

Bodies and emotions in tense and threatening situations

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journals.sagepub.com/home/jsw**Laura D Keesman and Don Weenink** 

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Abstract

● *Summary:* This study investigates the experiences of social workers with tense and threatening situations in homeless shelters of the Salvation Army in Amsterdam, the Netherlands. Clients intimidated and threatened social workers verbally, damaged property and, in some cases, physically assaulted them. The study is based on qualitative analyses of 18 interviews.

● *Findings:* Social workers reported that such situations have intense emotional, bodily and mental impact. Their main concern is to manage overwhelming bodily manifestations of fear and tension to maintain work-related comportment. We demonstrate that social workers use emotion/body work in their attempts to control their own and their clients' emotions. We also found that social workers' emotion/body work is informed and supported by feeling rules that revolve around their identity as professionals. Being a professional social worker means to be in control of the situation and to regard the aggression and violence of clients from a distanced, sociologized perspective. Finally, social workers note the longer term emotional consequences of their experiences, but also of their emotion/body work, in the sense that some of them become habituated to violence.

● *Applications:* The study concludes that more systematic attention should be given to the 'emotion/body' work of social workers who are exposed to tense and threatening situations, in both academic studies and current prevention policies and practices. While the former tend to offer a disembodied view of work place violence, the latter do not give sufficient attention to sharing and reflection on the emotional and bodily experiences among social workers.

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Social work, work place violence, professional conduct, qualitative research, social workers, stress

Introduction

Workplace violence, including (repeated) verbal intimidation and insults, is recognized as a health risk that affects many organizations and employees all over the world (Chappell & Di Martino, 2000; Rey, 1996). It is also known that certain professional groups have a heightened risk of exposure to violence (Beech & Leather, 2006; Mayhew & Chappell, 2007; Newhill, 1995; Steffgen, 2008). These groups include social workers, nurses, and caregivers in the public health sector, e.g. emergency housing shelters and mental health care institutions (Brown, Bute, & Ford, 1986; Crane, 1986; Lanctôt & Guay, 2014). A British study (Rowett, 1986) showed that the proportion of social workers who were exposed to physical assault at least once during the period between 1978 and 1982 was one to four, while more recent research conducted in the U.S. reported that nearly half of social workers had experienced verbal violence and 23% were physically threatened by a client once in their career (Jayaratne, Croxton, & Mattison, 2004). Other studies as well suggest that verbal aggression is the most prevalent form of workplace violence (Guay, Goncalves, & Jarvis, 2014; Ringstad, 2005; Schultz, 1987).

Workplace experiences with violence have various consequences. Social workers who have experienced physical violence in the workplace have reported that they suffer from anxiety, fear, disturbing flashbacks, irritability, and/or sleep problems (Barling, 1996; Littlechild, 2005; Steffgen, 2008, p. 289). Other psychological and emotional consequences of verbal and physical violence include feelings of frustration, powerlessness, humiliation, and vulnerability, as well as lack of self-esteem (Lanctôt & Guay, 2014; May & Grubbs, 2002; Sullivan & Yuan, 1995). Apart from reduced psychological wellbeing, the functioning of employees in the workplace can also be hampered by experiences with violence. Diminished concentration and confidence, due to recurrent thoughts or disturbing flashbacks linked to the violent event, can have a negative impact on executing work-related tasks (Brady, 1999; Steffgen 2008). Lanctôt and Guay (2014) argue that such psychological and emotional consequences can result in sick leave and job dissatisfaction, while other researchers note that workplace violence can contribute to emotional exhaustion and burnout (Estryn-Behar et al., 2008; Jayaratne et al., 2004, p. 452). Finally, multiple scholars indicate that the impact of verbal threats in the workplace can be more serious than that of physical attacks (Beech & Leather, 2006, p. 31; Budd, 1999; Crane, 1986; Littlechild, 2005). They also note that these detrimental effects may affect life outside the workplace (Viitasara, 2004) and can be long lasting (Hogh & Viitasara, 2005; Ryan & Poster, 1989).

