compassion as a social and cultural process, I examine the influence of gender on the appraisal of and response to women suffering in the workplace. I propose that not only does the gendered performance of suffering impact the compassion process but examine the performance of compassion in the workplace more broadly. I examine the practice of compassion towards women in organizations and propose ways to elevate the compassion process, as well as develop a compassion intervention to practice the doing of compassion and enhance understanding about its importance.

## **Introduction: Motivation**

## **Motivation**

I was first motivated to study compassion from a gendered academic lens, because, as a Women's Studies major, I felt that I had a certain amount of expertise in the field. Given the ongoing discussion of and academic work on the gendering of the workplace, especially within management and leadership literature (e.g. Eagly & Carli, 2011; Eagly & Johnson, 1990), I felt that the gendering of compassion within work organizations seemed like an interesting intersection in academia where I could contribute. I was particularly interested in exploring how the leadership double-bind (Eagly, Makhijani, & Klonsky, 1992) and acute internal pressures to “do” gender (Butler, 1990) and enact gender roles in a specific way affected women's ability to receive compassion. So, I began by questioning whether or not women who embodied stereotypically feminine suffering (ex: expressing anxiety and despair, physically shrinking and hunching over, wearing feminine clothing/makeup) would receive compassion differently than those embodying stereotypically masculine suffering (ex: expressing anger, physically open posture, wearing masculine clothing/makeup). I used an experimental study online to test this question.

As I began to receive the results from this experimental study, I found that while there were significant differences between the expression of compassion towards women who express suffering in feminine versus masculine ways, this was not the story of compassion that I wanted to tell. I believe that there is a story about the gendering of compassion that is important, but it is not the story that I could end with and certainly not the story that fit the experiences that I have had with compassion in my own life.

As a Residential Advisor (RA) for an all-female hall, I have had a number of experiences responding to pain and suffering. In fact, I see my role as an RA as primarily one of a caregiver and the care and compassion that I offer within my role is powerful. Although I have had a number of experiences with residents that have shown me the power of compassion, one particularly memorable moment was one that I learned about from a coworker:

I was walking through the main concourse of my dormitory one night, just a few days into the month of November, chatting with one of my co-workers about our halls and how our residents were. I remember him turning to me and telling me that my residents always said that they loved me and thought that I always so happy. I thanked him for letting me know, describing how sometimes I was worried that I was not always able to be there for them, so I was glad that they at least liked me, hoping that this would make them feel that I was someone they could approach with problems. He proceeded to tell me that one of my residents had told him that I was one of the main reasons that she had decided not to transfer out of the school her first month. I was shocked. While we had several short interactions, the only extended interaction we had was during a football game. She was one of the few girls on the hall who had not bought football tickets, as she was out-of-state and did not understand the nearly cult-like nature of football at Michigan, and this added to the overwhelming homesickness she already felt. She sat in my room for nearly the duration of the game, and while she mostly talked, I listened to her concerns. She had not seemed very open to my support, because she kept repeating that talking to her RA was super uncool and lame, but she continued to stay in my room, talking. After she left, I did not think much of the conversation but made sure to check in with the resident every so often to see if she was making friends and adjusting. Little did I know, my response to my resident's suffering played a vital role in shaping her college trajectory.

This experience made me realize that the story that I wanted to tell about compassion was the story that I was living – compassion in the residence halls. The story that I wanted to tell was the story of lived experience and lived compassion. While I was a little nervous to change directions with my thesis, I felt moved by my own experiences to do so. I found the courage to change direction through the support that I received from a number of people, including my lab, my residents, and my coworkers, but I found the means to change direction through feminist research methods that have allowed me to weave and embed my own story throughout my thesis.

So, while this thesis began as an academic project, it has turned into a story. It is not only my story but the stories of the members on Resstaff, my co-workers and friends, who allowed me to experience and live their own expressions of compassion within their work. I hope that my stories and those of all that have helped me can work to transform others. This project began with a focus on women, leadership, gender, organizations, and compassion and has ended looking at the expression of compassion towards everyday women in organizations. I hope that this work and its results not only impact organizational and feminist scholars but can extend to impact the focus of this study: everyday women. In the end, the impact of this story and experience on me has been a lesson in courageously practicing scholarship using the full expression of my humanity. And, I hope that expressing humanity in scholarship can be something that I can offer to the academic community.

My primary purpose in my thesis is to bring readers into my research the way that I myself was brought into the work of understanding compassion. Along my own path, I was able to engage with compassion in three primary ways: 1) through an experimental study designed to examine the gendering of compassion, 2) through written narratives collected to examine compassion episodes towards women, and 3) through a compassion intervention exercise

designed to engage and inform co-workers about compassion and compassionate responding. My own motivation to further explore compassion as a force of healing and power moved me to explore compassion in a more dynamic and robust way than was permitted through just doing an experimental study. Through these lenses, I hope audiences better understand 1) how a woman's adherence or transgressions of traditional gender norms will impact her ability to receive compassionate responses from colleagues within a work context, 2) how a potential responder thinks about offering compassion to a woman suffering in a dormitory context, 3) how compassion can be taught and made meaningful to others, and 4) how my own journey studying compassion has made compassion meaningful to me. I hope to integrate feminist scholarship and multiples modes of research methodology, including both qualitative and quantitative methods, to meet this objective. Although my interest is in the ability of the female sufferer to receive a compassionate response, my primary research subject will be the potential male or female responder.

## **Chapter 1: Introduction**

## Introduction

### Suffering

While the expression of compassion is the most important through line of this story, a necessary precondition to the expression of compassion is suffering and human pain. Suffering is defined as the experience of pain that invokes meaning making (Reich, 1989). Victor Frankl describes suffering as an essential part of life, similar to fate and death. He states, “The way in which a man accepts his fate and all of the suffering it entails, the way in which he takes up his cross, gives him ample opportunity—even under the most difficult circumstances—to add a deeper meaning to his life” (1959). The experience of suffering can be a chance to achieve greater spirituality and purpose and to connect humans beyond themselves (Armstrong, 2001). Because the result of suffering is so personal, each individual’s experience of suffering is subjective (Driver, 2007) and “unique like a thumbprint” (McDonald quoted in Brieg, 1987).

Since suffering is an inevitable part of life, it is inevitably experienced within organizational life. In fact, organizations are rife with pain and suffering (Frost, 1999, 2003; Frost et. al., 2000). Organizations are inextricably connected with their members’ lives. They work dialectically with their members, impacting members’ lives but also being impacted by their members. Therefore, we can see how individual’s emotions and experiences outside of work are brought to work and penetrate the doing of work within organizations (Kahn, 1998). Suffering, like other experiences, bleeds into and out of organizations themselves. It may result from an event that occurred at work, like a toxic interaction with a coworker, supervisor, or client (Frost, 2003); painful organizational processes, like holding back from making decisions about perceived problems, creating fear and anxiety about inaction (Maitlis & Ozcelik, 2004) or as a result of “necessary evils” - tasks that involve physical or emotional pain in the work

environment (Molinsky & Margolis, 2005), like having to lay someone off (e.g. Brockner, DeWitt, Grover, & Reed, 1990). Events that occur outside of the workplace may also generate suffering within the workplace. The loss of a romantic relationship or marriage with a partner negatively affects employee energy, interest, and focus, resulting in decreased work performance (Manns and Little, 2011). Other losses, like the onset of a chronic illness, accidents, or even the death of a pet can be sources of suffering (Hazen, 2009). A report by the Grief Recovery Institute shows that these instances have a significant impact on employees and their performance, resulting in losses of more than \$75 billion annually (Zaslow, 2002). Day-to-day, job-related stress results in even larger damages, totaling over \$300 billion annually, as a result of absenteeism, turnover, decreased productivity, and medical, legal, and insurance costs (Rosch, 2001).

### **Gendering of Suffering**

While suffering at work is a widespread problem that affects us all, because of their gender, women are often left particularly vulnerable to suffering. Not only do they face workplace problems faced by all, but they often face an additional set of particularly gendered issues that can lead to suffering. For instance, women are more likely to be obstructed from specific opportunities because they possess less social capital than men (Timberlake, 2005). Women are also more likely to be victims of sexual harassment (MacKinnon, 1972). Women tend to have trouble passing family-friendly policies within the work environment that disproportionately positively impact women, because they often fear gender initiatives that seem to draw attention to gender differences, rather than neutralize them (Kottke & Agars, 2005; Kilian et. al., 2005). It is important to note that while women are not the only individuals who suffer from phenomena like workplace sexual harassment – other identities, like sexuality or race, make certain individuals more or less vulnerable and having multiple intersecting identities

make some women more or less vulnerable – women have consistently seen higher incidence of these issues (Chan, Shaw, & McMahon, 2012).

### Compassion

Only by understanding the inevitable and penetrating nature of suffering can we begin to understand that importance and power of the alleviation of this suffering through compassion. While compassion has only recently begun to be studied as an important capacity within organizations (Frost et. al., 2000; Kahn, 1993), it is not a new concept. In fact, compassion is thought to be a natural and instinctual part of humanity (Himmelfarb, 2001; Wuthnow, 1991) that has been debated and discussed as early as two thousand years ago (Nussbaum, 1996) within religion, philosophy, and sociology (Himmelfarb, 2001; Nussbaum, 1996).

Compassion is sometimes seen as an individual characteristic that one may or may not possess or as an emotional state that one experiences (Nussbaum, 1996). More recent literature conceptualizes compassion as a relational process with a set of sub-processes: noticing, feeling, acting, and sensemaking between two or more actors (Dutton, Workman, & Hardin, 2013; Atkins & Parker, 2012; Kanov et. al., 2004; Clark, 1987), although this paper will be focused specifically upon compassion between two individuals: a compassion giver (responder) and receiver (the sufferer). The compassion process is complex and not fully understood, but this paper will outline some of the intricacies of compassion. It will begin with a review of the compassion sub-processes and their relationship to the overall process of compassion, then move to a discussion of importance of compassion, and work on the gendering of compassion.

Each of the compassion sub-processes (noticing, feeling, acting, and sensemaking) is described as distinct (Figure 1). They are relational, meaning that each is shaped by and through the relationship(s) between and among the actors giving and receiving compassion (Kanov et. al.,

2004). They are also dynamic and unfold over time, not always in a prescribed order or even in a linear way (Cutcliffe, 2002). Their dynamics depend largely upon the nature of suffering itself and the relationship between the sufferer and responder over time (Dutton, Workman, and Hardin, 2013).

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### **Noticing**

The first step of the compassion process is noticing. This step is critical, because it involves becoming aware of another's pain and suffering (Kanov et. al., 2004). Noticing is an active process that requires a level of awareness and openness to the individuals around us. While sometimes individuals who are suffering may actively and openly proclaim their own suffering, it is often, particularly so in an organizational setting, displayed subtly and in muted signs (Frost, 2003). While it is ultimately the choice of the sufferer whether or not to disclose their own suffering with a potential responder, responders may elevate their ability to actively notice suffering by being mindful (Salzberg, 2011). Mindfulness is defined as the ability to offer open-hearted attention to other individuals (Williams, 2010). Suffering may also be mediated through a third party or may require the potential compassion giver to actively seek additional information from the sufferer (Way, 2010).

### **Feeling**

Noticing pain often results in an emotional stimulation that may produce an expression of empathic concern. Empathy is defined by Batson et. al. as "an other-oriented emotional response congruent with another's perceived welfare" (1997, p. 105). Therefore, compassionate acts are meant to alleviate the suffering of the other, rather than one's own suffering in the presence of

other's suffering. These "other-oriented" emotions prompt one to help the other. There are three main components to feeling empathy: 1) emotional stimulation, inciting the potential compassion giver to feel the emotions of the sufferer (Decety & Lamm, 2009), 2) perspective taking, allowing the potential compassion giver to understand and appreciate the suffering experience from the sufferer's point of view (Shamey-Tsoory, 2009), and 3) emotional regulation, soothing the potential compassion giver's own pain or discomfort (Decety & Lamm, 2009). These three components of the empathic concern process allow potential compassion givers to both feel the pain and perspective of the sufferer but also make it possible for the potential compassion giver to mobilize compassion (Elliott et. al., 2011).

### **Acting**

Feeling empathic concern for another does not lead inevitably to action, but it may move an individual to take actions to alleviate the other's suffering (Frost, et. al., 2000; Reich, 1989). Although this sub-process has been referred to as responding in past academic work on the compassion process (Reich, 1989; Kanov, et. al., 2004), recent work has argued that these behaviors should be referred to as actions, because noticing, sensemaking, and feeling can all be considered responding compassionately (Dutton, Workman, & Hardin, 2013; Atkins & Parker, 2012).

There are a range of behaviors that can be considered compassionate actions. They may be subtle actions that are seemingly unseen or unidentifiable, like giving someone "time and space" to be alone (Way & Tracy, 2012). They may also be highly visible and coordinated actions, like an organization-wide fundraiser or donation (Dutton et. al., 2006). Within this range of actions, there are a number of different resources that can be provided to individuals suffering. These resources may include physical items; emotional, psychological, or physical support;

and/or space and time (Frost et. al., 2006). While there are a range of possible ways to act, studies show that individuals who are suffering in organizations prefer the use of acknowledgement (Manns & Little, 2011) and vital listening (Bottomley and Tehan, 2005) as actions in response to their suffering. Acknowledgement of suffering or pain occurs when a focal actor expresses that they know or recognize that the sufferer is experiencing pain and is best provided honestly, sincerely, and throughout the entire suffering process (Manns & Little, 2011). Vital listening is defined by Bottomley and Tehan as continuous, active listening that focuses on relationship-building (2005). These actions generally take place over time and while they may be planned or extemporaneous (Dutton et. al., 2006), they are always artful, skillful, and heartfelt (Way & Tracy, 2012).

### **Sensemaking**

Sensemaking occurs throughout the entire compassion process within both the compassion responder, the sufferer, and between them. It is described by Taylor and Van Every as “a way station on the road to a consensually constructed, coordinated system of action” (2000, p. 275). This implies that throughout the compassion journey, imparted by both the compassion responder and sufferer, there are a number of “way stations” where the respondent and sufferer both individually and together stop to identify, rationalize, and comprehend the situation.

The focus of my literature review will be on the sensemaking of the potential responder, as my research examines the compassion process from the perspective of a potential responder. New scholarship about sensemaking within the compassion process draws upon and extends our understanding of sensemaking by utilizing appraisal theory (Dutton, Workman, & Hardin, 2013; Atkins & Parker, 2012; Figure 2). Three key appraisals have been identified as relevant within the compassion process: the sufferer’s deservingness of help, self-relevance, and one’s own self-

efficacy (Atkins and Parker, 2012). An important aspect of deservingness is the potential compassion giver's appraisal of how responsible the sufferer is for his or her own suffering (Smith & Ellsworth, 1985). Judgment about deservingness may be formed based from a number of different cues. For instance, in alleged sexual assault cases, survivors who were more attractive were less likely to be seen as more deserving of blame and more likely to receive sympathy than individuals were less attractive, because individuals who were attractive were seen as less responsible of the sexual assault (Vrij and Firmin, 2001). Perceived deservingness may also be based on the potential responder's appraisal of the sufferer's control over his or her own suffering (Atkins & Parker, 2012). Sufferers who have greater control over their suffering are more likely to elicit an angry, rather than compassionate, response to their own suffering, while those with less control are more likely to receive a compassionate response (Rudolph, Roesch, Greitemeyer, & Weiner, 2004). Appraising the sufferer negatively is likely to be accompanied by beliefs about the sufferer's character and judgment about his or her responsibility in the incident (Smith & Ellsworth, 1985). A sufferer is likely to be appraised as an individual with good character and more likely to receive a compassionate response when they are perceived to be warm and trustworthy (Fiske, Cuddy, & Glicke, 2006). Those seen as cold or incompetent, like the homeless or welfare recipients, are likely to be seen as having a bad character, and less likely to receive a compassionate response (Fiske et. al., 2002).

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Another important appraisal is self-relevance. Self-relevance is how relevant the sufferer and his or her own suffering is to the responder's own goals and well-being (Goetz et. al., 2010). The responder may also appraise the suffering itself. A particular type of suffering may be appraised as more relevant to the potential compassion giver, making them more likely to respond compassionately (Lazarus, 1991). For instance, someone who recently broke off a romantic relationship may be more likely to respond compassionately to another individual suffering from the same issue, since it has personal relevance to him or her. The sufferer may also appraise the individual who is suffering. Similarity and emotional closeness both affect the likelihood of a compassionate response (Goetz et. al., 2010). The closer the relationship, including the closer the genetic (Burnstein, Crandall, & Kitayama, 1994) and emotional relationship (Korchmaros & Kenny, 2010), the more compassion a sufferer will likely receive (Cialdini, et. al., 1997). People are also more likely to respond compassionately to individuals who they feel are more similar to themselves in terms of their physicality, values, preferences, and behaviors (Eisenberg & Miller, 1987).

Potential compassion givers may also appraise their own self-efficacy in deciding whether and how to respond compassionately. Self-efficacy refers to the potential costs that responding compassionately may incur on the responder (Lazarus & Folkman, 1984). A potential responder may appraise their resources and abilities and weigh them against the potential costs associated with a compassionate response to see if they are capable of responding to a sufferer. When a potential responder feels that they have enough resources to compassionately respond to the individual suffering, they are more likely to respond (Hoffman, 1981).

Sensemaking can be particularly difficult to develop within organizations, where many activities are routine and conducted without one's full attention. Because "routine organizational

life is devoid of sense,” it can be difficult to notice and invest the cognitive capacity necessary to fully understand and respond to another’s suffering (Gioia and Mehra 1996, p. 1,229).

### **Benefits of Compassion**

While a compassionate response is both skillful and artful, this also means that it may not always be the easiest response, meaning that it requires energy and is often not effortless, to give to individuals who are suffering, but I would argue that it is one of the most helpful and important responses to offer. While some scholars have taken an evolutionary approach to compassion (e.g. Goetz et. al., 2010), pointing out that caregiving towards vulnerable and pained individuals is a uniquely primate and human adaptation (de Waal, 1996; Warneken & Tomasello, 2006) and that compassionate reproductive partners may be more inclined to devote more resources to offspring (Buss & Kenrick, 1998; Miller, 2007), the effects of compassion seem to seep through our lives, affecting more than just our ability to maintain our species. Rather, compassion seems to also have implications for our ability to live a good life in addition to a long life.

Compassion can benefit the compassion giver, receiver, their relationship and even the organization in which compassion was enacted (Dutton, Workman, & Hardin, 2013). Individuals who enact compassion can receive numerous positive health benefits. Compassionate responding can strengthen pleasure and reward circuits in the brain, which can help individuals buffer against negative experiences (Klimecki et. al., 2013). These circuits can lead to short-term and long-term improvements in happiness and self-esteem (Mongrain et. al., 2011). Compassion can also reduce heart rate, which can help to reduce distress (Eisenberg et. al., 1991) and long-term risk of heart disease (Kok & Fredrickson, 2010). Compassion can also aid in increasing

resilience to stress by lowering stress hormones and strengthening immune response (Pace et. al., 2008).

Although it is theorized that individuals who receive compassion also benefit from the process, little research has been done to understand this process. However, receiving compassion does seem to help suffering individuals recover from painful circumstances (Dutton et. al., 2006; Frost et. al., 2000). This can help individuals heal from their own suffering (Lilius et.al., 2011).

Perhaps the most potent benefits of compassion are those that impact and transform both individuals and their relationships with one another and their context. This is because the kind of healing that takes place within the compassion process can only occur “within the context of relationships; in cannot occur in isolation” (Herman, 1997: 133). Compassion transforms relationships to promote healing; high-quality connections; and increased relational resources, like trust and interconnectedness (Dutton, Lilius, and Kanov, 2007). These kinds of values can promote relationship growth (Canevello & Crocker, 2011) and specific types of compassion, like self-compassion, can promote greater creativity within those relationships (Zabelina & Robinson, 2010).

There are also a number of benefits of compassion that are particular to an organizational context. Receiving compassion within an organization can prompt positive feelings about one’s own work environment, increasing a sufferer’s commitment to the organization and leading to positive organizational outcomes (Lilius et. al, 2008), like increased effectiveness (Cameron, 2003). Compassion can also positively influence how a sufferer sees their colleagues within an organization (Frost et. al., 2006; Kahn, 1993; Lilius et. al., 2008; O’Donohoe and Turley, 2006). Although compassion may only happen on an individual and interpersonal level, it can have

implications for the resilience of an organization as a whole (Powley, 2009). Resilience is defined as learning, which occurs through social connections and interactions, that allows for positive adjustment in the face of a crisis (Smith & Elliott, 2007). In the face of an organizational crisis, compassion at the interpersonal level activates resilience within individuals, allowing the organization to bounce back as individuals notice and support one another through their actions (Frost et. al., 2006; Kanov et. al., 2004; Weingarten, 2003). This kind of powerful interpersonal compassion may take the form of merely sharing stories, but even this small act draws on and replenishes relational reserves, enabling the kind of resilience that can facilitate organizational-level resilience (Powley, 2009) and adaptability (Dutton, et. al., 2006).