While a host of research has been conducted on the consequences of experiencing both physical and verbal violence, much less is known about how social workers deal with and experience tense and threatening situations on the spot. The first author of this article was employed as a social worker at the Salvation Army in Amsterdam, the Netherlands. Her personal experiences led her to find a better understanding of these situations. While we do not think that a more distanced and disembodied view of workplace violence is necessarily problematic, we argue that a micro-sociological perspective that focuses on the here and now of the bodily and emotional experiences of social workers allows to specify more closely how they try to cope with violence. Moreover, such an approach can provide insight into the kind of behaviour that not only de-escalates tense and threatening situations, but limits the potentially detrimental consequences of workplace violence. Therefore, the main question we aim to answer is: How are verbal and (threats of) physical violence experienced by social workers, and how do they try to manage these situations emotionally and bodily?

The sociology of emotions provides theoretical guidance for this empirical study. This article is conceptually grounded on Hochschild's (1983) notions of emotion work and feeling rules and Collins's (2008, 2012) conceptualization of the emotional dynamics of tense and threatening situations. However, as it turned out while analysing the data, our respondents reported emotional and bodily transformations that could not be captured adequately in terms of our conceptual framework. Therefore, we invoked Katz's (1999) phenomenological theory of how people experience intense emotions to better understand our social workers' accounts. To our knowledge, this combination of micro-sociological theorizing provides a conceptual innovation that has not been applied in studies of workplace violence so far.

This article is based on qualitative analyses of semi-structured interviews with 18 social workers at the homeless shelters of the Salvation Army Goodwill Centre Amsterdam. These shelters cater to clients who commonly suffer from mental illnesses (both psychiatric and psychosocial problems), drug and alcohol addictions, criminalization, and poverty (Kwaliteitshandboek Leger des Heils [Quality Management Manual of the Salvation Army], 2015). Newhill (2003), Pollack (2010), and Spencer and Munch (2003) indicate that this category of clients is more often agitated, uncooperative, belligerent, aggressive, and violent. As they come from the streets, clients often do not know how to adjust to life in the facility and they are not used to obeying rules (Wolfshöfer & Bröer, 2009). Furthermore, clients are forced to live together with other clients, usually strangers, which often leads to tensions, for instance during meal times. All in all, social workers' risk of exposure to threatening situations and violence is relatively greater at these shelters because of their engagement with this 'high-risk' client category (Mayhew & Chappell, 2007).

The following section brings together relevant theoretical insights. Based upon these considerations, sub-questions are specified. Methodological issues will be addressed next, including a discussion of the data, sampling, analytical procedures,

and research ethics. The findings of this study are then presented: in tense and threatening situations, bodily and emotional sensations become overwhelmingly manifest up to the point that social workers lose their sense of intentionality. They use various forms of 'emotion/body work' to return to normalcy and to calm down both themselves and their clients. We also observe that some social workers experience a certain blunting of their emotional involvement due to the frequent experience of tense and threatening situations. In the concluding section, we discuss the findings in relation to current violence prevention programmes, note the shortcomings of this study, and raise questions for future research.

Theoretical framework: Emotions in tense and threatening situations

Following Collins (2008), antagonistic situations produce emotional arousal, as people do not attain mutual understanding but go against one another in direct opposition. At these moments, both parties experience confrontational tension and fear (*ct/f*) as their focus of attention is increasingly on their antagonism, on their not being attuned with the other. In such confrontations, people engage in mutual antagonistic involvement (Collins, 2008). Collins (2012, p. 136, 139) and Grossman (2004) argue that these situations are overwhelming because physiological processes take over the experience: a high level of tension in people's facial muscles and body postures, accelerated heart rate, cortisol and adrenaline flooding the body, and often loss of fine motor coordination, sweat, and difficulty controlling one's fingers, hands, or feet. We seek to understand whether, and in what forms, these bodily and emotional reactions appear in the accounts of social workers, and how they give meaning to them. Also, we aim to inquire into how they deal with these forms of emotional and bodily arousal.

To further specify how social workers try to manage intense emotional and bodily sensations when *ct/f* is building up, we turn to the work of Hochschild (1983). She introduced the notion of emotion work to capture how individuals try to manipulate and control their emotions, and, importantly, the emotions of others (e.g. clients or customers) in work settings. Hochschild distinguished between 'surface acting' and 'deep acting'. The former type of acting means that people hide their feelings and pretend they feel something other than what they are actually feeling: 'In surface acting we deceive others about what we really feel, but we do not deceive ourselves' (Hochschild, 1983, p. 33). However, when people engage in 'deep acting', they attempt to change what they feel: 'the actor does not try to seem happy or sad but rather expresses spontaneously, (. . .) a real feeling that has been self-induced' (Hochschild, 1983, p. 35). As Hochschild (1983) explains, deep acting thus 'involves deceiving oneself as much as deceiving others' (p. 33). Because of the self-induced feelings in deep acting, there is a risk of bypassing actual emotional experiences.

Here we want to add that emotion work is always body work. For instance, in his study of schools in severely disadvantaged neighbourhoods, Paulle (2014) observed that the chronic presence of aggression, threat, and potential violence aroused constant anxiety among pupils and teachers. The emotion work they conducted to hide their fear was crucially connected to changes in posturing and gesturing. Connecting Paulle's work on the bodily experiences of chronic anxiety in fearful environments to Hochschild's insights, we seek to understand how social workers use their bodies to conduct emotion work. More specifically, here one could think of using specific body movements and postures to calm down the client (e.g. keeping eye contact) or to signal dominance (e.g. making aggrandizing postures) in an attempt to remain in control of situations in which *ct/f* is building up.

Emotion/body work is bounded by social guidelines, or what Hochschild calls 'feeling rules'. These feeling rules indicate what people are allowed to feel, what they should feel, how intensely they are supposed to feel it, and how they should express these feelings (Hochschild, 1983, p. 56). Most feeling rules are not explicit and most often, people are not consciously aware of them. However, the moment people start to ask questions about their mood, why they have a certain feeling, what they are feeling, or how they should feel in a situation, they are confronted with feeling rules. Therefore, feeling rules also allow people to think about and act upon their emotions; they induce and shape emotion/body work of various kinds. We assume that in tense and threatening situations, feeling rules are at play, requiring social workers to suppress, manipulate, and transform their emotions and bodily behaviour in order to work with aggressive clients.

Instead of departing from background features of social workers or clients, or focusing on the consequences of violence, micro-sociological theories put the situation centre stage. This approach fits our aim, as it enables us to understand social workers' lived experiences and the ways they try to manage and transform their emotions on the spot. We think that the combination of Collins's general theory of how people experience antagonistic situations with Hochschild's work on how employees manage and transform their emotions offers an innovative approach to studying workplace violence in social work.

Based on these theoretical considerations, the research questions can be specified as follows. First, how do social workers describe their emotional and bodily experiences in tense and threatening situations and how, if so, do they experience *ct/f*? Second, how do social workers use emotion/body work to cope with these situations? Third, what kinds of feeling rules undergird the emotion/body work of social workers in these situations?

Methodology

Data

This study relied on qualitative data because it aimed to explore the experiences of social workers and the meanings they give to tense and threatening situations.

We looked for situational, emotional, and bodily details in their descriptions. Our interview questions focused on emotionally intense situations. Prior studies suggest that individuals can recall the details of these events vividly (Brookman, Bennett, Hochstetler, & Copes, 2011). We used a topic list as a guide for the interview, in which the main concepts were structured as themes to talk about (e.g. bodily experiences). However, there was a great deal of leeway for the respondents in how to reply, providing room for reformulating a thought and revisiting previous statements. The first author conducted the interviews. The interviews began with an open question to describe a situation in which a social worker had encountered a threatening situation. Further questions were about bodily experiences and the recognition of emotions, for example: 'What did you feel in your body during the situation?' or 'Were you aware of the expression on your face, how you looked at the other person or how you stood?'. Respondents were also asked whether they had felt frightened, and how they experienced possible feelings of fear: 'Where did you experience that fear in your body?' and 'How did that fear express itself?' Finally, respondents were asked to reflect on the consequences of experiencing violence for their work-related conduct. They reflected on questions such as: 'How, and if so, do your experiences with violence affect your working-practices?' and 'Have you changed your working-practices due to your experiences with violence, and if so, how?'

Sample

The sample for this study was selected from social workers who are employed at the primary homeless shelter facilities of the Salvation Army Amsterdam. These facilities are provided at three locations in the city, offering nursing care, night shelter, and integrated services such as social benefit agencies. The sampling of these locations was based upon the experience of the first author that violent, aggressive, and threatening incidents occur more often in these primary shelters. The number of social workers interviewed is 18. The male/female ratio among the respondents is 11:7. Their employment time ranges from three to 35 years and the ages of the respondents range from 24 to 56 years.