### Gender

Gender is a social classification system in which individuals are sorted into a particular gender categories (feminine or masculine), based on their alignment with and the degree to which they fit specific criteria within each category. These categories are not only socially constructed by they are reinforced and reproduced in our day-to-day lives (Money, 1955). While one's gender identification (male/female) may certainly match their physical appearance or biological orientation, known as being cisgendered, not all individuals live and experience gender this way. While one's body and how one embodies his or her own gender is certainly an important component of gender, there are many other components of gender. The process and components of doing gender is called *gendering*. "Second wave" feminists (e.g. Oakley, 1972; Ungar, 1979) worked to distinguish between sex and gender by classifying sex as a category based on biological characteristics, like reproductive organs, hormones, and sex chromosomes, and gender as a category based on social, psychological and cultural practices. Scholars worked to disassociate the assumed relationship between biology and behavior, as well as to increase the fluidity of the category of gender, so that embodiments of masculinity and femininity could be

seen as changeable; modifiable; and continuous, as opposed to discrete categories (Spade & Valentine, 2011). They worked to create a conceptual framework to think both about the social sorting of individuals into certain gender categories based on their assumed biological characteristics but also about how this sorting impacts social arrangements.

By working to deconstruct gender, activists were able to better understand the gender hierarchies that work to imbue meaning and value on the specific traits, actions, and personalities attributed to men and women (Rubin, 1975). Within these hierarchies, there are relations of power at play. While early feminists described gendered power as patriarchy, borrowing from Marxist models of power, this has been criticized for being overly one-dimensional, implying that all men dominate over all women (e.g. Hartmann, 1986; Walby, 1986, 1990). This presents women as passive victims, whereas they should be promoted as active agents. In response to this, many feminists moved to a more nuanced model of power, as described by Foucault. His account of power describes power, not as something that can be owned by specific individuals or groups, but as something spread throughout society, as a web in which we are all enmeshed (Bryson, 1999). Within this approach, power, while it can be negative or repressive, can also be an enabling and empowering force (Sawicki, 1991). Power transcends politics and permeates our social and embodied lives. While Foucault's works can provide helpful insight into power dynamics, they can also present an image of power that is overwhelming. Foucault presents an approach to power that focuses on networks of power. In his models, power is everywhere and seeps into every component of our lives. Theorists like Bourdieu (1984) and Giddens (1971) present a more resource-based approach to power, which can be more helpful in understanding how women may be empowered to overcome issues of discrimination based on gender.

In thinking issues of gender, we must first understand gender from a definitional standpoint. Theories about gender definitions and how gender categories are made have changed over time. Two major paradigms have emerged within this discussion: biology as destiny and discursive construction. Before the sex/gender division, gender and the psychology of gender were often reduced to biology, so physiological phenomena (like having specific sex organs) was thought to account for psychological and behavioral differences between men and women (Robinson, 1995). On the other hand, social learning theories (Bussey & Bandura, 1999; Martin et. al., 2002) and dynamic psychologists (Chodorow, 1978; Erikson, 1968; Freud, 1905, 1952, 1963) posited that gender is formed based on external environment and socialization in one's early childhood development ("nurture"). Within both of these theories, gender is seen as a stable, universal construct.

### **Gender Performativity**

More recently, gender theorists have tried to reformulate the debate between the biology is destiny versus discursively construction to a discussion of the limits of both of these perspectives. These perspectives can be problematic, because they tend to reinforce two important binaries. One is the binary that gender is either predestined by biology or constructed through socialization. The other is a gender binary, meaning that people are either men or women and that their identification as one or the other is static. Much recent work has struggled to blur this division of gender into a more inclusive spectrum that denies the naturalness and universality of an either/or perspective (male or female) on gender, as well as the idea that is a result of either social construction or biology (Butler, 1990; Fausto-Sterling, 2000a).

One of the most interesting and radical gender theories is Judith Butler's theory of gender performativity (1990, 1993). This theory attempts to collapse the boundaries between sex and

gender by arguing that sex and gender are both socially constructed and innately connected. Butler argues that there is no “interior ‘truth’” (1990, 46) for sex and that it is “always already gender” (1990, 9). Sex and gender are already dialectically linked in our daily act of doing gender. For Butler, “gender is the repeated stylization of the body, a set of repeated acts within a highly regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being” (1990: 33). Because the repeated activities that constitute doing gender are regulated and “congealed over time”, they seem to be fixed, stable, and essential (1990, 45).

Butler describes the process of “doing gender” as gender performativity. This is carefully differentiated from gender as a performance. A performance would indicate a process of taking on a role or acting, whereas having gender be performative means that our everyday, ordinary routines produce a certain state of being or series of effects by virtue of them merely being enacted. So, within our everyday actions, we produce and reproduce our own gender to the point that an illusion of stability is created. To reduce the fixed nature of gender, Butler encourages individuals to challenge our everyday, ordinary routines, crossing the border between masculine and feminine to create transgressive genders that allow for diversity and fluidity within gender and sex.

Butler’s call for the creation of more transgressive and transformative ideation of gender, in which individuals can transcend gender norms is certainly radical but also potentially liberating. While the way that one does gender has implications for an individual’s ability to feel comfortable and liberated, it would also impact that individual’s relationships with others. I am particularly interested in the implications of doing gender differently on one’s ability to receive compassion and healing.

### **Gender Roles**

People do not “do gender” in a cultural vacuum, there are social norms that impact and guide their decisions to enact certain routines. There are shared social, cultural, and political rules and norms about how gender is done. These norms and rules about gender are a set of cultural tools that we use to construct certain gender norms for men and women and masculinity and femininity. These tools are part of a larger cultural toolkit or repertoire about gender and the doing of gender (Swidler, 1986; Hannerz, 1969: 186-188). In the notion of a cultural toolkit, culture is not merely something that we live in; rather, it is also something that we use. “Doing gender” often involves performing oneself in a way that enables one to pass as an acceptably feminine or masculine person (Butler, 1990; Fernstermaker and West, 2002; Lorber, 1994). Some of the rules that guide how we “do gender” are described in gender role theory.

If we think about the idea of femininity, we can understand and conceptualize it as a set of cultural manifestations that create a set of ideas and resources for individuals, which are created and reinterpreted over time. These ideas and resources are often characterized as personal traits and are conceptualized as a collection of actions and characteristics considered natural and normal for individuals categorized as female. In this way, meaning is imbued not within an individual but through that individual’s interactions and encounters with others (Currie et. al., 2006, 2007). In opposition to femininity within this process is masculinity (Edley and Wetherell, 1997; Wetherell & Edley, 1999).

### **Stereotypes**

The cultural toolkit that we use to construct gender roles and norms rely heavily on gender stereotypes (Swidler, 1986). Stereotypes are particularly powerful tools in our cultural toolkit, because they can produce strong judgments. Judgments that utilize stereotypes are referred to as judgmental heuristics. This is mental shortcut in which stereotypes are used to

simplify cognitive appraisal tasks for the social perceiver or respondent (Bodenhausen & Wyer, 1985). The use of this heuristic creates specific and stereotypical judgments of both men and women, although the focus of this research will be on the effects for women.

The heuristics that are used are based on two kinds of stereotypes: descriptive and prescriptive stereotypes. Descriptive stereotypes are those that create expectations about what a woman is like, based on what she does and looks like (Burgess & Borgida, 1999). Descriptive stereotypes are often powerful and pervasive, because they can be formed so quickly. All one needs to form a descriptive stereotype of someone is a “thin slice” of time (Ambady & Rosenthal, 1992). A thin slice, is a narrow window of expressive behavioral information, it can be mere seconds. Expressive behavior is typically unintended and unconscious, but it is nearly always an extremely effective form of communication (Allport, 1937). Research shows that communication through expressive behavioral channels occurs quickly (e.g. Ambady & Rosenthal, 1992). In fact, individuals are capable of identifying emotions with only 375 milliseconds of exposure to nonverbal behavior (Rosenthal, Hall, DeMatteo, Rogers, & Archer, 1979). The appraisals that individuals make from thin slices are not only swift but also enduring. Generally, exposure to a person for 5 seconds will result in the same appraisal as exposure to a person for 5 minutes (Ambady & Rosenthal, 1992). These initial impressions tend to be fairly static over time. An evaluation of a teacher after a mere 6 seconds of exposure was strongly related to end-of-term evaluations for the teacher (Ambady & Rosenthal, 1993). While appraisals made in thin slices can be fairly accurate (Ambady & Rosenthal, 1993), they can also be strongly influenced by the activation of common descriptive stereotypes that may possess only a kernel of truth (Baron & Boudreau, 1987; McArthur, 1982; Watson, 1989). Unfortunately, these

expectations created in mere seconds can create an enduring image of what a woman is like, perhaps promoting bias and incorrect perceptions of the woman (Burgess & Borgida, 1999).

The other common stereotype is the prescriptive stereotype. Prescriptive stereotypes create expectations about how a woman should behave (Hoffman & Hurst, 1990; Jost & Banaji, 1994; Sidanius & Pratto, 1999). These expectations are reflections of the qualities needed to perform stereotypical gender roles, and women typically face hostility and punishment for violating these prescriptions (Fiske, Bersoff, Borgida, Deaux, & Heilman, 1991; Rudman & Glick, 1999). We can see how, with mere seconds of exposure, cultural tools deeply shape gendered judgments and expectations.

These judgments can create differentiated sets of actions and interpretations of motives to act and respond in certain ways to stereotyped individuals. In the process of trying to determine motive, we need not only look to the social actors themselves for the answer. Rather, we should see motives as social phenomena with social roots and explanations (Mills, 1940). The social explanations of motives, or our social justifications for actions, are not always articulated directly by the individuals who utilize particular motives. This is called an ‘explanatory paradigm’, because some but not all motives are explained, while others, because the social norms that explain them are so embedded, internalized, and taken-for-granted that they are not explained (Jansz, 1996). Because stereotypes are so socially embedded there is little, if any, justification of motive to substantiate the use of prescriptive and descriptive stereotypes.

### *Stereotypes and Gender Roles*

Stereotype research first made it clear that the set of associations concerning men and women had a range of differences along gendered lines (e.g. McKee & Sherriffs, 1957; Sherriffs & McKee, 1957; Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972; Spence & Helmreich, 1979). Research on gender role expectancy continued and developed within social

role theory as gender role theory (Olson, Roese, & Zanna, 1996). Gender role theory posits that observed behavioral gender differences manifest themselves from men and women's differential social roles and are reflected in societal hierarchies and labor divisions (Eagly, Wood, & Diekmann, 2000). Historical labor divisions in industrial societies have often resulted in men performing jobs that require physical strength and the ability to be away from home, like farming and factory work, whereas women were primarily responsible for caretaking and reproductive tasks within the home (Reskin & Padavic, 1994; Shelton & John, 1996). These types of labor divisions have resulted in certain role expectations for men and women, because specific characteristics are required to fulfill this gender-specific labor. Men are expected to embody more agentic and aggressive characteristics and occupy roles that involve economically productive activities, like acquiring resources and constructing goods for exchange. Women are expected to embody communal and passive characteristics and occupy roles that involve domestic activities, like cooking and providing emotional support (Wood & Eagly, 2002).

Gender norms also influence expectations, perceptions, and reactions to emotional displays. Women and men are expected to display different kinds of emotions, known as gendered display rules. These are stereotype-based expectations that dictate a repertoire of appropriate emotional expressions for men and women (cf. Brody, 1997; Ekman & Friesan, 1969). Women are expected to be more compassionate, warm, and nurturing, while men are expected to be confident and prideful (Hess, Adams, & Kleck, 2005; Kelly & Hutson-Comeaux, 1999; LaFrance, 1998). There are also gendered differences about the amount of emotion men and women are expected to display. Part of the gendered construction of emotion in relationships is that men are thought to be able to control their emotions, while women are thought to be a product of their emotions; the phrase "he has emotions, but she is emotional" captures this idea

(Shields, 2005, p. 10). Since men are thought to control their emotions and choose whether or not to have emotions, while women are thought to be controlled by their emotions and innately emotional beings, men are portrayed as less innately emotional than women. In this way, women can be viewed as “merely emotional” (Shields, 2005, p. 10). Because of the nature of gendered emotionality, women are thought to be more emotional than men.

Social norms and injunctions often support and sustain conformity to traditional gender roles. Since norms provide descriptive information about how similar individuals act, men and women often look to individuals of the same gender to determine how to behave in specific situations. Individuals may look to follow descriptive norms, based on typical behavior that they observe (e.g. a man opening a door for a woman), or injunctive norms, behavior that individuals should perform (e.g. a man contributing to the living expenses of his family), where the latter is typically associated with a moral sanction, if not followed (Cialdini, Kallgren, & Reno, 1991).

While increasingly more women and men choose to transgress gender norms and enact roles typically associated with the opposite gender (e.g. stay-at-home dads or corporate women), these individuals are often associated with the gender role that typically occupies their social role, rather than their own gender identity (Eagly, et. al., 2000). Therefore, a male homemaker is likely to be seen as embodying feminine characteristics and female gender role interpretations, whereas a woman corporate leader is likely to be seen as embodying masculine characteristics and male gender role interpretations.

#### Gendering of Compassion

The compassion process is sometimes described as a care-taking process (e.g. Zahn-Waxler, et. al., 1992). This kind of description is innately gendered, because prescriptive gender roles would characterize a care-taking activity as feminine. Few studies that see compassion as a

process, rather than as an emotion, have examined the effect of gender on the compassion process, and those that do tend to show mixed results. It is important to note that the studies that have been conducted only discussed the potential compassion giver. They do not discuss the gender, or the potential importance, of the sufferer on the compassion process.

There have been few reported differences between compassion episode outcomes for men and women (Broverman, Vogel, Broverman, Clarkson, & Rosencrantz, 1972; Cross & Madson, 1997; Shiota et. al., 2006; Taylor et. al., 2000), but some of the differences that have been found seem like they could result in differences in the compassion sub-processes for men and women. One of the main differences is within the feeling sub-process. Women tend to report higher levels of empathy (Stellar, Manzo, Kraus, & Keltner, 2012) and are able to see others as more similar to themselves than men (Oveis, Horberg, & Keltner, 2010). These differences may be explained by evolution, like the maternal response to helpless offspring (Campbell, 2008; Febo, Numan, & Ferris, 2005; Liebenluft, et. al., 2004; Lenzi et. al., 2009) and social norms and expectations, like cultural gender norms that reinforce expectations about female norms of caring (Reeder, et. al., 2002; Tilley, 2004).

Evolutionary and cultural differences in men and women have resulted in different cognitive processes to stressful situations. While the processes themselves are different, researchers believe that the responses that these processes invoke may not be significantly different. Mercadilla et. al. (2011) found that while there was no actual difference between men and women in the frequency of reported compassion after viewing compassion-inducing images, there were differences in brain fMRIs. Different parts of the brain were activated during the compassion process for men and women. Women showed more diverse activation in their brains, while men's brain activation was more concentrated to specific parts of the brain. The fMRIs

demonstrate that both men and women experience activation in areas involved in basic emotional, empathic, and moral processes as compassion is induced. However, women's overall activation suggests that they experience compassion through a more elaborate brain-processing system than men do (Mercadilla et. al., 2011). This system has implications beyond the experience and process of compassionate responding and other studies have seen gender differences more broadly in the general emotional analysis of social scenes.

Women tend to show greater emotional sensitivity than men when viewing aversive situations that evoke suffering (Bradley et. al., 2003; Garcia-Garcia, et. al., 2008; Harenski et. al., 2008; Javela, Mercadillo, & Ramirez, 2008). One important difference in men and women's responses to these situations is their brain activation. Women tend to experience greater activation in their cerebellum, which plays a role in judgment (Baillieux, et. al., 2008), selective attention (Bugalho, et. al., 2006), affective experiences (Rapoport, van Reekum, & Mayberg, 2000), and the decision to execute helping actions (Mercadilla et. al., 2011). Mercadilla et. al. (2011) argue that these gendered differences may result in differences in the experience and expression of compassionate responding but do not seem to result in disparities in the baseline amount of compassion.

Taylor, et. al. (2000) argue that there may be differences between the compassion capabilities of men and women and that men and women's compassion capabilities are not obviously equal. Their study focuses on responses to stressful or harmful events. While many describe the typical response to this type of situation as fight-or-flight (Cannon, 1932), this response is based on studies performed mainly on men. Women's responses to similar situations tend to be to tend-and-befriend, where they try to create, maintain, and utilize social networks to manage and respond to stress (Taylor et. al., 2000). The mechanism behind the tend-and-befriend

response system seems to be a combination of the stress regulatory systems and attachment-caregiving system (Hofer, 1995). This research seems to have important implications for the potential female sufferer, because it implies that women may be more likely to turn to their social networks while suffering.

### Women in Organizations

Women's presence in organizations has changed rapidly in the past several decades. The percentage of women involved in organizations, like schools and the workforce, has grown. In the 1950s, only 33% of women were involved in the paid labor force, whereas in the 1990s, this number grew to 74% of women (Ridgeway & England, 2007). Women themselves now make up 47% of all employed individuals within the United States and make up more than half (53%) of all individuals with some college education (US Census Bureau, 2013). Although women form a critical and significant population within organizations, like in the workplace and education, they also receive differential treatment within the workplace, because of their gender.

Researchers have found that gender bias is prevalent within the workplace. However, it is typically not overt but subversive and subtle. Many issues stem from gender display norms, which can lead to emotional double standards, and ambivalent sexism, especially in the workplace. Gender display norms are constituted through stereotypes and gender roles. These norms can create emotional double standards. An emotional double standard is the application of different expectations and standards for evaluating the emotional displays of men and women in the workplace, which are based on gender norms (Geer & Shields, 1996; Shields, 2005). For instance, if a man expresses anger in the workplace, he is evaluated as rational or passionate, whereas if a woman expresses anger, she is evaluated as emotionally unstable (Hochschild, 1983). Because negative emotions, like anger, are associated with masculine gender norms, they

can be a source of influence for men in organizations (Overbeck et al., 2010; Sinaceur & Tiedens, 2001; Van Kleef et. al., 2004). But, because negative emotions, like anger are not associated with femininity, they lead to negative evaluations for women in the workplace (Brescoll & Uhlmann, 2008). Within the workplace, gender-based expectations for emotional display in work relationships not only create double standards in the evaluation of the type of emotions displayed but the range and intensity of emotions as well (Eagly et. al., 1992).

These double standards can result in emotional double binds for women, especially for women in masculine work environments or in leadership positions. An emotional double bind occurs when there is a situation in which there are conflicting expectations about emotional displays and women must choose to satisfy either gender or work-role expectations, but not both. This constitutes a double-bind, because choosing to fulfill one expectation constitutes as failing to fulfill the other expectation (Geer & Shields, 1996; Shields, 2005).

These issues are particularly prevalent for women in traditionally male occupations or organizational positions, like management; (Heilman, 1983); however there could be gender and organizational role disparities for all women who are interested in embodying stereotypical masculine traits, like self-assertion, dominance, and pride. Even though recent leadership and managerial research displays the value of communal and interpersonal traits and behaviors (Eagly & Carli, 2003), ideas about successful managers is still tied closely to agentic qualities (Schein, 2001).

As a result of this belief, women are often “punished” in a number of ways for their work and gender-role conflict. For women who choose to act in a masculine way, aligned with their work-role, they are often given lower performance evaluations than men who act in the same

way for the same role (Eagly & Carli, 2007; Eagly & Karua, 2002; Powell, Butterfield, & Parent, 2002; Schein, 1975, 2001) and women who openly identify as “feminist” are evaluated particularly harshly (Haddock & Zanna, 1994). Other penalties include: being seen as less physically healthy (Costrich, et. al., 1975), “cold” (Porter & Geis, 1981), and interpersonally hostile (Heilman, 1995, 2001). Women whose choose to embody their work-role are also more likely to be disliked (Heilman & Okimoto, 2007). These penalties result in tangible sanctions, like lower pay (Brett & Stroh, 1997), less intent to hire and promote (e.g. Rudman, 1998), and fewer positive performance evaluations and reward recommendations (e.g. Heilman & Chen, 2005).

Another important organizational result of gender norms is ambivalent sexism. Glick and Fiske (1996) first developed an ambivalent sexism theory to account for two forms of sexism within the workplace: hostile and benevolent sexism. These components are used in conjunction to maintain conventional gender norms. Within this theory, hostile sexism is a negative or coercive response to a woman who challenges or oversteps her own prescribed gender role (Glick & Fiske, 1996, 2001). These women are seen as nontraditional women (e.g. competent, confident, manager; Glick et. al. 1997). On the other hand, benevolent sexism is a form of sexism towards a woman who enacts her traditional female gender role (Glick et. al. 1997). This form of sexism appears to be subjectively positive, like displaying caring and protective behavior towards women, but these actions can actually be patronizing and controlling attitudes reinforce norms that infantilize women and prescribe them as weak and incompetent (Glick & Fiske, 1996, 2001).

While many of the negative consequences of hostile sexism are outlined in the discussion of work and gender-role conflict, hostile sexism has also been linked to the objectification and

sexualization of women. In recent neuroimaging research, women who overstepped their gender norms, by way of being overtly sexualized, were associated more as “tools” than as human beings. In this work, fMRI scans showed that individuals who possess hostile sexist attitudes associated sexualized women more often with words that were the objects, rather than the agents of actions than clothed women. In this way, hostile sexism contributes to the cognitive reduction and denial of women’s agency (Cikara, Eberhardt, & Fiske, 2010).

There are a number of negative effects of benevolent sexism as well. Individuals who are found to be highly benevolently sexist are more likely to engage in blaming behaviors towards who are victims of sexual assault or rape survivors. They are more likely to see the assault or rape as “deserved”, because the woman acted in a way that was considered inappropriate or deviant (Abrams et. al., 2003; Viki & Abrams, 2002; Yamawaki, 2007). Women who are constantly exposed to and expect benevolently sexist behavior are also likely to experience negative effects. They perform worse in organizations (Dardenne, Dumont, & Bollier, 2007) and are more likely to accept systems and practices that promote inequalities (Jost & Kay, 2005). For instance, they are more likely to accept sexist restrictions; even those that may have negative ramifications on their own careers (Moya, et. al., 2007).

Although gender and compassion are inextricably linked within the work context, the relationship between the two has not been fully researched. An important reason for this is that these two areas of study have not fully informed one another. Management scholars have documented the role of women in organizations (e.g. Ridgeway & England, 2007; Heilman, 1983) and the role of gender norms on their experiences within organizations (e.g. Brescoll & Uhlmann, 2008; Eagly & Carli, 2007; Eagly & Carli, 2003; Eagly et. al., 1992; Eagly & Karua, 2002; Geer & Shields, 1996; Powell, Butterfield, & Parent, 2002; Schein, 1975, 2001, 2005).

Gender scholars have explored the role of gender and emotions (e.g. Fisher, 2000; LaFrance, Hecht, & Paluck, 2003; Livingston & Judge, 2008; Shields, 2002). Organizational scholars have examined the role of compassion in organizations (e.g. Dutton, Workman, & Hardin, 2013; Kanov et. al., 2004) and gender on the likelihood of responding compassionately (e.g. Broverman, Vogel, Broverman, Clarkson, & Rosencrantz, 1972; Cross & Madson, 1997; Shiota et. al., 2006; Taylor et. al., 2000, Mercadilla et. al., 2011). However, these three areas of scholarship have not informed one another adequately enough to understand the gendering of compassion for women suffering within organizations. By studying this phenomenon, I hope to better understand how gendered performance modifies a woman's ability to gain an appropriate compassionate response within an organizational context and the benefits that come with the compassion process.

#### Hypotheses

While I present the findings of three separate studies/interventions, only one begins with a formal hypothesis. This is my first project, an experimental study to understand the impact of gendered suffering on a woman's ability to receive compassion. Based on the literature reviewed above, I believe that:

The gendered performance of suffering by a woman will impact the compassion she receives from co-workers.

The next project, an analysis of narratives of compassion episodes written by Resstaff members who saw a woman suffering in the context of their role on Resstaff is more of a theory building study. In this study, I analyze narratives to build an account of compassionate responding to women in the dormitory context from the perspective of potential responders. So, in this empirical inquiry I do not specify a hypothesis but identify way in which the compassion

process can be elevated by responders in the compassion process. The final project is a discussion of a compassion intervention that I created to allow individuals to enact the compassion process, as a way of teaching about compassion and its importance.

As a researcher focused on understanding more about the gendering of compassion, I understand that both the knowledge that I seek and my own positionality are socially situated. In the hopes of adding my own work to a legacy of feminist scholarship, I find it necessary to state my standpoint in relationship to my own research. As a young woman with organizational experience who has experienced being someone on both sides of the compassion process – both the potential compassion giver and the sufferer – as well as someone who does gender daily and throughout my own suffering and responding, I find myself deeply embedded within my own research. Therefore, my own vision extends beyond that of an interested observer to the realm of an insider and participant in the compassion process.

### **Data Collection and Analysis**

As a part of my thesis, I have conducted and analyzed three separate studies. While each study contributes to my own journey as a researcher differently, they all add texture to my understanding of the gendering of compassion in organizations. The first is an experimental study analyzing compassionate responding to the gendered suffering of women. The second is an analysis of compassion episode narratives from the perspective of the potential responder. The third is a compassion intervention exercise, developed to enhance awareness and understanding of compassionate responding in the dormitory context.

**Chapter 2: Study 1: An Experimental Study of the Gendering of  
Compassion**

## **Study 1: An Experimental Study of the Gendering of Compassion**

I began with an experimental study where I asked participants to answer questions about how they enact the compassion process (noticing, feeling, responding, and sensemaking; Kanov, et. al., 2004) towards a female co-worker “doing” gendered (either masculine or feminine) suffering in a short, 13-second, video. I captured compassionate responding for all four sub-processes of compassionate responding using both likert-style and open-ended responses in a between-subjects study.

### Method

#### **Participants and Design**

For the first part of the study, I recruited participants using Amazon Mechanical Turk (MTurk). This site offered access to a large, stable, and diverse subject pool (Mason & Suri, 2011). Studies have shown MTurk to be at least as reliable as results obtained from traditional means (Buhrmester, Kwang, and Gosling, 2011). My sample included 144 adults with five or more years of work experience recruited through a request posted on Amazon Mechanical Turk (MTurk). The sample included men (53%,  $n = 76$ ) and women (46%,  $n = 68$ ) with a mean age of 38.3 years ( $SD = 12.4$ ) and mean job tenure of 13.3 years ( $SD = 10.4$ ).

MTurk participants signed up to participate in the study online. The study was described to participants as an activity in which they would watch a short video and answer questions about a colleague at work. Once participants agreed to participate in the study, they were randomly assigned to one of two experimental conditions, a masculine gender performativity (MGP) and feminine gender performativity (FGP) condition.

To test for the different effects of gender performativity on a compassion episode, I created a short video clip to manipulate the expression of suffering. The same actress engaged in

masculine and feminine gender performativity across the two experimental conditions. Gender performativity was enacted using three main axes: appearance (physical appearance including dress, hair, and makeup), emotions (emotional display), and physicality (body posture and gestures).

To determine if the experimental conditions worked as designed, I conducted a manipulation check both before and during the experiment to substantiate the gendering of the woman's suffering. The manipulation check assessed the level of gender performativity in each condition using a likert-scale (1: extremely feminine -7: extremely masculine) to test for the perceived gender of the woman along the three axes and her overall gender. There were significant differences found in the appearance, physicality, and overall gender between the two videos. There was no significant difference in the perceived amount of emotions displayed by the woman in the MGP and FGP video, but there was a significant difference between the types of emotions displayed across the two conditions. The actress in the MGP experimental condition was rated as being primarily angry, while the actress in the FGP experimental condition was rated as being primarily anxious.

### **Procedures**

*Scenario.* The experimental conditions each contained the same woman telling a short story about being rear-ended on the way to work in the morning. She describes feeling some pain in her neck and questions whether or not she should go to the doctor's office after lunch (Figure 3). Being rear-ended was chosen as a triggering event for the woman's suffering, because while it does invoke suffering for the individual involved in the incident, it is a relatively neutral, small, and blame-free incident. By neutral, I mean an incident that does not invoke gender stereotypes. A car accident is not an innately gendered experience. It is not intimately related to a

gendered sphere in the way that perhaps a sick child (feminine, domestic), house fire (feminine, domestic), or incarceration (masculine) would be. By small, I mean that being rear-ended does not necessarily imply large implications for the woman's life or well-being. By blame-free, I mean that the accident places little blame on the woman herself, as she was the individual rear-ended by another car, which in most states is treated as the fault of the driver who does the rear-ending.

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### Measures

To assess how gender performativity impacted the compassion process, the survey was organized to take the participant through each of the compassion sub-processes. In our assessment the open-ended responses were coded and categorized. To ensure validity, I coded the responses in the two experimental conditions blindly and independently. I coded using open coding, which is a non-linear, iterative qualitative research process that gave me flexibility to label concepts and broader categories within and across my data (Strauss & Corbin, 1998). First, I aggregated responses to each question and read them line-by-line and word-by-word to find common responses and create categories (Benaquisto, 2008). Once responses were sorted into categories, the responses in each category were reread and axially coded. Within this process the questions and their categories were organized by which part of the compassion process (noticing, feeling, responding, or sensemaking) the question asked about and organized and compared across experimental conditions (Benaquisto, 2008). Finally, I reviewed the data a third time using selective coding. This final process was used to test my hypothesis, whether the gendered performance of suffering would impact the compassion process. During this phase, I related the

core categories within each compassion sub-processes to my core category of analysis – gender performativity. This allowed me to answer my hypothesis and construct an argument by linking categories across and within sub-processes (Benaquisto, 2008).

I used a t-test to analyze differences in quantitative responses across conditions.

## Results

After coding for emergent categories within the open-ended response questions, a number of similar categories emerged across responses in the two experimental conditions. While there were similarities, there were also important differences that emerged in complex and sometimes paradoxical ways (See Figures and Tables: Table 1 & 2; Appendix A: Table 1; Appendix B: Table 1).

I discuss the results and discussion as they follow along the unfolding of the compassion process through the four compassion sub-processes. Throughout the discussion section I refer to the study participants as the respondents and the protagonist of the video scenario will be referred to as the sufferer.

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Insert Table 1 Here  
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**Noticing**

There were a number of significant differences in how respondents interpreted that the sufferer would be affected by the accident. Not only were respondents in the female gender performativity (FGP) experimental condition somewhat more likely to state that the sufferer would experience stress or mental injury as a result ( $p = 0.0024$ ) but respondents described the degree of the stress or mental injury incurred, as a result of the accident, as more acute for respondents in the FGP experimental condition than in the masculine gender performativity (MGP) experimental condition. Respondents in the FGP experimental condition, the emotional pain was described as more enduring and traumatic, while in the MGP experimental condition, the emotional pain was described as short-term and related to stress or anger. Respondents in the MGP condition were significantly ( $p = 0.0018$ ) more likely to interpret that the sufferer was pretending to be affected by the car accident and question whether or not any injuries or effects were sustained from the accident. In fact, no respondents in the FGP condition believed the sufferer was pretending to be physically and/or emotionally affected by the accident. Respondents in the MGP condition also focused more in their explanation on the material objects related to the accident, like how much the car was affected in the accident ( $p = 0.0036$ ) or how much the accident would cost ( $p = 0.1042$ ). Respondents in the MGP conditions were more likely to provide a prescriptive response, recommending what the sufferer should do next, than respondents in the FGP experimental condition ( $p = 0.0245$ ). Finally, the respondents were more likely to say that the FGP experimental condition was overreacting, meaning that her response was too dramatic or emotional, than the MGP experimental condition ( $p = .0378$ ).

**Feeling**

In describing how they felt watching the sufferer in the video, respondents in the MGP experimental condition were more likely to describe feeling sad than respondents in the FGP

experimental condition ( $p = 0.0070$ ). Respondents were also much more likely to say that they were concerned or worried about or in response to the sufferer in the FGP experimental condition than in the MGP experimental condition ( $p = 0.0002$ ). The respondents in the MGP experimental condition were more likely to state that they felt annoyed than the respondents in the FGP experimental condition. Not only were there differences in the percentage of respondents who answered feeling annoyed ( $p = 0.0446$ ), but also the reasons provided for their annoyance were different across experimental conditions. Respondents in the MGP experimental condition were annoyed because they felt like the sufferer was ranting and connected their perceived lack of emotional response in the sufferer to a judgment about the sufferer being an individual who always makes excuses. Those that were annoyed with the sufferer in the FGP experimental condition were annoyed, because they thought the sufferer was acting like a child.

### **Responding**

Respondents in the MGP condition described being significantly more likely to choose to respond to the sufferer by acknowledging her pain, verbally acknowledging the accident and the pain that it produced, than respondents in the FGP condition ( $p = 0.0015$ ). While the percentage of respondents who intended to engage with acknowledgement differed significantly across experimental conditions, the respondents who described acknowledging tended to do it similarly across experimental conditions: quickly and one-time only. Responses were similar across conditions in the sense that a similar majority of people in both conditions had a primary response of offering help to the sufferer by stating that they would offer to help and/or providing specific ways in which they would help the woman suffering. However, within the answers provided for the MGP and FGP experimental conditions, there were key differences in the respondents' description of the woman's deservingness of this help. Within the MGP experimental condition, respondents described the sufferer as less likely to need or deserve help

than in the FGP experimental condition. The sufferer was described as greatly needing and deserving of help within the FGP experimental condition.

The second similar response was that respondents in both conditions stated that they would offer specific advice, telling the sufferer what she should do in response to the problem. The justification of this advice was different between the experimental conditions. There was no justification provided as to why the respondent would offer advice to the sufferer in the MGP experimental condition, while in the FGP experimental condition the respondents justified their advice-giving by saying that the sufferer needed someone to think about the practical things or that they did not want to address her emotions, so would focus on offering advice.

When asked about what would be the most difficult part of their response to the sufferer, respondents in the MGP condition wrote that it would be somewhat significantly more difficult to convince the sufferer what to do, meaning convincing the woman to follow their advice or what they think that she should or must do, than in the FGP condition ( $p = 0.0639$ ).

### **Sensemaking**

There were several significant differences between experimental conditions. They differed in if respondents interpreted the sufferer's response as effective, as well as in their interpretation of why the responses were effective. By effective, I mean that the woman's response efficiently and successfully produced the response she desired from others. The respondents in the MGP experimental condition were significantly more likely to state that the response of the sufferer was effective than the respondents in the FGP experimental condition ( $p = 0.0003$ ). Although both offered little explanation as to why the sufferer's response in the MGP and FGP experimental condition would be effective, when they did, those in the MGP experimental condition stated that the response was effective because it was rational, while those in the FGP experimental condition stated that the response was effective because it seemed

normal. Likewise, significantly more respondents in the FGP condition interpreted the sufferer's response as ineffective ( $p = 0.0003$ ). Among those who interpreted the sufferer's response to the accident as ineffective, the proportion of respondents who felt that the response was too passive, meaning that the sufferer did not do enough herself to relieve her own physical and emotional suffering were significantly larger within the FGP condition ( $p = 0.0001$ ). Respondents from both experimental conditions described the sufferer's response as ineffective because it was insincere, meaning that the respondents felt that the sufferer's emotional reaction was not aligned with the severity of the accident itself. However, the responses from the two experimental conditions differed in how appropriate they believed sufferers' response was. In the MGP experimental condition, respondents appeared to attribute the insincerity of the sufferer's response to the 'emotionless' response. Therefore, the accident and emotional response were thought to be incongruent, because the emotional response did not seem to match the severity of the accident. In the FGP condition, respondents thought that the sufferer's response was insincere, because she was either overreacting to the accident or not confident enough in her response to be seen as sincere.

In response to a question about the ideal way for the sufferer to respond, there were also a number of respondents across experimental conditions that mentioned wanting the sufferer to have a different emotional response. Respondents in the MGP experimental condition were more likely to state this belief ( $p = 0.0139$ ). The content of the responses for the MGP experimental condition suggest that the sufferer should have been either more calm or sad in her response, while the content of the responses from the FGP experimental condition suggested that the sufferer should have been bolder or angrier in her response. Respondents in the MGP condition

were marginally significantly more likely to respond that the given response was the ideal response ( $p = 0.1014$ ).

When describing what they would be careful not to do in their response, respondents in the MGP experimental condition wrote more often that they would be careful not to hurt the sufferer more emotionally than in the FGP experimental condition ( $p = 0.0478$ ), while respondents in the FGP experimental condition wrote more often that they would be careful not to be insensitive to the sufferer more often than in the MGP experimental condition ( $p = 0.0302$ ).

Finally, the respondents across both experimental conditions, when asked about why they would respond to the sufferer, both said most often that they would respond to the sufferer, because they themselves were a nice or good person. A number of respondents across both conditions also stated that they would respond because of a specific trait or emotional state of the woman herself. The respondents in the FGP experimental condition stated that they would respond out of a general concern for helping others, meaning responding to the woman as an expression of humanity and kindness that anyone deserves, somewhat significantly more often than in the MGP experimental condition ( $p = 0.0560$ ).

And, when asked what additional information they wanted, only half of the respondents in either condition wanted additional information, and few of those who did wanted additional information about the woman herself.

## Discussion

The main focus of this experiment and discussion is to understand the impact of gender performativity on the compassion process. I analyze the impact of gender performativity on the compassion process at two major levels. I begin by examining the impact of gender performativity on each of the compassion sub-processes (noticing, feeling, responding, and sensemaking). Then, I move to discussing the compassion process more broadly and the higher-

level findings of the study. Within the overall findings, I will discuss the importance of understanding the cultural and social context of compassion and its impact on respondents' judgments of the sufferer and how express responding to the sufferer. I will also discuss the types of compassionate responding performed and its effectiveness. There is also an additional findings section that discusses the importance of the workplace context within the gendering of compassion in my experimental study. While the experimental study is itself embedded in an organizational context, the impact of this context on the gendering of compassion is important to understand as well and merits some discussion.

### **Impact of Cultural Stereotypes on the Compassion Process**

While the compassion process itself is both powerful and impactful for both the sufferer and responder, it does not occur within a social vacuum. Because the process of compassion is both a primarily relational (Kanov et. al., 2004) and social one, based on connections between people (Frost et. al., 2000) who are cultural agents, it is necessarily impacted by culture. Therefore, creating an experiment in which a female sufferer enacting either masculine or feminine gender role norms can begin to help us understand the social embeddedness of compassion by understanding how certain cultural tools (Swidler, 1986), like gender norms and stereotypes, impact the doing of compassion.

Respondents rely upon cultural tools to form judgments about the woman's gendered performance of suffering. These judgments shape their opinions of the woman and their expressed responses to the woman. In my experiment, the gender performativity of the woman triggered respondents to rely upon cultural tools, like gender stereotypes, to shape their judgments (Swidler, 1986). By utilizing descriptive gender stereotypes to form their judgments, respondents relied upon judgment heuristics, which impacted how they noticed, felt, responded, and made sense of the woman's suffering (Baron & Boudreau, 1987; McArthur, 1982; Watson,

1989). Because they used a heuristic informed by a gender stereotype, the judgments about the woman, as well as the expressed responses to the woman are stereotypical and limited in their scope. We can see the impact of gender stereotypes on the compassion process within each of the compassion sub-processes.

Noticing:

Noticing is often the first stage in a compassion episode and is necessary to the enactment of the rest of the compassion process, because without knowing and realizing that someone is suffering, there cannot be a response to the pain. Within this particular study, all respondents were faced with an active sufferer who chose to disclose their own suffering willingly and openly to the respondent. While this is the same in both experimental conditions, there were differences in how the respondents believed that the woman was affected by the accident. Therefore there were differences in how the respondents judged and made sense of the woman's suffering, based the stereotypes that respondents used to process the woman's gendered performance of suffering.

While there was no significant difference in the amount of emotions that the FGP and MGP experimental condition displayed, the congruency of the emotional display with gender display norms seemed to impact how severe the emotional effect of the accident was interpreted to be. Not only was the woman in the FGP condition thought to have experienced more mental injury but she was thought to have experienced it more acutely. Respondents described her emotional injury as *mental trauma*. Another individual stated that *even if the physical pain is just temporary, due to muscle strain, the emotional pain is what is going to linger for a while*. By describing the effects of the accident as traumatic, we can see that the respondent seems to believe the woman herself is severely affected. These effects are also described by respondents as being long-term. Respondents in the FGP were also more likely to be expected to experience

physical pain. Because the FGP experimental condition woman's suffering aligns with descriptive gender role stereotypes, she would be expected to act in a stereotypically feminine way by the respondents. Prescriptive gender stereotypes prescribe women to be weak and emotional (Eagly & Mladinin, 1989), so the expected impact of the car accident would likely align with this stereotype, leaving the respondents to believe that the woman is acutely emotionally and physically impacted. Respondents in the MGP experimental condition expressed that the effects of the accident were less acute and long-term. A respondent stated that *they could have some minor injuries, but the biggest thing seemed to be that they were mad and stressed*. Because the MGP experimental condition's suffering overcomes descriptive feminine stereotyping by enacting masculine stereotypes, she does violate stereotypic prescriptive gender stereotypes and risks being punished for her masculine gendered performance (Eagly, Makhijani, & Klonsky, 1992). In this instance the masculine woman's punishment is that her mental and physical pain is judged as less severe than the feminine woman's.