The first author personally asked social workers to participate in the interview, and two team managers sent invitations for the interview to their employees. The non-response comprised about 20 persons, with one person responding with an explicit decline to participate and the others not responding at all. We relate the non-response to irregular work schedules that prohibited participation in our study or not wanting to participate for diverse but unknown reasons. All in all, we do not suspect that the category of non-responders share specific features that are related to our research interest.

Analytical procedure

Our analysis of the data started with *open* coding by selecting fragments that were considered meaningful if they yielded substantial information in relation to the

research questions. For instance, codes such as ‘knowing the client, background knowledge’ and ‘assessing situation, working preventatively’ relate to how employees process the present situation. Open coding was then supplemented by *axial* coding, where connections between fragments were made. For example, a connection between the *open* codes ‘daring’ and ‘less scared’ resulted in the new *axial* code, ‘personal consequences’. Finally, the coding was *selective*, in which prior codes were put together. Thus, *axial* codes, such as ‘interpretations’ and ‘rationalisations’, were structured into a main code, in this case, ‘thinking process’. At this point in the coding process, the general themes of the study emerged. For example, the theme ‘bodily awareness’ emerged from how social workers talked repeatedly about bodily manifestations, such as ‘alertness’ (*open code*), ‘bodily factors in conducting work-related tasks’ (*axial code*), and finally the ‘reflection of social workers on bodily effects influencing the situation’ (*selective code*).

Some notes on ethics

Prior to each interview, the first author discussed the issue of informed consent with the participants, asking if they authorized the use of their accounts for this study. The first author also indicated that the employees would not be identifiable, neither in the data, nor in any report based on these data. To ensure the anonymity of the interviewees, two data files were constructed. One file, which is only accessible by the authors, contains a set of names linked to numbers. Each respondent thus represented a number. The second file contains the interview material in which all possible identifiers are removed, such as the names of respondents, job locations, or colleagues, and is structured according to the numbers in the first file. This way, the anonymized data set is also accessible to other scholars.

The first author and the team managers agreed that the data would not be used for the assessment of employees. In the interviews, it was stated explicitly that the interview would not, in any way, be part of the assessment of the interviewees’ performance, but would merely focus on their experiences with tense and threatening situations. The first author also indicated that interviewees could talk openly and freely about things that had taken place without having to fear possible disciplinary measures at their place of employment based on their accounts, in cases where they themselves might have used violence or aggression against clients.

The experience of tense and threatening situations and the use of emotion/body work

Our social workers were confronted by forms of intimidation – sometimes sexually abusive – and mostly violent threats. In addition to verbal violence, clients also displayed threatening postures and gestures (i.e. acting as if they were knifing the social worker) and/or damaging furniture or equipment by clients. In 12 cases, the threats and intimidations were directed at the social workers personally, while in four cases, the verbal violence was more general or directed at other clients.

In the two remaining cases, social workers were physically abused by clients: they were hit, slapped, or punched.

In this section, we first discuss social workers' experiences of these interactions, more specifically, emergent feelings of *ct/f*. This discussion is followed by an analysis of how social workers conduct emotion/body work and how this is embedded in feeling rules that proscribe how professional social workers should manage their emotions. Thereafter, we report on the consequences of conducting emotion/body work.

The emotional and bodily experiences of ct/f

It became clear that social workers related specific bodily sensations to the emotions they experienced. They literally connected tense and threatening situations to an awareness of bodily tension, as the following fragments indicate.

Respondent 1 (male aged 32), encountered a drunk man who was screaming at and provoking other clients. When the respondent confronted him in order to calm the situation, the client's behaviour intensified and turned personally at the social worker.

So, there was also some kind of tension eh in my body, like 'oh I hope this is going to be ok' yes. (. . .) my heart beats faster (. . .) my head [face] is probably turning red (. . .) my legs are getting stiffer, this also helps me to ground and stuff. But I got this sort of tension all over my body.

Another respondent regarded this tension, or in her words, 'bracing yourself' and 'flexing muscles' (respondent 11, female, aged 25), as a way for her body to cope with the imminent danger, an increasing focus on the confrontation. She related her alertness to a release of adrenaline in order to 'bear or deal with what's coming' and 'staying alert' so that she would be prepared to take action, in case she needed to do something.