Feeling:

The differences in appraisals continue in how the respondents expressed feeling about the sufferer. While respondents were most likely in both experimental conditions to say that they felt sympathy for the woman suffering, those in the MGP experimental condition were more likely to state that they felt sad for the woman suffering, while those in the FGP condition were more likely to state that they felt concerned or worried for the sufferer. Not only were there different emotional responses but respondents described them differently across the two conditions. Respondents in the MGP experimental condition stated: *I felt very sad watching this video, identifying the cause and recipient of their emotions as the video, while in the FGP experimental condition, responses, like: I felt really sad for her, it was depressing knowing that she had one of the worst days possible*, make it clear that the object of their emotions was the woman herself.

Responses in the MGP experimental condition created a kind of emotional distance between themselves and the woman herself, which indicates that there is reduced empathic concern for the woman suffering.

Another data pattern that further supports the hypothesis that gender stereotypes impact the compassion process was the increased prevalence of annoyance among respondents in the MGP experimental condition. The individuals in the MGP experimental condition stated that they were annoyed with the woman, because they thought that she was complaining and ranting. One respondent stated: *I was basically just watching her rant and it just made me think of people that like to complain.* The respondents in the FGP experimental condition stated that they were annoyed, because the woman was *behaving like a child*. The negative appraisals associated with the women in both of the experimental conditions were not only associated with negative images but with types of people: someone who likes to complain and someone who acts like a child. These appraisals and annoyances go beyond merely the association of the individual's reaction to the accident but to the nature of the sufferer herself. This nature is also highly stereotyped. The feminine woman was interpreted as being overly childish and infantilized, while the masculine woman was interpreted as being a complainer, both sanctions associated with gender stereotypes. The feminine woman is seen as incompetent and childish (Spence & Buckner, 2000), while the masculine woman risks being punished for being agentic and insufficiently feminine by being characterized as a 'complainer' (Eagly, Makhijani, & Klonsky, 1992).

*Responding:*

Because of the differences in perceived competence, there are important differences in the stated responses to the women in the different experimental conditions. The woman in the MGP is seen as rational and competent. One answer from the MGP experimental condition states: *I may help if necessary, she seems very daring and has more ability to solve her problem*

*herself*. In this response, we see that because the sufferer is seen as daring and agentic, she is likely capable of taking care of her own problem and does not need help. In this case, the nontraditional sufferer (MGP experimental condition) is judged to be a person who does not need help. Individuals who are seen as highly competent are less likely to be seen as deserving of help (Fiske, Cuddy, Glick, & Xu, 2002). So, because the masculine woman seems competent and bold, she is judged to be less deserving of help. The woman from the FGP is seen as more emotional and less competent. One answer from the FGP experimental condition states: *I would try to console her as she is very timid, and she really deserves my help*. In this statement, the sufferer is constructed as incapable of caring for herself and highly deserving of help. The feminine woman would be more likely to be seen as warm, because she aligns with stereotypical gender norms, like being warm and communal (Eagly, 1987). Therefore, because she has been deemed warm and trustworthy, she is more likely to be seen as deserving of help (Fiske, Cuddy, Glick, & Xu, 2002; Axelrod & Hamilton, 1981).

While the woman in the FGP experimental condition may be judged as needing help because she embodies feminine stereotypes, she is also seen as less competent. For example, one respondent explained that he *would try to get her to think about practical matters, like calling her insurance company*, as a response to the woman. This first respondent gives advice as a way of getting the woman to think practically. This is reflective of a descriptive stereotype that because the woman in the FGP experimental condition displays feminine emotions that she is not only essentially emotional and impractical but also not competent enough to consider practical matters (e.g. Rudman & Glick, 2001; Cejka & Eagly, 1999; Glick, Wilk, & Perreault, 1995; Heilman, 1983). In this thought process, women tend to have their emotional expressions attributed to who they are as people, while men's emotional behaviors are attributed more often

to external events (Brescoll & Uhlmann, 2008; Shields, 2002; Shields & Crowley, 1996).

Because being emotional and valuing emotions and relationships over logic and rationality are values associated with femininity, the expression of emotions and attribution of being emotional would likely make the feminine sufferer seem irrational. Therefore, acting according to stereotypical gender norms, responders may be more inclined to think that they should focus on providing the feminine sufferer with logical next steps.

Although, overwhelmingly, respondents expressed that they would likely respond to the sufferer by acting in some way, there were some exceptions. A few respondents, especially those responding to the sufferer in the FGP experimental condition stated that they would acknowledge and listen to the sufferer, the two types of responses most desired from sufferers within the workplace (Manns, 2011; Bottomley & Tehan, 2005). In fact, almost no one across the two conditions stated that they would listen to the sufferer. And, among those who do offer responses aligned with best practices, the responses that they give are often brief and appeared to be somewhat half-hearted. By half-hearted, I mean that the respondents did not seem genuinely interested in acknowledging her pain, but only interested in politely responding. One respondent who acknowledges the sufferer's pain states: *I would apologize for the inconvenience and then tell her I had to get back to work.* Here, we see how, while there is a response and acknowledgement, the acknowledgement is brief and seems disengaged from the woman's suffering. The response seems like an automatic and token polite response. Another respondent who stated they would listen stated: *I would listen to her complaints and offer commiseration.* While this respondent does listen and seems to spend more time with the sufferer, because they call the woman's problems 'complaints', it seems that there is a sense of disengagement from the actual suffering and pain that is motivating the woman's 'complaints.'

The most common response was for respondents to say that they would attempt to engage with the sufferer in more active ways, like helping, talking, and offering emotional support. Not only did most individuals respond by helping, talking, and offering advice, but across both experimental conditions, most respondents felt that all of their response was ‘natural’ and easy, suggesting that their knowledge of how to respond is seemed natural to them.

*Sensemaking:*

The sensemaking patterns occur throughout the other compassion sub-processes, but here are some additional patterns unassociated with other sub-processes. There were interesting differences in the descriptions of how effective the sufferer’s response to the accident was that link to the social embeddedness of stereotypes. By social embeddedness, I mean that the gender stereotypes utilized by the respondents are so taken for granted that they were not explained. There were overwhelmingly more individuals who responded that the woman in the MGP condition had a more effective response. However, there was little explanation of why her response was effective. While little explanation was given, some respondents did say that the sufferer’s response in the MGP condition was ‘rational’, while the sufferer’s response in the FGP condition was normal. Both these gendered nature of these words, as well as the lack of explanation about each of them reflect the social embeddedness of gender stereotypes. Masculinity is often associated with rationality, while femininity is associated with emotions. Therefore, the feminine emotional response of the woman in the FGP condition can be seen as ‘normal’, because it was emotional (Eagly, 1987). In addition, the lack of explanation (Mills, 1940) about what ‘normal’ or ‘logical’ mean, or even lack of any explanation words at all, reflect the socially embeddedness of stereotypes and the lack of cognitive processing that goes into their creation.

### Overall Impact:

Respondents' clear reliance upon gender stereotypes in the creation of judgments about the woman suffering suggests important enrichments to the current model of compassion. While the current model of compassion does suggest that the context, like an organization vs. home, in which a compassion episode occurs is important (e.g. Frost et. al., 2006; Kahn, 1993; Lilius et. al., 2008; O'Donohoe and Turley, 2006), there has been little discussion of the cultural context in which compassion occurs. My study suggests that the cultural context and tools that respondents rely upon are also important aspects of the context of compassion. These tools shape judgments that respondents make of sufferers and impact the responses that they offer to the sufferer. In the case of gender performativity, cultural tools about gender stereotypes inform all four sub-processes of the compassion process.

### **Types of Responses**

It seems that there is an important discrepancy within the workplace with what people want to receive from their co-workers and what co-workers both do and think is a natural response. Co-workers in study by Manns and Little (2011) who were suffering wanted their co-workers to acknowledge and listen to their pain. While respondents typically did express a desire to respond to the woman suffering, which is better than no response, most did not respond by acknowledging or listening to the woman's pain. This is an interesting finding, because it suggests that perhaps a lack of compassion in the workplace is not the largest barrier for effective compassionate responding in the workplace. Perhaps, an important barrier for compassionate responding in the workplace is a lack of understanding of how to best respond compassionately. Research supports that compassion, while an innate response, is also a skill that can be learned and improved over time (Dutton, Workman, & Hardin, 2013; Lilius et. al., 2011; Miller & Stiver, 1997). This experiment highlights that while responding to the woman suffering does seem to be

innate, because most respondents express desiring to respond, most of the respondents fail to respond in a way that aligns with what individuals in organizations want as a response to their suffering. So, many individuals seem to lack some of the skill necessary to respond ideally to women at work. Therefore, within my study, I found that an important barrier for effective responding was not the context of the workplace itself but a lack of knowledge about how to respond and enact compassion in the workplace.

### **Limitations**

The impact on and view of the sufferer is beyond the limits of this study, because only the reactions and thought processes of the responder are studied. Apart from the initial telling and sharing of suffering performed by the female, her role is minimized in the rest of the compassion process. While future studies could better understand the ongoing role of the sufferer and gendered suffering, we look to better understand how gendered suffering impacts the decisions and strategies of action (Geertz, 1973) of the respondent.

### **Additional Findings: Importance of Context**

One final important theme in both experimental conditions that occurred throughout the responses was a small but concerted focus on the context in which the sufferer is situated: the workplace. While the sufferer herself is central to the respondents own response and appraisal of her, this response and appraisal is also necessarily situated. The sufferer is situated in an organizational environment and is described as the co-worker of the respondent. The social environment in which this encounter occurs is also a necessary component of the interaction as a whole. The answers and responses provided are not only shaped by but limited to the workplace as an organization.

Responses that mentioned the work environment focused on creating boundaries to keep personal problems separate from work. One respondent stated: *Office work should be kept*

*different from the personal problems. I think we should give priority to office work. It's our way of living. After office hours we can think about this.* This response highlights how the office location plays a role in shaping the respondent's disapproval of the sufferer's willingness to share her personal story, while carefully constructing boundaries and rules both for himself and others that dictate where and when personal problems can be shared.

The acknowledgement of the work place on the expression of compassion and the additional limitations that it can have on the compassion process is noted throughout the experimental responses. The responses that do directly mention the work environment consistently take up 10-20% of the responses across experimental conditions. These responses are generally concerned with the potential for decreased productivity, because of the woman's suffering, or that her personal suffering and problem are too personal for the work environment and distract from the goals of the organization. While this kind of response is not the most common, it highlights the invasive and subtle nature of context in my own data. In this example, and a number of individuals across experimental conditions throughout the study, the workplace and work are prioritized over the suffering itself.

## Conclusion

The findings in this study are important, because they extend our knowledge about how the gender performativity of the sufferer affects the compassion process. The impact of gender performativity highlights the social embeddedness of compassion as a process. Respondents engaging in the compassion process are acting within a cultural context that impacts how they judge and respond to the woman suffering. The gendering of the woman prompted respondents to rely upon cultural tools, like gender stereotypes, to judge and make sense of the woman's suffering and how they would respond. Interestingly enough, the use of gender stereotypes is important not only because of how it impacts the compassion process but because of the long-

term impacts that these stereotyped judgments could have on the respondents' appraisals of the woman suffering. Because a number of responses judged the woman suffering to be a specific kind of person (ex: the kind of person who complains, she is weak), rather than a person acting in a certain way (ex: she complained, she felt weak), the judgments seemed like they may have the potential to have longer term impacts. The former judgments seem static and long-term, rather than the latter, which seem to describe her actions or feelings in the moment. If judgments made by respondents influence the creation of long-term gendered expectations, then the impact of the judgments made during the compassion could process could endure beyond the compassion episode itself.

Another important takeaway from this research is that there is an apparent lack of knowledge and understanding within the workplace about how to best respond compassionately to an individual suffering. There appears to be a lack of skill and knowledge about how one can most effectively respond in a work setting to someone suffering, regardless of the sufferer's gender or gendered performance of suffering that may prove to be an important barrier to effective compassion giving in organizations. Most individuals did respond compassionately in some way, and most responded out of concern for the woman and her well-being. Therefore, it seems that they may be interested in responding in a way that is helpful for the woman but just do not know how to respond or what to do. A potential future improvement to elevate employee's ability to respond compassionately would be to educate individuals about the importance of compassion and how to respond to co-workers in the workplace.

## **Chapter 3: Study 2: A Narrative Study of Compassion**

## **Study 2: A Narrative Study of Compassion**

### Motivation

The next study that I completed was an analysis of written narratives discussing compassion episodes from the perspective of a potential compassion respondent. This study complemented the experimental study by providing a lens into the experience of compassion in a natural setting without the manipulations involved in an experimental study. I added this study to my work to bring humanity into my research. I chose narratives as my methods, because they allowed me to bring humanity into my work in two main ways: 1) by adding the voices of people and their real experiences and 2) by primarily highlighting the compassion process, as opposed to gender. The narrative form is a medium that gives me room to richly understand the human experience of compassion (Stuade, 1994) from the perspective of the potential compassion responder, because it requires conscious processing of the compassion process by the responder. Therefore, compassion narratives can be an important tool to better understand the cognitive processing that occurs during the compassion process. The goal of this study was to better understand how potential responders describe the compassion process and how they describe and make sense of a compassion episode impacts how they enact the compassion process.

### Methods

#### **Participants and Design**

*Resstaff Environment:* Participants were co-workers on Resstaff. These are individuals who work and live in the University dormitories for Housing. Resstaff are an integral part of the dormitory experience at the University. The mission of University Housing is as follows:

Our mission is to foster the academic, cultural, intellectual, personal, and social development of students living in the residence halls and apartment communities, while encouraging and supporting each others' development. We work in

partnership with others to continually improve our services and create a safe and inclusive, multicultural community (University of Michigan Housing, 2013, p. 1).

The overarching goals of this mission include creating a holistic and inclusive residence hall experience for students and a space for individual and collective agency. To succeed in its mission, all student staff and specialty staff are trained in the community development model. There are five main tenants in this model: 1) get to know residents well, 2) assist residents in getting to know one another, 3) assess the needs of the community, 4) develop activities to address the needs that have been identified, and 5) assist residents in taking ownership of their own community (University of Michigan Housing, 2013, p. 3).

The majority of individuals on Resstaff are Residential Advisors (RAs). Each RA is tasked with supervising one specific hall or floor, which may be single sex, co-ed, freshman, upper classmen, or mixed. A hall contains anywhere from 25 to 60 students. There are anywhere from 2 to 40 RAs in a dorm, depending on the size of the building. Most of the other Resstaff members are Community Assistants (CAs). A CA works in the community center for 12-15 hours per week (University of Michigan Housing, 2013, p. 12).

*Resstaff Selection:* To be selected into Resstaff is fairly competitive, because each position grants a stipend covering room and board and RA and specialty staff also receive free meal plans. The selection process begins in October and goes through January. There is an online application with essays, a shadowing experience, and interview(s). Although the number varies by year, generally one in seven applicants are selected for positions. Once selected, students must take a 2-credit course, UC 421, with other RAs. CAs take a similar but shorter course. The foci of the course are furthering identity development, learning tools for creating inclusive communities, understanding the role of power and privilege in intergroup relations (University of

Michigan Housing, 2013, p. 6). All staff must also attend several training sessions, including a 2.5 week training session before fall term.

*Context for Suffering:* The result of the selection process, training, and socialization is generally a tight-knit and largely cohesive Resstaff community. The focus of much of this process is on social identities and community building. So, most Resstaff members are highly competent in at least identifying bias and identity problems in a community. Although dorms are often ripe with identity problems and diversity issues, another common through-line within the dorm experience, especially for first-year students, is pain and suffering. The dormitories create what can be a wonderful and also overwhelming merger of social and academic issues. They are defined as “student housing”, which inextricably links the academic (student) and private self (housing). Not only is the name indicative of the intersecting nature of the housing experience but the geographical nature of dorms are as well. Student dormitories are situated within the college campus, often close to and surrounded by academic and student buildings. Because of this nature, a large variety of issues - those related to residents’ families at home, themselves, their friends or partners, and their academics – tend to be prevalent in the dormitory community. Resstaff provide the first line of defense for these issues, and, typically, most of their time is spent discussing day-to-day concerns with residents. Because of the scope and complexity of pain present in the dormitories, they are an ideal arena for better understanding the compassion process. There are also real implications for resident well-being, based on how well they receive compassion from Resstaff individuals, which make understanding the compassion process within them vital to a sound and vibrant residence hall community.

*Participants:* Although there are a number of dormitories on campus, my sample comes from a large, Central Campus dormitory. There are over 1,000 residents, including two main

communities: Honors students and athletes. There are 42 Resstaff members in this dormitory. The Resstaff and dormitory context was chosen, because members of Resstaff, while they have a number of responsibilities and types of interactions with residents, often are placed at the front line of noticing and responding to various types of suffering. In this way, caregiving is an important and essential aspect of the Resstaff role. My sample included narratives from 13 Resstaff members. With a staff of 41 individuals, there was a 32% response rate. The sample included more women ( $n = 8$ ; 62%) than men ( $n = 5$ ; 38%). All were college students, ranging in age from 19 to 22 years of age.

*Design:* Participants were told of the study and project at a weekly staff meeting. They were then sent an email with a link to a survey where they could upload their responses. All responses were kept anonymous and participants were asked to change the names of themselves and all other individuals in the narrative. In the survey, participants were asked to write a 300-500 word narrative describing an interaction with a woman suffering in the context of their role on Resstaff. Individuals were asked to include how they became aware of the woman's suffering; how they felt seeing her suffering; what thoughts they had about her suffering; what they did, if anything, in response to her suffering; and why they responded in that way. To better understand the compassion process from the role of the potential responder, Resstaff members were asked to provide a narrative that included each of the sub-processes of compassion: noticing, feeling, responding, and sensemaking (Kanov, et. al., 2004). The narrative form was chosen as the medium for this, because narratives serve primarily as a way of richly understanding the human experience (Staude, 1994). Because the process of creating a narrative requires conscious processing of the situation about which you are writing, it gives nuanced insight into the compassion process from the perspective of the potential responder. The narrative itself becomes

a process through which meaning is made and what is normally hidden becomes visible (Louis & Sutton, 1991). Therefore, compassion narratives can be an important tool to better understand the cognitive processing that occurs during the compassion process. By examining narratives from the perspective of a potential responder to a woman suffering, I can derive greater meaning about the decisions a potential responder makes throughout a compassion episode.

### Measures

I used open coding to analyze my data and better understand how the potential responder's description and sensemaking of a compassion episode impact their compassionate response (Strauss & Corbin, 1999). This process is an iterative process that requires several rounds of coding. Before coding began, short abstracts, capturing the essence of each story were written. Several essential characteristics were noted for each narrative including the sex of narrator, the nature of suffering (what the problem they described was), and the length of the compassion episode. For the first round of coding, open coding was used. Open coding is meant to be used to open the text itself and key categories are created by breaking the narratives down, word-by-word and line-by-line. The original categories are referred to as paradigms and are the tools that will guide the rest of the coding process (Benaquisto, 2008). Key paradigms were the four compassion sub-processes: noticing, feeling, responding, and sensemaking (Kanov, et. al., 2004). The next round of coding and reading of the narratives is called axial coding. In this round, the data is reassembled and the initial paradigms are pursued in greater depth. From this round, one or more core categories are selected as those that will ultimately lead to and aid in offering a larger explanation to a phenomenon (Benaquisto, 2008). In my analysis, feeling as a sub-process provided a number of particularly interesting questions and became one of my core categories of analysis in understanding how respondents' description and sensemaking of a compassion episode impacts their compassionate response. I then returned and performed

another round of open coding, focusing specifically discussion of expressed emotions and empathy in my narratives. For the final round of coding, selective coding was utilized to analyze my core category of feeling as a means of integrating and linking the other compassion sub-processes and developing a story about the data itself (Benaquisto, 2008).

## Results

From my initial analysis of the data, there were a number of important themes. While all of these themes are important, they all impact and interact in the narratives in a number of ways and are highlighted throughout the narratives in complex and layered ways.

### **Context: Importance of Creating Space for Compassion**

While each of the compassion narratives take place within the context of the Resstaff member's role, not all of the stories take place entirely within the dorm. Many take place over time and include aspects both in and outside of the dorm. While there was a sense of heterogeneity of locations in which these compassion episodes occurred, the more important distinction seemed to be the active preparation of space in which there was a sense of safety as well as room for compassion to occur. I use the term 'safe space' to identify the active preparation of spaces for compassion.

While not all of the stories include the description of efforts, either by the narrator or the sufferer, to actively create space in which compassion can take place, 8 of the 13 narratives do. The creation of this space was done actively by either the narrator or the sufferer. Of the 8 in which the creation of space for compassion was created, 5 of these spaces were actively created by the sufferer, while 3 were actively created by the responder. These spaces took several forms, including bedrooms, cars, or merely spaces where people could be alone. The creation of these spaces varied. They were sometimes made quickly or were more elaborate processes. Narrators may have merely mentioned pulling the sufferer aside to be alone or have set aside time alone

together for a trip in which space was created. Sometimes, these spaces were used immediately for compassion, while other times, these spaces were created over and over before both parties felt comfortable engaging in the compassion process.

### **Noticing: Passive and Collaborative Noticing**

There were also a number of ways in which narrators noticed or discovered that the sufferer was experiencing pain. One narrator was told by another person, 6 were approached by the sufferer, and 6 actively worked with the sufferer to uncover and understand their suffering. Noticing was more likely to be an active process for the narrators who knew and had a stronger relationship with the individuals suffering. Often, this was because the narrators could tell when and how the sufferer's behavior changed over time. One narrator, Laurie, who was actively involved in working with her friend, Rachel, to notice her suffering wrote, "I noticed that a friend and co-worker of mine, Rachel, was having a difficult time with the semester [...] I noticed that she looked stressed and tired a lot of the time." Here we see how Laurie is able to actively notice that Rachel was having a difficult time, because she noticed mood changes.

Because Laurie became aware of Rachel's suffering, she was able to actively collaborate with Rachel to understand what Rachel was experiencing. Laurie is now mindful and aware of what she thinks is Rachel suffering, and Laurie can now choose to seek additional information about Rachel. Laurie wrote, "I would ask her about how she was feeling. She usually shrugged off or avoided the question". This response is particularly interesting and an example of the dynamicity of the compassion process. Because both Laurie and Rachel are involved in this compassion episode, they can both choose to be active or passive members. While Laurie may be interested and able to notice and respond to Rachel's suffering, Rachel, herself, may not actively open herself to compassion. As the narrative continues, Laurie's continued care and Rachel's ability to open herself up to care, allow the compassion process to continue. Here, we see the

active negotiation between respondent and sufferer in the noticing process. The process, as seen in this and a number of the other narratives emphasizes the collaborative nature of the noticing process. This process requires the active participation and commitment of both sufferer and respondent in the compassion process.

### **Feeling: Knowing How to Respond**

Another important aspect of the responses was the ability of the narrator to express ‘knowing’ how to respond to the individual suffering. I found that there were several different ways in which individuals described ‘knowing’ how to respond to the sufferer. Throughout the 13 narratives, four categories of knowing emerged. Each category presented a different path and use of different emotional resources to arrive at knowing how to act in the compassion episode to the sufferer. The main emotional dimension considered in the creation of categories was the presence of empathic concern, which was coded as “an other-oriented emotion elicited by and congruent with the perceived welfare of someone in need” (Batson, 2011, p. 11). The other important differentiating dimension is whether or not both individuals involved in the compassion episode, the sufferer and the narrator, shared suffering or past experience of suffering with one another.

The resulting categories are used to categorize the narratives respondent’s description of their logic in deciding how they knew how to respond during the compassion episode. There were four broad types of logic that seemed to be used: relational knowing, sufferer knowing, misdiagnosed knowing, and self-knowing (Table 3). These categories consider the narrator’s description of their use of empathic concern, their past or current suffering experiences, their own and the sufferer’s expressed emotions, and their expression of knowledge of how to respond when deciding how to respond to the sufferer. These categories seem to have implications for the respondent’s ability to bring him or herself into the compassion process and the degree of

relationality in the compassion process. Since compassion is a relational process, the ability of a respondent to bring him or herself into the compassion process has implications for their ability to enact compassion.

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Insert Table 2 Here

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*Relational Knowing:*

In relational knowing, not only the sufferer, but the narrator as well verbally expresses having experienced suffering. Typically, the narrator is not actively suffering but, rather, sharing his or her own (similar) experience suffering. The narrator also expresses feeling empathic concern. I call this logic, relational knowing or the process of creating relational knowledge, because both parties and their suffering experiences are utilized within the compassion process. The narrator's suffering may have been the context in which the sufferer told of his or her own suffering, to which the narrator later responded (N7), it may have been told as a way of reassuring the sufferer that the narrator's response and advice were legitimate (N2), it may have been told, because the sufferer asked the narrator to share his/her own suffering experience (N4, N9), or a personal experience of suffering that the narrator used to know how to respond but did not share with the sufferer (N13).

The narrator's own sharing of his or her story was integral to the compassion episode itself and how the narrator expressed deciding to enact the compassion sub-processes. Narrators' expressed using their own experiences of suffering as a way of elevating their ability to enact one or more of the compassion sub-processes. They may have shared their own suffering to an individual they suspected was suffering to create a space in which the sufferer felt comfortable being vulnerable and sharing their own suffering (noticing). Laurie stated, "I think my own

vulnerability in that situation [...] helped her to feel safe and more willing to open up about her own struggles”. They may have shared their own suffering and reflected on their own experiences to better understand how the sufferer felt or acknowledged the feelings of the sufferer by saying that they felt the same when experiencing similar suffering (feeling). For instance, Tanya stated, “I was empathetic since I myself have sought help at CAPS. I told her this and it seemed to put her at ease”. They may have legitimated advice to the sufferer by saying that it was something that they tried when experiencing a similar suffering experience (responding). Rachel stated, “I went through similar things my freshman year, and continue to deal with this, so I tried to reflect on my own experience to figure out what to say”. They also may have actively reflected on their own experience throughout the compassion episode (sensemaking). Rachel stated, “I realized that I was most upset when other people interfered too often, and noticed that she was also very upset by the interference of our hall director. However, I also knew that it was helpful to know that I had support, so I let her know that she could come to me”. The narrator’s often explicitly expressed that their ability to share and reflect on their own experiences elevated their ability to enact compassion or components of the compassion processes.

Within these narratives, every narrator explicitly mentioned being empathetic towards the sufferer, specifically stating that they “felt empathetic” or “empathy” for the sufferer because of their shared suffering experience. Within these stories, the experience and feeling of empathy is overt, conscious, and embedded within the narrator’s own telling of the story.

Within relational knowing, the narrator’s experience of empathic concern was linked to the way he or she described noticing, responding, and sensemaking. His or her experience of empathic concern was typically used in tandem with these other sub-processes to substantiate the

narrator's own actions or feelings, as a source of experiential knowledge from which the narrator could draw. For instance, one narrator, Jennifer stated, "I went through similar things my freshman year, and continue to deal with this, so I tried to reflect on my own experiences to figure out what to say. I realized that I was most upset when other people interfered too often, and noticed that she was also very upset by the interference of our hall director". In this way, the author's discussion of empathic concern through shared experiences of similar suffering not only linked directly to her ability to notice, respond, and make sense of the sufferer's own suffering but elevated the respondent's ability to enact compassion. The respondent's ability to bring her own suffering experience into the compassion episode helps the respondent not only within the individual compassion sub-processes but allows them to bring themselves and their own experiences into the compassion process, which helps to neutralize hierarchy within a compassion episode.

*Sufferer Knowing:*

Within these stories, the narrator did not state that they had shared a similar suffering experience with the sufferer, and almost never mentioned feeling empathic concern. While the narrator may have witnessed the cause of suffering (N1) or have seen other individuals suffering similarly (N5), they never discussed their own suffering or experiences suffering within their responses.

The narrators did not typically explicitly mention feeling "empathy" or "empathetic" towards the sufferer. One narrator (N8) of the five, did write that her "eyes welled in empathy", which was the only explicit mention of empathic concern within the text.

While the narrators themselves did not identify prior experiential knowledge of the specific suffering that they were responding to, they did "know" or "sense" the sufferer's emotions and needs, when they discussed how they went about deciding how to act and feel. One

respondent, Colleen, did not describe her own suffering in relationship to the sufferer or choose to share any experience of her own suffering with the sufferer, but she did say that she had seen others suffering like her resident was in her narrative. In describing her response, she stated, “I’m not usually a ‘hugger’. But some people are, and I could tell it was something she needed. I think having someone to vent to was what Alex needed. She needed someone who wouldn’t judge her and who was outside of her friend group to talk to.” Here, the distance between the respondent and the sufferer seems somewhat more pronounced. Colleen describes her role as somewhat more passive, by being someone that Alex can ‘vent to’. Colleen describes herself as someone ‘outside’ Alex’s friend group. This language suggests distance, rather than a highly relational encounter, in which the responder actively brings him/herself into the compassion process.

*Misdiagnosed Knowing:*

Within these stories, the narrator does not discuss having or sharing a similar story of suffering with the sufferer but expresses empathic concern. Within these stories, the narrator misdiagnoses the sufferer’s behavior, appraising them as disrespectful (N6) or sleepy (N10), rather than enduring acute suffering.

While the narrators do not express similar experiences, they do describe how they felt after realizing their misappraisal of the sufferer. One narrator does explicitly express feeling empathic concern at this point, saying that he “felt an enormous feeling of empathy” (N6), while the other describes feeling “very distraught” (N10), meaning that they are undergoing personal distress. However, these feelings were linked to the narrator’s delayed noticing of woman’s suffering and strongly associated with feelings of guilt. Within these stories, narrators expressed feeling both guilt and empathic concern after realizing that they had misdiagnosed the suffering of the woman as something else.

*Self Knowing:*

Within this story, the narrator does not discuss sharing her own suffering with the sufferer and does not discuss feeling empathic concern. Rather, while she does describe trying to respond to and help the woman suffering, she discusses how she wishes she could but cannot do more for the individual suffering, because she, herself, is suffering and cannot be the main support system for another individual who is suffering (N3).

The narrator reflects back on her own experiences becoming someone's lifeline and expresses self-empathy, choosing to disengage with the sufferer's feelings and reflect, instead on her own desire and need to prioritize her own suffering and needs above the woman's who is suffering. This story reflects a kind of self-knowledge, in which the narrator decides not to respond as fully as possible, because she, herself, knows her own limits as a potential responder. In this case, the responder actively avoids bringing herself into the compassion process with the sufferer, because she realizes that she does not have the energy or resources to respond over time.

*Role of Emotions:*

Across the four categories, there were differences in the pattern of self- and other-associated emotional expression. I analyzed the number of times that narrators described or expressed self-associated emotions (ex: I felt sad) and other-associated emotions (ex: she seemed sad). I found that across the four categories, there seemed to be differences in the patterns and ratios of self- to other-associated emotional expression in the narratives. While this pattern of emotional expression is only a proxy for understanding actual emotional expression and who it was directed towards, it can help us to at least understand how the narrator expressed feeling (Figure 3).

Individuals who engaged in relational knowing (A - red) were much more likely to mention their own emotions and share their own emotions in the narrative about the same amount of times (or a little less) than they were likely to mention the sufferer's emotions. So, the ratio of time spent discussing self-associated and other-associated emotions was closest to 1:1 within this category. Individuals who engaged in sufferer knowing (B - green) tended to express more other-associated emotions in their narratives. Individuals who engaged in misdiagnosed feeling tended to express more self-associated emotions in their narratives, often discussing the guilt and empathy that they felt (C - orange). The individual that engaged in self knowing expressed more self-associated (D - blue) feeling words, as she focused most of her narrative on her own suffering.

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Insert Figure 3 Here

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## Discussion

Given the small sample size and nature of phenomenological data, there are limits to the broader conclusions that can be drawn with this particular data set. There are also important aspects of narratives that cannot be captured in other data types. I am able to bring the voices and stories of lived experience into my data set with narratives. I am also able to highlight some of the complexity and skill involved in the compassion process by discussing the array of responses and experiences brought into the compassion narratives I have analyzed.

My discussion focuses on several of the ways that narrators actively worked to enable and the compassion process as a whole, as well as elevate their ability to bring themselves into the process. I focus specifically on the techniques that Resstaff members use to elevate their

ability to compassionately respond to the sufferer, as well as enhance the relational aspect of the compassion process.

**Context: Creating Safe Spaces**

One important means of elevating and facilitating the compassion process within the Resstaff narratives involved the creation of a space for the compassion process by either the narrator or the sufferer. One narrator, Laurie, stated explicitly that the creation of a safe space in a car allowed for space for shared suffering with Rachel, therein, catalyzing a compassion episode. She wrote, “I think my own vulnerability in that situation, and being in the private, enclosed space of the car helped her to feel safe and more willing to open up about her own struggles”. In this particular case, not only was Laurie in a car, but she created a space for compassion by telling Rachel about some of her own pain and suffering.

This process of making space for pain or for vulnerability is referred to in feminist literature as the creation of a safe space (Sarason, 1972). While this space is often a private space, it sometimes often includes the mutual sharing of pain and vulnerability to reduce hierarchies between those present (Oakley, 1988). While workplaces are often portrayed, and often are, fraught with pain and suffering, they can also be the site of healing (Frost, Dutton, Worline, Wilson, 2000; Kahn, 1993). Within these narratives, individuals created space for healing and transformed work environments into places of healing through the creation of safe spaces. Over time, the creation of these spaces can not only elevate the experience of compassion but safe space allow for reduce compassion fatigue over time (Smith, 2007). Therefore, the creation of safe, private spaces in which vulnerability and sharing can occur can be an important structural aspect of the elevation of compassionate responding in the workplace. The creation of these safe spaces serve to elevate the compassion process, because they enable the compassion

process to begin by creating space for vulnerability for the sufferer (and the respondent) to be vulnerable and share their own suffering.

**Noticing: Passive, Active, and Collaborative Sharing**

These narratives also highlight the ways in which noticing can happen throughout the compassion process and the skill and collaboration over time that is sometimes necessary for the continuation of the compassion process. One of the important differences between the narratives in which there was active noticing on the part of the respondent before being told by the sufferer about their pain was the type of relationship that the individuals had. Typically, suffering was only noticed by the responder when they were friends with the individual suffering. Because the individuals within the narratives that responders noticed were typically friends, there were chances to notice changes in behavior and opportunities to enrich interactions (Dutton, et. al., 2006).

One of the particularly interesting features of noticing found in the narratives involves not only the importance of active noticing but relational noticing. Since each individual involved in the process of noticing is important to the continuation of the compassion process, especially when the responder is the first to recognize that the sufferer is suffering, there is a relational and collaborative aspect of noticing that goes beyond active or passive individuals. There must not only be a sense of openness to suffering but openness to one another and the giving or receiving of compassion. This kind of openness to others' suffering is a kind of mindfulness that opens individuals to others and tunes them into others' feelings (Salzberg, 2011). Collaborative sharing of suffering, as opposed to passive sharing or active sharing by only the sufferer, elevates the compassion process, because the respondent is able to bring themselves further into the compassion process and increase the relational aspect by being more actively involved in the noticing sub-process. Their involvement was also important in a number of the narratives,

because without their active involvement, many sufferers may never have chosen to share their suffering. Therefore, their active collaboration made the compassion process not only elevated but possible in some cases.

### **Feeling: Relationality of Compassion**

While utilizing narratives does not fully allow me to make broad claims about the importance of relational knowing, there does seem to be support that relational knowing is a helpful form of knowledge formation about responding compassionately. Because the compassion process is one that cannot happen without more than one person, it is essentially relational. Not only must compassion be a relational process, but it is powerful because it is relational and involves and affects multiple people at a time (Dutton, Workman, Hardin, 2013). Therefore, the idea of the responder trying to bring themselves into the compassion process through shared experiences of suffering seems important.

The individuals who engage in relational knowledge are able to draw upon loving-kindness, which is defined as a recognition of the interconnectedness of our lives that allows us to elicit a greater sense of care for others (Salzberg, 2011). They are able to be mindful of, recognize, and know the suffering of the sufferer by offering up their own suffering as a sign of shared vulnerability between sufferer and responder.

Relational knowing is also supported by safe space theory, which suggests that the mutual sharing of pain reduces barriers and hierarchies to safe and trusting relationships (Oakley, 1988). Additionally, the only narrators who mentioned gaining a stronger relationship after the compassion episode were those who engaged in relational knowledge. Three of the 5 narratives which utilized relational knowledge mentioned having a stronger relationship with the sufferer after the compassion episode. No other narratives mentioned having the power to build and strengthen the relationship between the narrator and the sufferer. So, relational knowledge seems

like it could be an element that elevates the relational ability and power of the compassion process.

Other types of knowing, like sufferer knowing, avoid engaging in loving-kindness, because the responder disconnects themselves from the suffering of the sufferer. They avoid discussing their own feelings or acknowledging the interconnectedness of themselves and the sufferer. This disconnect actually works against the respondent in two important ways. It distances the respondent from their own feelings as well as the feelings of the sufferer. This results in a reduction in expressed empathy (Salzberg, 2011), which does not aid in the elevation of the compassion process.

### **The Role of Safe Spaces, Collaborative Noticing, and Relational Knowledge**

While each of these aspects have been examined individually, they are also interestingly connected. Individuals who engage in relational compassion and relational knowing tended to engage more often in the creation safe spaces and collaborative noticing. While each of these aspects can elevate the compassion process, they are particularly powerful together. This relationship supports the idea that compassion is not only multidimensional but skilled. By multidimensional, I mean that there are a number of important components to compassion and the creation of room for compassion in the workplace that can elevate a person's ability to enact the four compassion sub-processes and compassion more broadly. These components, like creating a safe space for compassion, collaborative noticing, and the use of relational knowledge are skilled, because not all individuals did them. And, those who did elevate the compassion process using these elements, were the only respondents who mentioned having the ability to enhance their long-term relationship with the sufferer.

## Conclusion

While the narrative data itself can be somewhat inconclusive, the results found did support the notion that compassion is a dynamic process with a number of important aspects to it. The aspects that my analysis focused on were those that had the ability to elevate the compassion episode, including the creation of safe spaces in which compassion can occur, collaborative noticing, and relational knowledge. These ideas are powerful, not only because they seemed to increase the ability of the narrators to provide compassion to sufferers but the ability of the narrators to connect to the sufferer as well. This idea of a non-hierarchical and shared compassion connection is important, because it helps to distinguish compassion from helping, which generally involves one individual giving something to another. Through these narratives, we see that elevated compassionate responding involves both individuals giving and receiving in the compassion process. Therefore, the elevation of compassion may help to reduce hierarchies and power differentials in the compassion process to allow for the greater expression of vulnerability and, ultimately, better relationship building.

## **Chapter 4: Study 3: A Compassion Intervention**

### **Study 3: A Compassion Intervention**

#### Motivation

This particular component of my thesis was motivated by a number of factors. Some of my motivation came from the rest of my data. My experimental study suggests that while people may respond compassionately at work that they may actually respond in a way that is not in line with what is desired by those suffering. My narrative data suggests that when the respondent brings themselves and their own experiences suffering into the compassion process, compassion can actually be elevated. After realizing this, I wanted to create a compassion exercise that allows individuals to learn how to best practice compassion and to make compassion as relational as possible by bringing themselves, as respondents, into the compassion process.

My other motivation for creating this exercise is my own experience with compassion. In my own experience with my thesis and researching compassion, I realized that most of my most impactful moments were during my lived experiences with compassion, either as the responder or sufferer. Within these moments, I was able to better identify what compassion was and how responding compassionately was a skill that, when used effectively, could provide immense healing, relief, and relationship-building. The research background that I have gained through my thesis has actually allowed me to continue to experience compassion more deeply in my everyday life. Not only am I more mindful of others and their suffering, but I am more thoughtful in how I respond to their suffering. I strive to keep my mind open to others, and, when I sense that they feel pain, I try to keep my heart open wider to them as well. While, as I have learned, not everyone wants to open their hearts back and share their own suffering, this is a choice that either the individual suffering or responding can make. Keeping your heart open, either to receive or give compassion requires courage and vulnerability. And, when someone chooses to open their heart to you, either to give or receive compassion, I can now recognize this

choice as a gift. It can be a painful gift, a heart wrenching gift at times, but also a beautiful gift. It is an expression of humanity (Frost et. al., 2000). This expression of humanity not only has the power to heal (Lilius et.al., 2011) but to build and strengthen relationships (Canevello & Crocker, 2011; Dutton, Lilius, and Kanov, 2007). While this has been a potent experience for me personally, it has been a terribly frustrating experience as a researcher, because I feel that I can never accurately portray the beauty of compassion to others through my thesis.

So, in brainstorming how to engage my peers on staff, I decided that I had to bring them into compassion in a way that would allow them to experience giving and receiving it. Therefore, I created an exercise that would allow my fellow staff members to enact compassion – both as focal actors and sufferers.