Other respondents indicated they felt the 'fear in their stomach' (respondent 14, male, aged 29), 'heart palpitation and when you speak your tone of voice gets higher, a kind of squeaking sound' (respondent 10, female, aged 28). All respondents appeared to be very aware of the transformations taking place in their bodies and they could pinpoint what happened in specific body parts, notably the feeling of tension in their legs or in their stomach, the flexing in their muscles, and turning red or feeling hot in their faces. In the following fragment, the respondent not only indicated that he felt tension in his stomach, but also described that he lost a sense of focus.

Respondent 9 (male, aged 30) was provoked and intimidated by a male client during a nightshift. The client personally insulted and threatened the respondent, and relentlessly marched up and down, passing the social worker's desk, all the while seeking eye contact.

When you are really nervous then the first place you feel it is in your stomach and that's what I experienced and I felt that very intensely. I very much had a kind of stomach feeling that made me think, 'Oh but what do I want to do with this'. 'Eh how am I going to feel this' [i.e., how am I going to interpret this] and that stomach feeling actually rose a little bit upwards, eh until it, it turned into a little restlessness, I felt as if my body was becoming a bit restless (. . .) that sensation rose from my stomach to my [upper] body, to my arms and at a certain point, if I can say it like that, the feeling had risen to my head.

This respondent displayed an awareness of how the feeling of tension spread throughout his body. He used the word 'restless', in the sense that his energy was flowing in various directions, making him indecisive. He also said the restlessness moved upward to his head, which suggests that his lack of focus was not only a matter of bodily comportment, but also a mental state. Other social workers described similar experiences of unfocused restlessness.

Respondent 4 (male, aged 56) described how his emotions of humiliation and anger influenced him during an encounter with an aggressive client.

Right, so I literally was shaking, right, literally [. . .] I wasn't crying or anything, that's not what I experienced, but I was shaking and walking around nervously, and that also influences you because I could not concentrate for a hundred per cent because yeah it does rattle [you] inside.

This restlessness is also denoted as indecisiveness or 'doubting thoughts' (respondent 8, female, aged 24). Respondent 8 also noted that her restlessness expressed itself through 'looking up and down', which she called 'a jittery way of looking around'. Littlechild (2005, pp. 72–73) found a similar loss of focus among his respondents, who reported having experienced 'acute anxiety and confusion', and who felt 'shocked, physically shaken, emotionally assaulted, jumpy, and emotionally labile'. These experiences suggest that social workers can lose their sense of directionality and intentionality due to the tense and threatening situation they are in. They reported feeling trapped in the situation, experiencing a kind of confrontational paralysis. From personal observation, the first author has seen colleagues expressing unfocused behaviour as a reaction to tense situations. For example, they started cleaning, moving things around without a clear purpose, roaming around, or going into a 'routine-like' motion such as checking the attendance in rooms. In addition to experiences of restlessness and a lack of focus, other social workers reported they had a strong bodily urge to become invisible; 'I made myself very small wanting not to be seen anymore' (respondent 9, male, aged 30), or having a desire to 'not wanting to be there' (respondent 5, male, aged 33).

Sociologist Katz has provided an insightful phenomenological account of what happens during situations of compelling emotional arousal. In Katz's (1999,

p. 332) terminology, these social workers are ‘falling out of a taken-for-granted incorporation of the landscape’. This ‘landscape’ is a social form of being in the world – in this case being a professional social worker. In normal situations, individuals more or less fluidly move around in that landscape, engaging in social interactions that do not stir up more than a rather neutral feel, which does not intervene with intentionality and bodily latency. In situations of intense emotional arousal however, people experience that their taken-for-granted incorporation in the landscape is now broken. Following Katz (1999, p. 312), this awareness is sensed corporeally; the ‘falling out of the landscape’ foregrounds individuals’ embodied existence. This is what happens when social workers experience tense and threatening situations. Their body becomes manifest and inhibits the intentionality that navigates them through their daily practices at work (see also Weenink & Spaargaren, 2016). They sense a loss of focus and a feeling of restlessness. Thus, ‘falling out of the landscape’ is a physical experience that social workers need to address in order to keep conducting their work. When they are able to acknowledge the manifestations of their body and the emotional arousal that caused it, employees can start to act upon the situation and try to regain control, aiming to return to the taken-for-granted state of being in the situation.