#### Assumptions

This exercise is based on several assumptions. My first assumption is that compassion in the workplace requires safe spaces in which it can occur (Boyatzis, Smith, & Beveridge, 2013). Because, as shown in my experimental data and others' work (e. g. Dutton, Workman, & Hardin, 2013; Kanov, et. al., 2004), the context of compassion episodes matter. Often, the organizational setting blocks the expression of compassion. However, within my exercise, I worked to create an alternate setting within the work context that serves as a 'safe space' (Sarason, 1972). While in early scholarship, safe spaces were conceptualized as physical settings, a number of scholars have argued that 'safe spaces' need be neither physical nor permanent (Lofland, 1975; Miranne & Young, 2000; Subban & Young, 2000).

Another assumption is that compassion is not only necessary in organizations but is skilled and is a skill that can be improved with increased practice and increased awareness of and mindfulness towards co-workers (Lilius et. al., 2011; Miller & Stiver, 1997). I define mindfulness as a kind of training that works to cultivate a mode of 'being' that teaches and trains

individuals how to have open-hearted attention to other individuals and our reactions to them (Williams, 2010). Therefore, in my exercise, I try to cultivate both a mindfulness and openness to the self as well as to others around the self. This cultivation enables a sense of mindfulness that emphasizes mindfulness as a relational process (Salzberg, 2011). My conceptualization of listening, as described below, also falls in line with the idea of keeping an open heart to others and your reaction to them.

My final assumption is that while there are a number of actions that can help relieve suffering, the best actions for responding to individuals suffering within organizations are acknowledgement (Manns, 2011) and vital listening (Bottomley & Tehan, 2005). Vital listening is defined by Bottomley and Tehan as continuous listening that focuses on relationship building (2005). While they compare vital listening to active listening within their piece, I draw a distinction between the two in regards to compassion. In my understanding of listening as a response in the compassion process, I think it necessitates a more dynamic process than that required of active listening.

#### Activity Overview

My activity guides individuals through the compassion process by experiencing the four subprocess: noticing, feeling, acting, and sensemaking (Atkins & Parker, 2012; Kanov et. al., 2004; Clark, 1987) at least once. It also includes and has participants enact several best practices for responding to suffering in organizational contexts. The two best practices used are acknowledgement (Manns & Little, 2011) and vital listening (Bottomley and Tehan, 2005).

#### **Compassion Subprocesses: Noticing, Responding, Feeling, and Sensemaking**

##### *Noticing: Mindfulness and the Creation of a 'Safe Space' for Vulnerability*

The beginning of the exercise is key to the maintenance of its success, because it creates a framework in which compassion can occur. As part of the creation of this framework, a 'safe

space' is created. A safe space is created and maintained throughout the exercise by making individuals feel safe and in a non-hierarchical environment. I begin by playing music and performing mindfulness exercises to help individuals feel relaxed and engaged. Then, a non-hierarchical, confidential space is created and maintained throughout the exercise, because pain is shared mutually among individuals, - even the facilitator shares some personal information - so there is a certain amount of shared vulnerability (Oakley, 1988). The creation of these safe spaces are important, because they allow individuals to feel that they can share personal suffering, making themselves vulnerable.

Within this space, participants are called upon to become mindful of themselves and others around them. Mindfulness is defined as being attentive and aware of what is occurring in the present (Hanh, 1976). Participants are called upon to become mindful of themselves, their bodies, and feelings, as well as those of them around them and their group members throughout the activity and in their compassionate responding. With both vulnerability and mindfulness of this vulnerability, individuals are able to create connections with other participants (Brown, 2010).

#### *Responding: Acknowledgement and Vital Listening*

The two main forms of responding used in this exercise are considered best practices for responding in the workplace, because they have been shown to be the two responses most desired by employees suffering in the workplace context (Manns & Little, 2011).

*Acknowledgement:* Acknowledgement of suffering or pain occurs when a focal actor expresses that they know or recognize that the sufferer is experiencing pain and is best provided honestly, sincerely, and throughout the entire suffering process (Manns & Little, 2011). While this can occur in a number of ways in real life, this exercise works to expand the ways that we

think about acknowledgement by providing acknowledgement silently with physical connectedness and touch.

*Vital Listening:* Vital listening is defined by Bottomley and Tehan as continuous listening that focuses on relationship building (2005). While they compare vital listening to active listening within their piece, I draw a distinction between the two in regards to compassion. In my understanding of listening as a response in the compassion process, I think it necessitates a more dynamic process than that required of active listening. Active listening, as I define it, engages the respondent to both feel and respond to the sufferer.

Active listening (Gordon, 1975) or empathic listening (Orlov, 1992) was first used as a therapeutic technique to demonstrate unconditional acceptance and unbiased reflection on a client's spoken thoughts and experiences. Although there are slight variations from text to text, the three main components of active listening include: 1) displaying nonverbal involvement and attentiveness (e.g. Levitt, 2001), 2) paraphrasing the verbal and emotional content of the speaker's message without judgment (e.g. Garland, 1981), and 3) asking questions of the speaker to encourage elaboration on his/her feelings or beliefs (e.g. Devito, 2007).

While active listening may be one way of responding compassionately to an individual who is suffering, it is certainly not the only way to listen. Sometimes, the most helpful response may be to listen silently (Horsburgh & Ross, 2013). Within the compassion model, listening in silence is a response that is not merely passive but may actually provide a sufferer space to feel pain. So, within my exercise, I actually try to use silence as a means of responding compassionately.

I think that silence is an example of vital listening, because it can still have the power to connect hearts. I conceptualize vital listening as a form of listening that results in a shared heartbeat between sufferer and focal actor(s). Within this process, the sufferer chooses to open their heart to the focal actor(s) and share their own pain. If the focal actor decides to accept this pain into his or her own heart, thereby empathically responding to the sufferer, the focal actor and sufferer become connected, heart-to-heart, by the sufferer's pain. This living connection, this shared heartbeat, is what enlivens their connection and breathes life into their relationship. The sharing of pain through this heart connection is also what can provide healing and relief for the sufferer. While I believe that this shared heartbeat can be sustained and strengthened in the compassion process by active listening, I also would like to differentiate the two. The goal of vital listening, for me, is to build a relationship and to strengthen the heart connection between the sufferer and focal actor. Active listening is used in counseling as a way of suspending the listener's frame of reference. However, compassion necessitates the focal actor bring their whole self and heart into the compassion process. This concept and goal of shared hearts is one that guided this exercise.

*Feeling:*

While no one component of the exercise specifically works to engage with perspective taking, feeling is embedded throughout the compassion activity. It is a necessary component of vital listening, because vital listening requires opening your heart to the pain of another, which means feeling empathy for another.

*Sensemaking:*

Sensemaking is also a process that occurs throughout the exercise, as there are a number of spaces created within the exercise for personal reflection and silence in which participants are asked to reflect on how they are feeling and what they want to do next. These spaces are

strategically placed throughout the exercise during transitions from one subprocesses to the next, so that participants have the opportunity to reflect on what they did and what they will do next.

### Intervention

I have included below the steps of my intervention. Following the intervention, I proceed to discuss the impact of my intervention on my co-workers, their relationships, and their own understanding of compassion and its impact on themselves and others following the intervention.

A. (Goal: Noticing self – increasing personal mindfulness) Begin with everyone sitting in a large circle. Explain that the beginning aspects of the exercise are to create a safe environment and increased mindfulness of self and other. These are important prerequisites to the rest of the activity and will enhance the experience of the participant. Tell them they will begin with increasing personal mindfulness and awareness. Have everyone stand and begin by energizing their bodies. Shake their arms, legs, shoulders, hands, and feet. After several seconds, have participants stand in a neutral position with legs shoulder-width apart, spine straight and body lifted and comfortable. Encourage them to notice how this posture feels and to take 30 seconds to check in with themselves – seeing how their bodies and minds feel. Are their muscles tight anywhere? Sore? Is there anything that they are concerned about? Worried? Happy? As they think through this, explain that this exercise is meant to take participants through the compassion process. It is based on theory and incorporates several best practices on how to respond to suffering in the workplace. Each individual will experience someone suffering and someone responding to suffering.

B. (Goal: Noticing others – increasing mindfulness towards others) Explain the next component of the exercise to the participants. In this component, you will have participants walk to the center of the room and walk around one another, focusing on trying to walk as closely as possible to others while not physically touching or running into them. The goal of this

component is to extend personal mindfulness to interpersonal mindfulness, bringing others into participants' consciousness. While participants walk in the center, play energizing music. I selected the song "I Want to Fly Away" by Brown Eyed Girls, because it is upbeat and in another language, so participants would not get distracted by English lyrics. As participants walk around them, remind them to be conscious of their own posture and to not walk in circles but to constantly and actively alter their direction throughout the exercise. Encourage participants to engage with the individuals around them by making eye contact and smiling. Feel free to ask participants to walk backwards or even jog around to further enhance energy after they have become comfortable walking around. After 1-2 minutes, turn off the music and have participants return to their seats in the original circle.

C. (Goal: Feeling/Sensemaking/Responding) Thank participants for their energy and enthusiasm thus far and provide a warning that the rest of the activity will require individuals to be more vulnerable, while maintaining their focus and commitment. Within this stage of the activity, individuals will both share their own pain and engage with the pain of others. Explain that in the next step, participants will be split into groups of four. The groups are chosen randomly. While it would undoubtedly be easier to choose your own groups, they are purposefully random, because anyone around you can and likely is undergoing some sort of pain, so you should be prepared to respond not only to the pain of the individuals you know best. Within these groups, each person will share a statement: "if you really knew me, you would know..." and then spend a few minutes explaining their own statement (EX: If you really knew me, you would know that I have suffered one large personal setback this year. It was...). Whatever participants share is their choice, but they should know that their stories will be shared in confidence and that they should try to challenge themselves to share something that makes

them feel vulnerable, something that takes courage to share. This is likely something that will be painful to share. Make sure participants know that they will be given time to think of their statement in a few minutes, so make sure to listen to the rest of the instructions.

While in the groups, participants will be given time sit in silence and think about what they would like to share. The participants will only begin sharing when each individual has thought of a statement. Then, each member will engage either in narration or vital listening. Participants will take turn sharing their statements and story with the group. This will allow each participant a chance to enact suffering. While they are speaking, the rest of the group will remain silent and engage in vital listening. This means that other members should display nonverbal communication, not be thinking about their own story, and trying to open their own hearts to the speaker. Explain that the meaning of vital listening is to build a relationship between the members and that listeners should try to engage in fully experiencing the speaker's story without formulating a verbal response. After one individual has told their story, another group member can, until all individuals in the group have shared.

After explaining, have members count off and split into groups of four. They can move to meet their group members. Allow for at least 30 seconds of silence once the participants have moved for the individuals to think of their statements and then instruct the participants that groups may begin when all individuals are ready. Facilitators should check in with groups, as it looks like they have completed sharing. Ask groups that finish early to wait in their groups, while other groups finish sharing, because there is more small-group work.

D. (Goal: Sensemaking/Responding) When all of the groups finish, let them know that there is one final step in the small-group portion of the exercise and then the groups will move back to the large circle for a debriefing session. The final part of the compassion activity is to

acknowledge the pain and information that was shared and to thank and appreciate participants' willingness to share their own stories. Explain that there will be music turned on after the instructions. As the music begins, individuals should take some time to reflect on the stories shared and to check in with themselves. As they think through each group member's story, they should think about how they want to thank and acknowledge that story and individual. The kind of acknowledgement that they would like to give may be individualized or specialized for each person, depending on how they feel, the other individual, the nature of their story, and the nature of their relationship. The only stipulation for this acknowledgement is that it should be a physical sign of acknowledgement and it should be silent. This may take the form of a hug, holding someone's hand, rubbing their shoulder, or shaking their hand. Make sure to encourage that there are a multiplicity of ways to respond and that while responding silently and physically may make them feel vulnerable and uncomfortable, leaning into the discomfort will allow them to experience the activity more fully. When participants have acknowledged all of the group members, they can silently return to the larger circle and wait in silent reflection until all groups have returned.

After explaining, turn a slow, calming song on in the background. This song choice may be changed, but I selected "Orange Sky" by Alexi Murdoch as my song. Although this is a song in English, I felt that the words would be helpful in allowing individuals to reflect.

E. (Goal: Sensemaking) When everyone has returned to the circle, there can be a more formal discussion of what people's experiences were throughout the activity. In my discussion, I asked individuals to give their reactions to the activity. Then, I asked what felt natural about the activity and what was difficult about the activity.

Finally, I shared some of my own thoughts about why this activity was important and how it was grounded in compassion research, including discussing what compassion is, the four sub-processes of compassion, and how compassion differs from empathy. As a conclusion to our discussion, I discussed some of our experiences in the exercise could be applied to our work and the importance of compassion in the work that I do as Resstaff.

#### Impacts of the Intervention

After performing this activity with the other members of Resstaff, I found that this activity was extremely powerful. Not only did all members feel that they gained important knowledge about the compassion process but they realized the importance of compassion within the dormitory setting. Many individuals also mentioned that the long-term effects of the activity included: greater desire to engage in compassion, improved relationships with groups' members, increased felt support from their co-workers and staff as a whole, and greater understanding of the prevalence of pain and importance of vulnerability. I found this activity to be important and powerful not only because it allows individuals to become more mindful of their compassion practices and practice both suffering and responding to suffering, but because it guides individuals through responding following best practices of compassion by having them both acknowledge (Manns, 2011) and listen (Bottomley & Tehan, 2005) to sufferers.

#### Conclusion

Based on the responses and the impact of the intervention, it seems that the intervention has important implications for the cultivation of compassion, both on an individual and collective level. At the individual level, I was able to see not only that compassion is a learned behavior that can be improved and that individuals can feel more confident about, when given tools, like they were in the intervention. I was also able to see how compassion and excitement around the cultivation of compassion can be learned through experiences like this intervention. Making the

compassion process more visible through interventions like this made compassion seem more important and valuable in the dormitory context for Resstaff members. On the collective level, the cultivation of compassion increased connectedness and made Resstaff members feel more supported not only by their groups but the organization as a whole. The notion that compassion cultivation on the interpersonal level can impact individuals' perception of the organization as a whole is powerful, especially when these perceptions are long-standing, like those seen after individuals participated in the compassion intervention. These impacts not only speak to the power of this intervention but to the power of compassion generally within organizations, like college dormitories.

## **Chapter 5: Overall Reflections and Takeaways**

### Overall Reflections and Takeaways

Throughout my paper, I was able to explore a number of interesting and exciting aspects of compassion. Within the experimental data that I collected, I was able to add to some of the work being done about gender and compassion. Most of the work on compassion that has shown gender differences has shown gender differences in empathetic brain activation between men and women. However, these differences have not been shown to extend to actual compassion capabilities (Mercadilla et. al., 2011). Although there have been a number of studies done on gender and compassion, it has generally focused on the compassion capabilities of the responder (e.g. Broverman, Vogel, Broverman, Clarkson, & Rosencrantz, 1972; Cross & Madson, 1997; Shiota et. al., 2006; Taylor et. al., 2000). My study was unique, because it brought a gendered focus to the sufferer. Other studies have discovered that women are more often the recipients of help than men, but there have been few studies looking at variation among women and within one sex group (e.g. Oliver, 2005).

Through my experimental study, I was able to better understand how the gendering of suffering shapes women's abilities to receive compassion in the workplace. Both descriptive and prescriptive stereotypes altered the way that potential respondents made sense of the woman's suffering and how they, themselves, responded to the woman's suffering. Additionally, this study was helpful in identifying another potential barrier to compassionate responding: a knowledge barrier. While all of the aspects and components of this barrier are not understood, it seems that in the workplace there is a lack of knowledge about how to most effectively respond to suffering, regardless of their gender or gendered performance of suffering. These differences support my hypothesis that the gendered performance of suffering by a woman changes the way in which individuals compassionately respond to her.

The next part of the work that I did was to analyze narratives of Resstaff members responding to women within the context of their role as a member of Resstaff. Through these narratives, I was able to highlight some of the important ways in which Resstaff members elevate their ability to enact compassion. Through the creation of safe spaces (Sarason, 1972), collaborative noticing, and relational knowledge creation, Resstaff members were able to build their relational approach to compassion and elevate their ability to give compassion. These aspects of compassion are important, because they highlight the many dimensions of compassion, as well as the level of skill involved in giving compassion.

Finally, as a way of applying the lessons that I learned through my compassion research and my own data collection, I created an exercise that works to bring individuals into the compassion process by experiencing compassion, both as a responder and sufferer. This compassion worked to alleviate some of the common problems and issues that I saw threaded throughout the rest of my research. One of these issues was that compassion is a skilled process that, while a vital aspect of humanity, can be difficult to perform well. So, I used the experience of suffering and offering compassion through my exercise to not only have individuals practice enacting compassion but structured my activity so they practiced using several of the best ways to respond to individuals suffering in the workplace (Manns, 2011; Bottomley & Tehan, 2005). I also utilized the idea of creating a safe space, by working to create a safe and mindful space in the beginning of my activity (Sarason, 1988). Finally, I worked to emphasize the importance of compassion as a relational process, in which mutual sharing can occur, by encouraging the mutual sharing of compassion in my activity. I explained this process of relational knowledge as vital listening within my exercise, because it requires all individuals involved in the compassion process to open their hearts to one another, mirroring relational knowledge creation.

Through my work, I was also able to bring gender into my work in a number of ways. I began my work by bringing gender into my data in a clear way: through the study of the gendering of suffering for women. As my work continued, although I continued to connect my work to gender and gender studies, its presence became less pronounced to make room my increasing interest and desire to showcase the compassion process. In my narratives work, gender was still an important aspect of the data, because the narratives were all about women. However, the important integration of gender was the gender studies framework from which I approached the data. I focused on bringing a number of feminist theories into my research, as well as my approach to the data analysis. These same approaches influenced the creation of the compassion exercise that I created as well. My motivation was to let others see my standpoint to my thesis, by experiencing compassion as I do, with a theoretical understanding.

#### Conclusion

While I hope that my work will add to literature and understandings of compassion, gender, and organizations, particularly the work that I have done with my compassion intervention exercise, I hope that my work can also add texture to academic methodologies. The practice of doing academic work can be alienating and frustrating. I often found myself frustrated, especially within the beginning of my project, when I felt distanced from my quantitative experimental data.

I have learned the importance of applying the practice of vital listening to my own academic work. When I opened up my own heart and listened to the discomfort that I felt with my experimental data, I found that my thesis experience became entirely enriched. I was able to change my direction and study compassion in a way that was fulfilling for me. I also made sure to apply the same practice throughout my work. I have tried to write my experiences, including

my pain into my thesis, but also extract the pain and healing from my own data. Before I began to read the compassion narratives to code them, I read all of the narratives to experience both the pain and healing within them from the perspective of both the sufferer and the narrator. I wanted to try to infuse as much humanity and respect into my research process as possible.

By researching in a way that invited vulnerability, I was able to engage in the practice of compassionate research. I found that the act of researching the expression of humanity through compassion, while important, is equally as important as the way in which I performed this action. I found that I had to write myself and my experiences into my work, not only to open myself up to my research but to open myself and my experiences up to readers. I believe that the best way to teach and understand compassion is through experience – experiences that open hearts. By writing my heart and vulnerability into my work, as well as those of others, I have opened my heart and the hearts of those that I researched to readers. Now, it is the choice of readers to open their own hearts to my work and the humanity that is expressed throughout it. While this requires a certain level of vulnerability, vulnerability is a key component of skilled compassion, so I believe that it is a choice worth making.

Much like the capabilities of compassion, my own research was able to create positive spirals and influence those around me. I was able to create and offer, as a gift and training session, the compassion training intervention to my co-workers who provided me with stories from their own lives and shared their own compassion episodes with me. I feel that my work is important not only because of what it offers to compassion research but because of what it offers to academia and organizational scholarship. By combining feminist methodologies into my research and highlighting the ways in which my perspective and experience shaped my research, rather than how it was removed from my research, I was able to bring myself into my thesis. I

hope that my expression of my own humanity within my work can not only motivate individuals to practice compassion fully but to courageously and fully practice scholarship, acknowledging their own humanity in the process.

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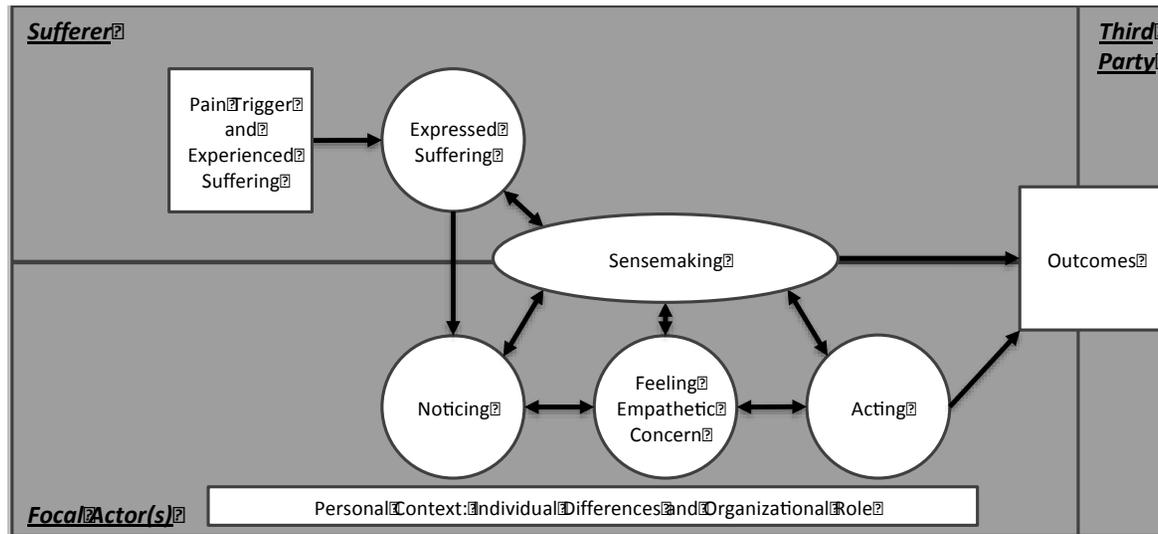
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Figures and Tables:

**FIGURE 1**

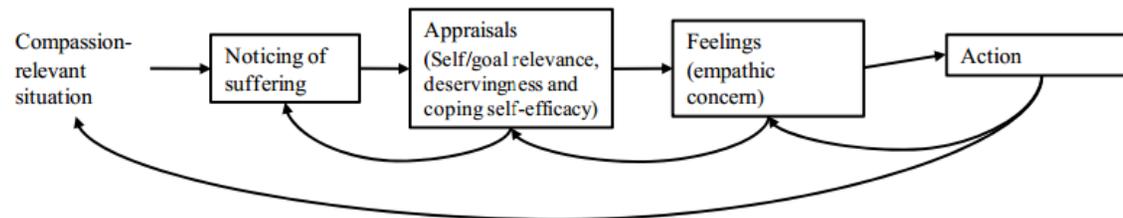
*Compassion process and subprocesses*



(adapted from Dutton, Workman, & Hardin, 2013)

**FIGURE 2**

*Elements of compassionate responding*



(Atkins & Parker, 2012)

**FIGURE 3***Experimental study script*

“I had a rough morning. On my way to work this morning, I was rear-ended by another car. My neck is hurting, and I may leave after lunch today to have a doctor look at it.”

**TABLE 1**  
Summary of category differences in response to experimental study

<b>Question</b>	<b>Common Response Categories</b> (only categories that appeared in 10% or more of the responses shown)	<b>Percentage of Respondents who Answered this from MGP Condition</b>	<b>Percentage of Respondents who Answered this from FGP Condition</b>	<b>p-value</b>
<b>Noticing</b>				
1. How would your colleague likely be affected by the accident?	Experience Physical Pain	56% <sup>+</sup>	72% <sup>+</sup>	0.0900
	Experience Stress/Mental Injury	25% <sup>**</sup>	54% <sup>**</sup>	0.0024
	Reduced Work/Productivity	19%	14%	0.4835
	Pretending to be affected	17% <sup>**</sup>	- <sup>**</sup>	0.0018
	Car Primarily Affected	16% <sup>**</sup>	- <sup>**</sup>	0.0036
	Incur Negative Financial Effects	10% <sup>+</sup>	2% <sup>+</sup>	0.1042
<b>Feeling</b>				
4. Please describe how you felt watching your colleague in the video.	Sympathetic	40%	55%	0.1305
	Sad	36% <sup>**</sup>	13% <sup>**</sup>	0.0070
	Concerned	- <sup>***</sup>	25% <sup>***</sup>	0.0002
	Annoyed	22% <sup>+</sup>	9% <sup>+</sup>	0.0446
	Uncomfortable	9%	17%	0.2501
<b>Responding</b>				
5. How would you likely respond to your colleague after the accident?	Acknowledge Pain	36% <sup>**</sup>	11% <sup>**</sup>	0.0015
	Offer to Help	29%	44%	0.1149
	Offer Specific Advice	24%	36%	0.1479
	Seek Additional Information	20%	22%	0.8167
	Little/No Response	11%	13%	0.7703
<b>Sensemaking</b>				
6. What part of your response to your colleague would be easy?	All of the Response	58%	53%	0.4182
	Giving Advice	16%	7%	0.1868
	Offering Help	14%	16%	0.8656
	Information Seeking	6%	-	0.1333
	Offering Sympathy	6%	24%	0.1193

7. What part of your response to your colleague would be difficult?	Talking	32%	32%	0.7942
	Helping	29%	36%	0.8016
	Offering Emotional Support	25%	28%	0.2520
	Convincing Her What to do	11% <sup>+</sup>	- <sup>+</sup>	0.0639
2. What is the logic behind your response to how effective your colleague's response was?	Effective Response	79%***	39%***	0.0003
	Ineffective Response Because...	31%***	71%***	0.0003
	Passive	***	39%***	0.0001
	Insincere	8%	16%	0.2931
3. What would be the ideal way for your colleague to respond to this accident?	Given Response Ideal	26% <sup>+</sup>	13% <sup>+</sup>	0.1014
	Different Emotional Response	26%*	8%*	0.0139
	Seek Treatment for Physical Pain	23%	36%	0.1596
	No Ideal Response	11%	16%	0.3959
	Request Time off From Work	9%	15%	0.3274
8. What would you be careful not to do in your response to your colleague?	Hurt Her More	45%*	23%*	0.0478
	Blame Her	32%	23%	0.3965
	Minimize Her Pain	23%	19%	0.6797
	Mention/Question the Accident	6%	16%	0.2072
	Be Insensitive	-*	14%*	0.0302
9. Why would it be likely that you would respond to your colleague in this way?	Essential Personal Quality	31%	31%	0.9578
	General Concern about the Woman	28%***	***	0.0001
	Emotional State or Essential Quality of the Woman	17%	24%	0.3993
	Location/Situation	14%	27%	0.1645
10. What else would you like to know about the scenario in determining how to respond to your colleague?	Information about the Car/Accident	49%	51%	0.8527
	No Additional Information	38%	30%	0.3571
	Information about the Woman's Pain	9%	13%	0.5416
	Information about the Woman	6%	15%	0.1166

<sup>+</sup> Weakly significant at  $p \leq 0.10$ ; \* Significant at  $p \leq 0.05$ ; \*\* Significant at  $p \leq 0.01$ ; \*\*\* Significant at  $p \leq 0.001$

**TABLE 2**  
*Summary of responses to experimental study*

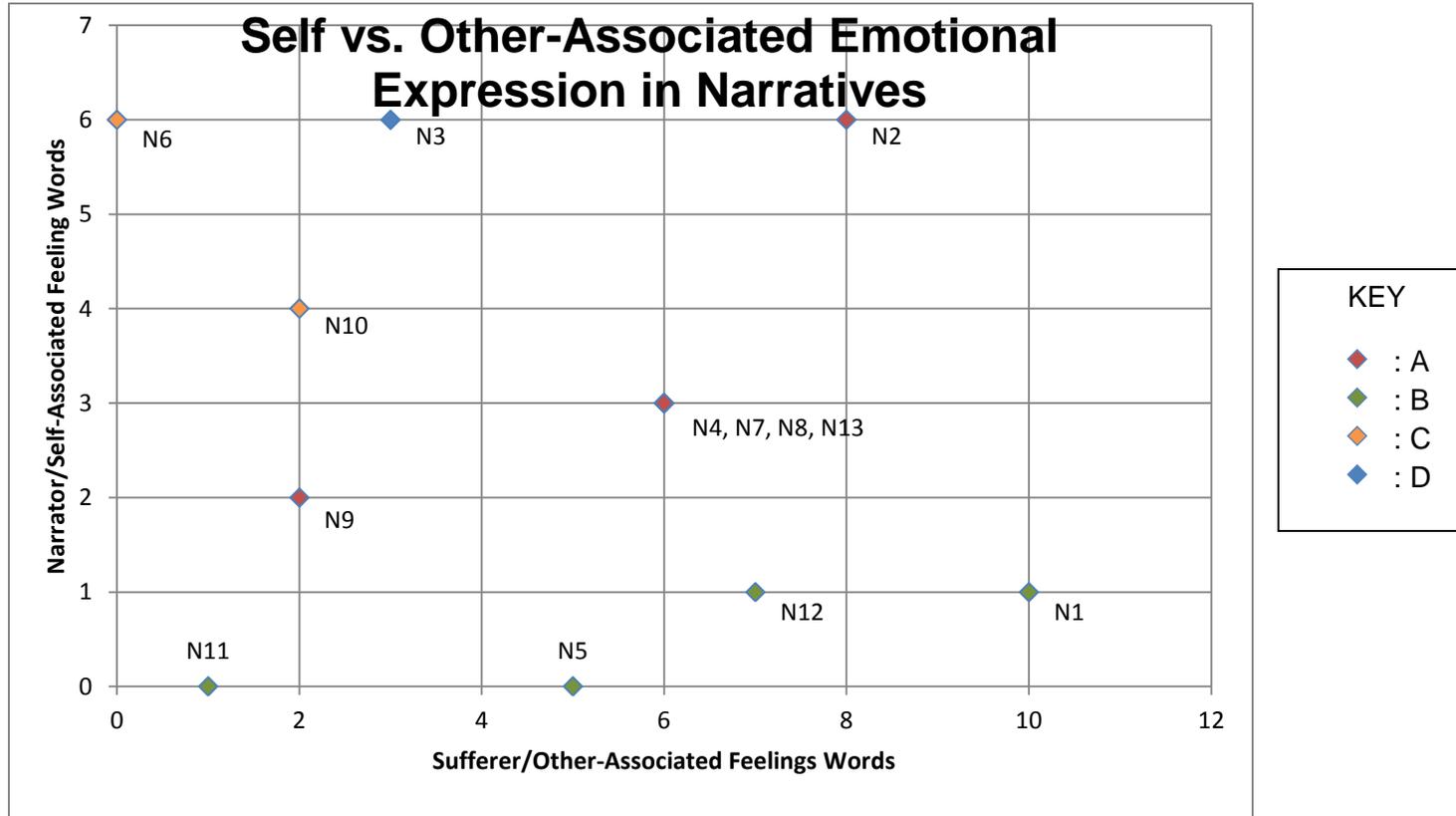
<b>Compassion Subprocess</b>	<b>Question</b>	<b>Quotes from MGP</b>	<b>Quotes from FGP</b>
Noticing	1. How would your colleague likely be affected by the accident?	<i>I feel like it's possible they could have some minor injuries, but the biggest thing seemed to be that they were mad and stressed.</i>  <i>It's probably just complaining.</i>	<i>Mental trauma.</i>  <i>Even if the physical pain is just temporary, due to muscle strain, the emotional pain is what is going to linger for a while.</i>
Feeling	4. Please describe how you felt watching your colleague in the video.	<i>I was basically just watching her rant and it just made me think of people that like to complain.</i> <i>I was a bit surprised how in control she appeared.</i>	<i>I felt like she was behaving like a child. Concerned for her emotional and to a lesser degree, her physical state.</i>
Responding	5. How would you likely respond to your colleague after the accident?	<i>I may help if necessary, she seems very daring and has more ability to solve her problem herself.</i>	<i>I would try to console her as she is very timid, and she really deserves my help.</i>
Sensemaking	3. What would be the ideal way for your colleague to respond to this accident?	<i>She should have responded with some sorrow.</i>  <i>She should have called in to work for the day instead of coming in with a bad attitude to start.</i>	<i>She should have showed some boldness and dealt with the accident in a much more sensible and normal way. She shouldn't have got emotional.</i> <i>Not come in to work. Possibly take the entire day off just to collect themselves.</i>

**TABLE 3**  
*Narrative response categories of knowing*

Category	Narratives Where Present	Percent that Mention Empathic Concern	Example
Relational Knowing (A)	N2, N4, N7, N9, N13 (all women narrators)	100%	<p><i>“We talked about the breakups together because [...] we could relate to what the other was feeling”</i></p> <p><i>“I went through similar things my freshman year, and continue to deal with this, so I tried to reflect on my own experiences to figure out what to say. I realized that I was most upset when other people interfered too often, and noticed that she was also very upset by the interference of our hall director. However, I also knew that it was helpful to know that I had support”</i></p>
Sufferer Knowing (B)	N1, N5, N8, N11, N12 (3 male, 2 female narrators)	20%	<p><i>“I’m not usually a “hugger”. But some people are, and I could tell it was something she needed. I think having someone to vent to was what Alex needed. She needed someone who wouldn’t judge her and who was outside of her friend group to talk to [...] I’ve had many experiences with my freshman girls that reflect this particular instance. The body language and themes are usually the same”</i></p> <p><i>“I wanted her to tell me more rather than brushing it off. It seemed as if she hadn’t really gotten the chance to talk to somebody, so I wanted to be open to her”</i></p>
Misdiagnosed Knowing (C)	N6, N10 (2 male narrators)	100%	<p><i>“I do not wish to ask her how she feels, for fear that it may trigger some bottled up emotions. To me, being passive and available seems like a much safer bet than pestering her about her feelings. I responded in the way I did because I simply do not know better”</i></p> <p><i>“This revelation that such a horrid event had occurred days ago left me very distraught, especially since my interactions with this resident would have been so different if I had known what she experienced over the past week.”</i></p>

Self-Knowing (D)	N3 (female narrator)	0%	<i>“I’m suffering myself and it’s difficult to reach out and care for others, when I’m trying to take care of myself.”</i>
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**FIGURE 4**  
*Self versus Other-Associated Emotional Expression in Narratives*



## Appendix A:

TABLE 1

*Categorized responses to experimental study*

Question	Common Response Categories	Percentage of Respondents who Answered this from MGP Condition	Quotes from MGP	Percentage of Respondents who Answered this from FGP Condition	Quotes from FGP
<b>Noticing</b>					
1. How would your colleague likely be affected by the accident?	Experience Physical Pain	56% <sup>+</sup>	<i>My colleague would be affected by having severe headaches and terrible back problems</i>  <i>Possible whiplash or other injuries.</i>	72% <sup>+</sup>	<i>Difficulty moving, flashes of pain</i>  <i>She seems like she is a bit shaken and has some pain in her neck.</i>
	Experience Stress/Mental Injury	25% <sup>**</sup>	<i>I feel like it's possible they could have some minor injuries, but the biggest thing seemed to be that they were mad and stressed.</i>  <i>She is just shocked, that's all.</i>	54% <sup>**</sup>	<i>Mental trauma.</i>  <i>I would expect her to be shaken and a bit fragile.</i>  <i>Even if the physical pain is just temporary, due to muscle strain, the emotional pain is what is going to linger for a while.</i>
	Reduced Work/Productivity	19%	<i>Her work today will suffer.</i>  <i>She can't concentrate.</i>	14%	<i>Working that day has more than likely been difficult for her, and she may not have been as productive as</i>

					<i>usual.</i>
	Pretending to be affected	17% **	<i>It's probably just complaining.</i>  <i>She appears to be putting on an act and is not very affected.</i>	_-**	-
	Car Primarily Affected	16% **	<i>Well if her car is still drivable then at least she can get to work.</i>	_-**	-
	Incur Negative Financial Effects	10% <sup>+</sup>	<i>She will incur some medical expenses, as well as the expense involved in repairing her car.</i>	2% <sup>+</sup>	<i>Probably financially impacted.</i>
	Prescriptive Response	10% *	<i>She should take pain medication and rest.</i>  <i>She should go home.</i>	_-*	-
	Minimally Effected/She's overreacting	_*	-	8% *	<i>She had emotional distress but not really hurt (overly emotional).</i>  <i>If she was in an accident, she would have been more emotional.</i>
<b>Feeling</b>					
4. Please describe how you felt watching your colleague in the video.	Sympathetic	40%	<i>I felt sorry for her. Anyone who goes through pain has a rough time.</i>	55%	<i>Sympathetic. She is obviously distressed and the accident is not her fault.</i>
	Sad	36% **	<i>I felt very sad watching this video.</i>	13% **	<i>I felt really sad for her, it was depressing to know that she had one of the worst days possible.</i>

Concerned	***	-	25%***	<p><i>Concerned for her emotional and to a lesser degree, her physical state.</i></p> <p><i>Sorry for her. Concerned that she is injured more than she realizes.</i></p>
Annoyed	22% <sup>+</sup>	<p><i>I was basically just watching her rant and it just made me think of people that like to complain.</i></p> <p><i>I felt like she was making an excuse to get the day off because of the lack of emotion she had.</i></p>	9% <sup>+</sup>	<p><i>I felt like she was behaving like a child.</i></p> <p><i>I felt a little frustrated. I wanted her so show more emotion.</i></p>
Uncomfortable	9%	<p><i>I felt a little uncomfortable. I didn't know how to help with her pain.</i></p> <p><i>Too much information. I'm an introvert so I don't need intimate details on my co-workers personal life.</i></p>	17%	<p><i>I felt that she was giving way too much information about what happened and was looking for sympathy.</i></p> <p><i>"What a drama queen!" I felt that this was someone putting on a show.</i></p>
Empathetic	9%	<p><i>I felt physical pain and imagined what had happened.</i></p> <p><i>Empathy. I wanted to reassure her she would be fine.</i></p>	8%	<p><i>I felt empathy for her, knowing how that situation must have felt, but know that she will eventually get better.</i></p> <p><i>Caused me to recall being in a similar situation. Felt</i></p>

					<i>the despair.</i>
	Surprised	4% <sup>+</sup>	<i>I was a bit surprised how in control she appeared.</i>	- <sup>+</sup>	-
<b>Responding</b>					
5. How would you likely respond to your colleague after the accident?	Acknowledge Pain	36% <sup>**</sup>	<i>I would apologize for the inconvenience and then tell her I had to get back to work.</i>  <i>I would start by telling her that bad things happen.</i>	11% <sup>**</sup>	<i>I would tell her I was sorry to hear that.</i>  <i>I would express sympathy briefly and to the point.</i>
	Offer to Help	29%	<i>I may help if necessary, she seems very daring and has more ability to solve her problem herself.</i>  <i>I would offer to buy her lunch, and we would talk about her experience over lunch.</i>	44%	<i>I would try to console her as she is very timid, and she really deserves my help.</i>  <i>I would offer to take her to the doctor's, sensing that she was in no condition to drive herself.</i>
	Offer Specific Advice	24%	<i>I would let her know how important it is to seek medical attention immediately and urge her not to wait until lunch to go see a doctor.</i>	36%	<i>I would try to get her to think about practical matters, like calling her insurance company.</i>  <i>I am not good at being an emotional helper, so I would just tell her to go the doctor's for sure.</i>
	Seek Additional Information	20%	<i>I would ask the specifics of the accidents and likely agree with her that the accident is not her fault.</i>	22%	<i>I would ask if there is anything I can do for her and respond accordingly.</i>

			<p><i>However, after a few minutes if she kept talking about the accident I would start not responding as much and get back to my own work.</i></p> <p><i>I would ask if there was anything she needed.</i></p>		<p><i>I would ask to make sure she is feeling ok and if she needs to go to the doctor.</i></p>
	Little/No Response	11%	<p><i>I would respond in a cool manner.</i></p> <p><i>She is very bold, so I will not show much sympathy, because it might be that she does not like it.</i></p>	13%	<p><i>I wouldn't offer to do anything, because it didn't seem that bad.</i></p> <p><i>I will behave like normal, as before, with her.</i></p>
	Listen	4%	<p><i>I would listen to her complaints and offer commiseration.</i></p> <p><i>I would just listen. Often, people just need to vent.</i></p>	2%	<p><i>I would listen but probably feel unsympathetic because she is trying to take advantage of the situation.</i></p>
6. What part of your response to your colleague would be easy?	All of the Response	58%	<p><i>It would all be easy.</i></p> <p><i>It would all be easy because the situation doesn't involve me.</i></p>	53%	<p><i>It would be an easy natural response.</i></p> <p><i>Since I am a tender-hearted person, most of my response would be natural. I would not think it was either "easy" or "difficult" to respond, I would just be concerned.</i></p>
	Giving Advice	16%	<p><i>It would be easy telling her</i></p>	7%	<p><i>It would be easy to tell her</i></p>