Attempting to return to the landscape

This section demonstrates how employees deal with the experience of *ct/f* as they try to return to normalcy. A number of respondents indicated that they switch off their feelings when something happens. Sometimes, this was a conscious choice. For instance, a respondent indicated that she tried to push away her fear, because fear ‘as an emotion blocks your thinking and conduct, which can be fatal if you’re not alert’ (respondent 18, female, aged 55). Respondent 3 (male, aged 26) said that he had learned that ‘fear is not a good adviser at these types of moments, so I taught myself to not go toward that fear, because fear means losing control’. Another respondent (13, see below) further exemplified this notion of ‘not going toward that fear’ when he was asked what emotion took the upper hand in the situation he experienced. He seemed to handle tense and threatening situations quicker and easier than most of the other respondents. Coming from a military background, he was extensively trained in ‘taking the perpetrator out’. Experience in the field of combat had enabled him to channel the upcoming fear and to manage it faster by switching focus. Importantly, this exception indicates that it is possible to train the management of fear and tension and consequently the personal and work-related conduct within these types of situations.

Respondent 13 (male, aged 43).

Well I thought for a second ‘Oh my god he’s going to hit X [colleague] or something’. That was a little spooky to me for a second but then I thought, ‘No but if so, I just

have to do something' so then I lost that fear quickly (. . .) In one way or another that's how it goes yes [turning off that fear] (. . .) Yeah the idea that I have to 'take him out' if you really want to know, that's what I really thought: 'I have to take him out'.

The above quotes show that social workers manipulated their feelings; that they tried not to let themselves get stuck in the upcoming *ct/f*, but tried to control it. More precisely, they attempted to channel their emotions; the fear did feed their reactions, but they tried to guide it into manageable feelings. Respondents also indicated they did not want to show their fear and anger to the client, and pretended they did not feel anything. This means that social workers used emotion work, more specifically, surface acting (Hochschild, 1983), to regain control of the situation.

Respondent 9 (male, aged 30) who was verbally insulted and intimidated by a male client, who kept on passing his office desk.

I was very consciously busy to adjust my posture, while actually it was affecting me a lot. So, I didn't want to show him how he was affecting me. That was it really. So, I felt something inside but I did not want to show him that. (. . .) So, I assumed a reclined and relaxed posture of being kind of busy with the computer and pretending not to know that he was keeping an eye on me all the time (. . .) There was a moment when I started to feel extremely frightened and that was the point, ehm, at which I tried to shield myself behind the computer and he, instead of ehm taking a little bit of distance, actually came closer. At that moment, while I was trying to hide myself even more, which originated from a kind fear, I thought, 'oh no, what if he's going to smash the window' and ehm, 'I need to not show myself, I have to hide, I must not show that he is affecting me', 'because if I show that it does affect me, then it is going to get out of control.'

Respondent 10 (female, 28) also tried to hide her fear by leaning on the medicine trolley and watching television after she had been confronted with sexually intimidating remarks by a male client.

I tried to adopt a relaxed attitude like 'I got this situation eh under control' so 'I am not eh, I am not turning hot or cold from this' [expression in Dutch, meaning: not affected by it] that's what I wanted to signal but in fact it did affect me a lot.

Respondents used their bodies to manage or hide the emotions they experienced on the spot; they attempted to manipulate their actual sense of *ct/f* by changing their bodily postures. Thus, the first step in the experience of *ct/f* is the manifestation of the body, which can be overwhelming (the falling out of the landscape), and the next step is for the social worker to redirect his/her body into a manageable position so that it does not radiate his/her actual experience. All respondents used surface acting as they tried to manage (hide) their emotions from being expressed.

While all forms of emotion work necessarily require corporeal manipulation (e.g. Hochschild's air hostesses who used mouth muscles to express a friendly face), the social workers we studied purposively engaged in body postures to transform manifest and overwhelming feelings of fear to return to corporeal latency, or at least pretend to be in a state of normalcy. Our respondents thus conducted emotion/body work because they were trying to redefine the emotional status of the situation by using their body. Paulle's (2014) study of adjustments of bodily postures in situations of chronic fear and anxiety coincides with our observations: micro-movements such as changing the positions of the feet and shoulders are used to hide the actual experiences and to transform them into corporeal and emotional latency. In line with this, Littlechild (2005, p. 73) reported that social workers 'watch every word' they say and use accompanying 'body language', which suggests, in our terminology, attempts at emotion/body work. However, trying to return to the normalcy of work routines may involve an internal struggle, as the following respondent indicated.