			<i>to go home.</i>  <i>It would be easy to voice my opinion about getting checked out [by a doctor].</i>		<i>to go home.</i>  <i>Telling her the practical things would be easy.</i>
	Offering Help	14%	<i>Offering to drive her to the doctor will probably be easy.</i>  <i>Easy to take her to the hospital.</i>	16%	<i>The easiest thing would be to do something active to help.</i>  <i>Assisting her with her work would be easy.</i>
	Information Seeking	6%	<i>Asking if there was anything she needed would be easy.</i>  <i>Asking what happened would be easy.</i>	-	-
	Offering Sympathy	6%	<i>It would be easy to say that I'm sorry to hear about the accident and ask how she feels.</i>	24%	<i>I think that the easy part is showing concern verbally, checking in to see how she's doing.</i>  <i>The easy part would be to show concern and tell her that I'm glad that she is alright</i>
7. What part of your response to your colleague would be difficult?	Talking	32%	<i>It would be difficult to communicate that car accidents are terrible and unfortunate, mainly because this comes off as small talk in an otherwise serious conversation.</i>	32%	<i>Being a good listener is not something that I'm really good at so if she wanted to talk about the accident I would find that hard.</i>  <i>It would be difficult asking</i>

			<i>It would be more difficult to get her to try to stop talking.</i>		<i>her for more information, because she would then maybe feel like I don't believe her. I wouldn't want her to think I think that she's a liar; yet, I also want more information.</i>
	Helping	29%	<i>It would be difficult to do her work also.</i>  <i>It seems very difficult to have to help in some way.</i>	36%	<i>It's harder to actually take action.</i>  <i>It seems very difficult to have to help in some way.</i>
	Offering Emotional Support	25%	<i>I think that it would be difficult to get my colleague to see the light at the end of the tunnel.</i>  <i>Knowing how to give emotional support would be hardest for me.</i>	28%	<i>I wouldn't know how to act sympathetic so I might seem to rough.</i>  <i>It is difficult to control her emotions.</i>
	Convincing Her What to do	11% <sup>+</sup>	<i>The difficult part would probably be convincing her to go to the hospital immediately, if she is a stubborn person.</i>  <i>The difficult part will probably be convincing her to go the doctor's now instead of waiting until lunch time.</i>	- <sup>+</sup>	-
<b>Sensemaking</b>					
2. What is	Effective Response	79%***	<i>She did not show much</i>	39%***	<i>Seems like a normal</i>

the logic behind your response to how effective your colleague's response was?			<p><i>emotion, seemed in control and was thinking clearly. Her behavior was very rational and she planned the actions to respond best to the unfortunate accident.</i></p> <p><i>It's probably how I would respond, if I'd been in an accident in the morning.</i></p>		<p><i>reaction to an accident.</i></p> <p><i>She explained what happened, how she was feeling, and what she was going to do about it.</i></p>
	Ineffective Response Because...	31%***		71%***	
	Passive	-***	-	39%***	<p><i>From her body language, it seems she is focusing on the negative aspects of the experience she just went through. It might be more helpful for her to focus on the "positives", like the fact that she survived the accident.</i></p> <p><i>The response was not effective because it wasn't doing anything to help her back pain.</i></p>
	Insincere	8%	<p><i>I did not feel she was sincere.</i></p> <p><i>A more effective response would have more emotion</i></p>	16%	<p><i>I think she is overreacting to elicit sympathy.</i></p> <p><i>It just appears that the colleague is being deceitful.</i></p>

			<p><i>to it. She just seemed like nothing happened to her.</i></p> <p><i>She is just bluffing. If really got hit by car she would not have been explaining energetically.</i></p>		<p><i>She's avoiding eye contact, hugging herself, speaking with low confidence.</i></p>
	Reveals Too Much Personal Information	4%	<p><i>Generally asking how someone is, is a rhetorical question. Unless you are close with that person, that much detail is too much.</i></p> <p><i>It's not completely how someone should go into detail and be dramatic about it, but if you were close then that would be a reason for giving away so much detail.</i></p>	5%	<p><i>Office work should be kept different from the personal problems. I think we should give priority to office work. It's our way of living. After office hours we can think about this.</i></p> <p><i>Most people would not typically go into so much information about their day.</i></p>
	Invokes Discomfort	2%	<p><i>By complaining, she makes others feel uncomfortable.</i></p>	-	-
3. What would be the ideal way for your colleague to respond to this accident?	Given Response Ideal	26% <sup>+</sup>	<p><i>She reacted perfectly</i></p> <p><i>She seemed a bit upset and frazzled but her response is ideal.</i></p>	13% <sup>+</sup>	<p><i>Her response was fine. She let her employer know what was up.</i></p> <p><i>I think her response is perfectly acceptable. It's better for her to recover than just pretend to recover - to look strong - and have longer term issues.</i></p>
	Different Emotional	26%*	<p><i>It would be more effective</i></p>	8%*	<p><i>She should have showed</i></p>

Response		<p><i>to be calmer.</i></p> <p><i>She should have responded with some sorrow.</i></p>		<p><i>some boldness and dealt with the accident in a much more sensible and normal way. She shouldn't have got emotional.</i></p> <p><i>A little angrier. Not to the point of yelling or screaming but just not so sad. She seemed sad or depressed, and that emotion just doesn't seem to fit.</i></p>
Seek Treatment for Physical Pain	23%	<i>To get the pain she mentions checked out and treated by a doctor.</i>	36%	<i>I think my colleague should go to the doctor now rather than after lunch.</i>
No Ideal Response	11%	<i>There is no ideal way.</i>	16%	<i>I think it depends upon the individual person and the person that he or she is speaking with. Each situation would be different.</i>
Request Time off From Work	9%	<p><i>She should have called in to work for the day instead of coming in with a bad attitude to start.</i></p> <p><i>To take the day off.</i></p>	15%	<p><i>Not come in to work. Possibly take the entire day off just to collect themselves.</i></p> <p><i>I would like her to not have come into work, to go immediately to the doctor or to go home to decompress. I think she seems too stressed out to be</i></p>

					<i>at work.</i>
	Ignore Problem	9%	<i>Keep it to herself. It is not a work matter.</i>  <i>Say she doesn't feel well but thanks for asking.</i>	7%	<i>"I've had better days, but I'm fine"</i>  <i>Just focus on the job and leave those distractions.</i>
	Be Thankful/Grateful Not Worse	-	-	3%	<i>I think it would be more helpful for her to think about positive things, like the fact that she is still alive.</i>  <i>She should respond with how grateful she is that the accident was not worse, and that in time, she will be able to move on.</i>
	Seek Treatment for Emotional Pain	-	-	2%	<i>My colleague should take some time off to recuperate both physically and mentally for a while. Maybe even some therapy should be suggested.</i>
	Seek Legal Solution	9% <sup>+</sup>	<i>The ideal way would be to handle the accident legally. Get a police report and claim for insurance and reimbursement.</i>	2% <sup>+</sup>	<i>She can then better handle the situation either with insurance or the legal system or both if necessary.</i>
8. What would you be careful not to do in your	Hurt Her More	45%*	<i>I would be careful not to exacerbate the pain.</i>  <i>I have to be careful not to reprimand her for being</i>	23%*	<i>I wouldn't want to upset her any more than she already is. I would be tactful and positive.</i>

response to your colleague?			<i>careless in any way</i>		<i>I would try not to say anything to make her feel worse.</i>
	Blame Her	32%	<i>I would try not to act suspicious of her story.</i>  <i>Try not to place blame on her or question her motives.</i>	23%	<i>I would not want to give the impression that this was her fault or that I doubted her injury.</i>  <i>I would be careful not to call her fake.</i>
	Minimize Her Pain	23%	<i>I would never minimize her feelings or brush them off by saying she'll be fine and get on with your work.</i>  <i>Invalidate her feelings of frustration.</i>	19%	<i>I would try not to belittle the trauma of the accident.</i>  <i>Not to sound annoyed that she's clearly whining.</i>
	Mention/Question the Accident	6%	<i>I would be careful not to talk about other accidents as if hers was not as bad (unless I could make a joke out of it to make her feel better).</i>  <i>I would make sure not to mention the accident, so she can feel easy at this time.</i>	16%	<i>Ask 'blaming' questions about how she got into the accident and what she might have done differently.</i>  <i>I would try hard not to make her remember the accident.</i>
	Be Insensitive	-*	-	14%*	<i>I would probably try to be a bit more sensitive than I usually am.</i>  <i>I would not force my</i>

					<i>opinion on her.</i>
	Physical Contact	-	-	7%	<i>Hug her, since she could be hurt.</i>  <i>Any physical contact.</i>
9. Why would it be likely that you would respond to your colleague in this way?	Essential Personal Quality	31%	<i>I am a sympathetic person. When people say they are suffering, I typically take them at their word, instead of trying to gauge if they really are or are really suffering enough to be deserving of my sympathy or not.</i>  <i>I would and should respond in this way because I am usually ethical.</i>	31%	<i>I'm a nice guy.</i>  <i>This is the type of person that I am, and they seem to need help.</i>
	General Concern about the Woman	28%***	<i>She's having a bad day and needs sympathy and support. I don't want to make it worse.</i>  <i>She could possibly be injured, and I am not in the position to doubt her.</i>	_***	-
	Emotional State or Essential Quality of the Woman	17%	<i>Because someone like her needs care.</i>  <i>I would likely respond to my colleague that way because she may be in a</i>	24%	<i>She's already fried emotionally and she needs me to be calm and decisive.</i>  <i>Because she seems like a slacker and very sensitive</i>

			<i>dazed state and not very coherent.</i>		
	Location/Situation	14%	<i>I can only think back to how I've reacted when people I have known have been in accidents and told me about them. I acted pretty much in this way.</i>  <i>Because in my heart, I know the accident is silly.</i>	27%	<i>I am a man and American society is extremely litigious and on point with any amount of "perceived" sexual harassment which even a hug could be misconstrued as.</i>  <i>It would send a message that this kind of crap does not bode well in the workplace</i>
	General Concern about Helping Others	- <sup>+</sup>	-	11% <sup>+</sup>	<i>This is something we should all do as humans: show concern for others.</i>  <i>It is the compassionate thing to do.</i>
	Relationship	8%	<i>Because she is a colleague.</i>	4%	<i>To show her that I care and that she is not alone, and I will try as her friend and colleague to help her get through this.</i>
10. What else would you like to know about the scenario in determining how to	Information about the Car/Accident	49%	<i>If she actually had an accident.</i>  <i>How bad the accident really was.</i>	51%	<i>The scenario of the car accident.</i>  <i>If she made arrangements to get her car fixed.</i>
	No Additional Information	38%	<i>No additional information.</i>	30%	<i>No additional information.</i>
	Information about	9%	<i>How bad her pain is.</i>	13%	<i>Extent of known injuries.</i>

respond to your colleague?	the Woman's Pain		<i>If she is really not well.</i>		<i>How much physical and emotional damage she sustained.</i>
	Information about the Woman	6%	<i>How they were actually feeling, and what they had planned to do to make it better or improve the situation.</i>  <i>If she reported to the insurance company or called the police to make sure she has all the support she deserves.</i>	15%	<i>I would like to know more about the kind of person this woman generally is and how sincere she really is.</i>  <i>Is this a legitimate one time deal or is she an attention seeking hypochondriac who is always looking for sympathy?</i>
	Nature of their Relationship	4%	<i>Am I friends with this person? Have we ever gone and had drinks together?</i>  <i>I think it might be helpful to know the status between my colleague and me at work. This might change my response.</i>	2%	<i>I would like to know what kind of relationship we have and whether we consider each other to be friends to know what level of response is appropriate.</i>

+ Weakly significant at  $p \leq 0.10$ ; \* Significant at  $p \leq 0.05$ ; \*\* Significant at  $p \leq 0.01$ ; \*\*\* Significant at  $p \leq 0.001$

## Appendix B:

**TABLE 2***Experimental study table category descriptions*

<b>Question</b>	<b>Category</b>	<b>Description of Category</b>
1. How would your colleague likely be affected by the accident?	Experience Physical Pain	Responses discuss and describe the type and/or extent of physical pain the woman is likely experiencing
	Experience Stress/Mental Injury	Responses discuss the describe the type, extent, and/or duration of psychological or emotional stress or pain the woman is likely experiencing
	Reduced Work/Productivity	Responses discuss how and why the woman is likely to be less productive at work as a result of the accident
	Pretending to be affected	Responses demonstrate suspicion towards the woman, questioning whether or not any injuries or effects were sustained from the accident
	Car Primarily Affected	Responses focus on the car as having sustained the most injury after the accident
	Incur Negative Financial Effects	Responses focus primarily on the financial costs for the medical bill and/or car repair bill as the main effect of the accident
	Prescriptive Response	Responses do not describe an effect but prescribe a response and recommend what the woman should do next
	Minimally Effected/She's overreacting	Responses discuss how although respondents believe that the woman was involved in the accident that her response was either too dramatic, meaning she overreacted, or she was not dramatic enough, meaning she was too calm
2. What is the logic behind your response to how effective your colleague's response	Effective Response	Responses justify respondent's belief that the woman's response was effective. By effective, we mean that the woman's response efficiently and successfully produced the response she desired from others
	Ineffective	Responses justify respondent's belief that the woman's response was ineffective. By ineffective, we mean that the woman's response was not as efficient or successful as possible in producing the response she desired from others. Respondent's typically explained their logic, elucidating why they felt the woman's response was not as effective as possible
	Ineffective Response Because	Responses justify respondent's belief that the woman's response was

was?	Passive	ineffective. The primary reason the woman's response was not fully effective was that her response was too passive. Respondents describe the woman as passive, because she did not do enough to relieve her own physical and emotional suffering herself
	Ineffective Response Because Insincere	Responses justify respondent's belief that the woman's response was ineffective. The primary reason the woman's response was not fully effective was that her response was too insincere. Respondents describe the woman's emotional reaction as non-aligned with the accident itself
	Ineffective Response Because Reveals Too Much Personal Information	Responses justify respondent's belief that the woman's response was ineffective. The primary reason the woman's response was not fully effective was that her response was too revealing and personal. Respondents describe the workplace as removed from personal life and problems, so removed from the personal suffering of the woman
	Ineffective Response Because Invokes Discomfort	Responses justify respondent's belief that the woman's response was ineffective. The primary reason the woman's response was not fully effective was that her response invoked discomfort, as opposed to a desire to help.
3. What would be the ideal way for your colleague to respond to this accident?	Given Response Ideal	Responses describe the given response of the woman as ideal, meaning that no other response could have been better or more appropriate
	Different Emotional Response	Responses describe the given response of the woman as not ideal, because her emotional response did not seem to align with the accident. She was either too emotional, not emotional enough, or did not display the emotion that would have been most appropriate
	Seek Treatment for Physical Pain	Responses describe the given response of the woman as not ideal, because she has not described seeking treatment for her physical pain. They often recommend that she seeks treatment from a doctor or pain management
	No Ideal Response	Responses describe the given response of the woman as not ideal, not because there is something essentially wrong with her own response but because ideal responses are highly customized to individuals and contexts
	Request Time off From Work	Responses describe the given response of the woman as not ideal, because she came to work when she should be taking care of herself
	Ignore Problem	Responses describe the given response of the woman as not ideal, because she shared the problem in a work setting. They say she should focus on her job at work and not bring her problems into the workplace

	Be Thankful/Grateful Not Worse	Responses describe the given response of the woman as not ideal, because she is too focused on the negative aspects of her accident within her response and not focusing on the positives or expressing gratitude
	Seek Institutional Solution	Responses describe the given response of the woman as not ideal, because she should handle the accident rationally using institutions, like the legal system or law enforcement system, rather than seeking emotional support
4. Please describe how you felt watching your colleague in the video.	Sympathetic	Responses describe feeling sorry for or with the woman suffering (Scheler, 1954; Stark 1978)
	Concerned	Responses describe feeling worried or upset in response to the woman's suffering
	Annoyed	Responses describe feeling low-levels of hostility towards the woman, because they felt that she was complaining and ranting
	Uncomfortable	Responses describe feeling uneasy, because they did not know how to respond to the woman or because they felt that she provided too much personal information
	Empathetic	Responses describe experiencing feeling the emotions of the woman suffering with her (Brodley & Brody, 1990) through perspective taking (Shamay-Tsoory, 2009)
	Surprised	Responses describe discrepancy between the reaction of the woman in the video and how they would have expected her to respond
5. How would you likely respond to your colleague after the accident?	Acknowledge Pain	Responses describe responding by verbally acknowledging the accident and the pain that it produced, either through apologizing or stating that the accident would produce pain
	Offer to Help	Responses describe responding by stating that they would offer to help and/or providing specific ways in which they would help the woman suffering
	Offer Specific Advice	Responses describe responding by offering prescriptions, telling the woman what she should do in response to the problem
	Seek Additional Information	Responses describe responding by seeking additional information about the accident and/or how the woman is. Respondents may have asked about what she needed them to do so they could then respond or how she was feeling
	Little/No Response	Responses describe providing no response to the woman
	Listen	Responses describe providing space for the woman to speak and listening to her story

6. What part of your response to your colleague would be easy?	All of the Response	Responses stated that all of the response to the colleague would be easy. While some respondents did not provide an explanation of their reasoning, those that did stated it would be easy, because responding and knowing how to respond is natural
	Giving Advice	Responses stated that giving advice would be the easiest part of the response, because it is easier to talk about the practical aspects of the response
	Offering Help	Responses stated that providing help and actively doing something to help the woman, like driving her to doctor's or home, would be easiest
	Information Seeking	Responses stated that asking for additional information about what she needed help with or about the accident itself would be easiest
	Offering Sympathy	Responses stated that offering sympathy by apologizing and showing emotional concern for the woman suffering would be the easiest
7. What part of your response to your colleague would be difficult?	Talking	Responses stated that navigating conversation would be the most difficult. They did not want to say the wrong thing, belittle to woman's feelings, or make the woman think that they did not believe what she said by asking additional questions about the accident
	Helping	Responses stated that actually providing help and doing what they offer or what she asks them to help her with would be the most difficult part of responding
	Offering Emotional Support	Responses stated that providing emotional support and sympathy to the woman would be most difficult because they did not know how to provide emotional support well or worried that their emotional support would not change the emotional state of the woman, so it would not be as effective as they wanted
	Convincing Her What to do	Responses stated that convincing the woman to follow their advice or what they think that she should or must do would be the most difficult aspect of responding
8. What would you be careful not to do in your response to your colleague?	Hurt Her More	Respondents stated that they would be careful not to say or do anything to increase the woman's pain. Strategies they use include avoiding reprimanding her and trying to remain positive when responding
	Blame Her	Respondents stated that they would be careful not to engage in blaming behaviors. Respondents primarily discussed trying to avoid victim blaming (holding the woman partially accountable for the accident) (Ross, 1978)
	Minimize Her Pain	Respondents stated that they would avoid minimizing or belittling the woman's feelings by acting annoyed or rejecting her feelings

	Mention/Question the Accident	Respondents stated that they would avoid discussing the accidents or asking for additional information about the accident, as it may prove emotionally taxing, making the woman relive the incident or feel that she is being blamed for it
	Be Insensitive	Respondents stated that they would avoid being perceived as insensitive by trying to be more sensitive or less forceful
	Physical Contact	Respondents stated that they would avoid physical contact with the woman, because they thought that they may be blamed for sexual harassment or aggregate her physical pain
9. Why would it be likely that you would respond to your colleague in this way?	Essential Personal Quality	Respondents stated that they would respond the way that they did because of some essential personal quality or character trait. They, as a 'nice' or 'ethical' or 'sympathetic' person respond because it is a part of their own identity to do so
	General Concern about the Woman	Respondents stated that they would respond the way that they did because they have concern for the woman. They feel bad for the woman, wanting to offer sympathy and support because she is either injured or in need
	Emotional State or Essential Quality of the Woman	Respondents stated that they would respond the way that they did because they have concern for the woman. They feel bad for the woman, because of her emotional state and its reflection on her character and who she essentially is as an individual
	Location/Situation	Respondents stated that they would respond the way that they did because of the situation that the woman was in (a car accident) or because of the context in which the compassion episode occurred (the workplace)
	General Concern about Helping Others	Respondents stated that they would respond the way that they did because responding to someone in need or pain is an expression of humanity and kind thing to do
	Nature of their Relationship	Respondents stated that they would respond the way that they did because responding to a colleague in need is what a co-worker should do
10. What else would you like to know about the scenario in	Information about the Car/Accident	Respondents stated that they would like more information about the accident, including whether or not it happened, how it happened, and the severity of the accident
	No Additional Information	Respondents stated that they would like no additional information
	Information about the Woman's Pain	Respondents stated that they would like more information about the nature and degree of the woman's pain

determining how to respond to your colleague?	Information about the Woman	Respondents stated that they would like more information about the woman herself, including what kind of a person she is, how she was actually feeling, and how sincere she really was
	Nature of their Relationship	Respondents stated that they would like more information about the nature of the relationship between themselves and the woman suffering