Respondent 10 (female, aged 28), who was sexually intimidated by a client.

My mind can only think about what is being said and about the stress I am experiencing in my body so I cannot rationally view the situation from some eh helicopter perspective, I am really in the situation and I am only thinking to myself, 'radiate confidence, radiate confidence, you got this under control, act like it is not affecting you, act like it is not affecting you'. So, I am much more occupied with ehm with the situation really at that moment, and with that there are just more stress eh symptoms going nuts inside my body (. . .) when I start talking I talk with a high voice. (. . .) I can't think straight anymore and I am actually only thinking about the situation which I am in. So, I do not have the overview, I am just getting irrational thoughts (. . .) because I just can't arrive at an effective solution (. . .) So I couldn't eh think solution-oriented to take steps in a rational manner.

This fragment not only shows the bodily and emotional experiences of falling out of the landscape, but also the rather desperate efforts, the emotion/body work, to hide these experiences from view. While she was unusually aware of her appearance and bodily expressions ('talking with a high voice' and 'the stress I am experiencing in my body') this respondent was also having difficulty focusing her mind, to direct her actions ('just getting irrational thoughts', 'just can't arrive at an effective solution'). This case can thus be seen as an example of failed emotion/body work because it did not bring the social worker back to the taken-for-granted state of being (in this case, the situation calmed down only with the help of colleagues). Constricted thinking, restricted coping, and hyper-vigilance have been noted as consequences of violence in prior work as well (Flannery, 1994). However, these reactions have not been reported to appear so explicitly as 'on the spot' phenomena as we see here. This finding supports our notion of emotion/body work and the immediate influence of corporeality on the mental efforts of social workers. We now continue our analysis by demonstrating how

feeling rules determine the contours of the emotion/body work. As we will see, the feeling rules revolve around being a professional social worker.

Feeling rules that outline emotion/body work in tense and threatening situations

First of all, respondents reported that they should not show their emotions, notably fear, because expressing them would not fit their situational identity as social workers. For example, a respondent indicated that ‘as a professional employee you have to try and stay calm yourself, to not let the situation escalate’ (respondent 15, female, aged 47), even in a situation where a client demonstrated a stabbing hand gesture toward her. Another respondent, who experienced relentless intimidation and insults by a male client, indicated he ‘did not have the feeling or sense’ that he could face the client and say ‘you are frightening me (. . .)’. He reported, ‘I am not allowed to say that I am afraid, because at work, I have to not show that I am affected’ (respondent 9, male, aged 30).

Social workers referred to a ‘professional attitude’ and being a ‘professional employee’ to explain why they sensed that expressing their feelings is not appropriate. The professionalism of being a social worker thus determines what they should and should not feel. Displaying fear would mean ‘a loss of control’ (respondent 3, male, aged 26) and as respondent 15 indicates above, control to ‘not let the situation escalate’ is expected from social workers. Thus, surface acting not only helps to control and transform the emotions of social workers themselves and those of their clients, but it also helps to safeguard the former’s professional identity. Finally, this feeling rule provides support to go through these situations, to cope with them, as the above-quoted respondent 3 indicates by stating that a part of him says ‘I am not afraid’, which functions as a ‘foundation, something to hold on to’, so that he can keep doing his job at night on the streets.

In a similar way, social workers’ professional identity helps them to deal with anger (see also Littlechild, 2005). While we have been discussing the emotional and bodily sensations of tension and fear mainly, social workers also experience anger, mostly *after* the confrontation (respondents 1, 5, 9, 14, and 15). The way they manage their anger is determined by the same kind of feeling rule that shapes their expression and experience of fear. Here as well, they attempt to change their emotions, as they feel that anger does not fit their role as social workers.

Respondent 5 (male, aged 33) explained how he experienced anger, which he considers unsuited to his professional role, while being enmeshed in a fight involving about eight clients.

I became eh, yeah I don’t know, I think that I eh, became pissed off and such feelings don’t go together or do not fit with your role at all and that was, I experienced that as a kind of paradox, so that you become like angry at the people you normally eh, that you normally provide food for and help a little bit or something. I found that a very paradoxical feeling actually.

Other respondents too indicated they became angry and pissed off because they found that their violent clients were unfair: 'You can't make me feel this way because I am here to help you' (respondent 9, male, aged 30), or 'I am there to help people' (respondent 14, male, aged 29); they thus regarded the violence as 'unfair'. Their anger also stems from the sense that clients did not properly appreciate their role as social workers. Surface acting appears where social workers indicated that they had to maintain a professional role. At the same time, they adopted a more or less 'depersonalized' view of violent and aggressive clients and tried to see them from a professional, sociologized viewpoint that allows social workers to perform surface acting – for the sake of professionalism. For example, respondents explained their clients' use of violence out of 'frustration' (respondents 1, 2, 3, 4, 6, and 13), indicating that they live on the margins of society which means that 'you've got nothing, nobody is listening to you, nothing is working' (respondent 3, male, aged 26), resulting in anger and aggression. Respondents explained they tried to 'gain more understanding for why someone is using violence' (respondent 14, male, aged 29) or 'whether it's justifiable or not, I understand where it's coming from' (respondent 12, male, aged 34). We regard such explanations as attempts to depersonalize the violence, taking a distanced viewpoint.

We conclude that the emotion/body work of surface acting revolves around a set of feeling rules that determine what makes for a professional social worker. The professional social worker is able to hide, restrain, and transform bodily and emotional sensations of *ct/f* to control tense and threatening situations. Furthermore, the professional social worker depersonalizes the source of the aggression and violence of clients, which helps to restrain and transform their own feelings of anger and frustration.

Consequences of emotion/body work

Nine respondents indicated that they, as a result of encountering tense and threatening situations, suffered from feelings of anxiety or fear outside their workplace. They also reported to have experienced physical manifestations, such as fatigue, after work hours or when they had to work again. While the purpose of this article is to inquire into the emotion/body work that social workers conduct rather than assessing the consequences of these experiences in general, we do want to outline the consequences of recurrent surface acting. One outcome is the flattening off of the social workers' emotional reactions to violence and aggression. A respondent indicated this by stating that he had 'levelled off a bit' and that he perceived violence 'not that violent anymore' (respondent 9, male, aged 30).

Social workers grew accustomed to the experience of violent outbursts. Due to this habituation to violence, we can speak of a 'blunting' of their emotional involvement. However, not all respondents talk about this kind of desensitization to violence. Respondents reported they remained 'sensitive' (respondent 15, female, aged 47) to such situations and that 'it still affects them' (respondent 16, female, aged 49) to a great extent. Whether social workers feel their emotions have

levelled off, or whether they sense they are still very much affected by violence in the workplace, the case remains that for nine respondents, surface acting has longer lasting emotional and physical consequences in the form of fatigue and anxiety outside the workplace. Our findings on the consequences of violence are in line with findings from various other studies that report disturbed sleep and dreams, reluctance to go back to work, and feelings of wariness or insecurity (see, for instance Littlechild, 2005; Spencer & Munch, 2003).

Conclusions and discussion

Social workers simultaneously experience tense and threatening situations emotionally, bodily, and mentally. In other words, these situations are absorbing and overwhelming. However, our study also shows that immediate bodily sensations are on the foreground of the experience. This is why social workers need to deal with their body first, as they attempt to return to the normalcy of work routines after having fallen out of the landscape. It is through the purposive management of their body that social workers try to regain control over their emotions. This could explain why our respondents seem unusually aware of their bodily and emotional transformations. It also appeared that social workers' emotion/body work is informed and supported by feeling rules that revolve around the notion of being a professional social worker, in control of their own and their clients' emotions. The fact that emotion/body work is guided by feeling rules indicates again that the bodily, emotional, and mental dimensions of experience are interconnected. We argue that both research and practices concerning work place violence should take the enmeshing of these experiential dimensions more seriously (see also our recommendations below). While fear and tension were the most commonly mentioned emotions that had to be contained and transformed, some social workers also reported they felt anger and frustration. The feeling rules that restrained the expression of these latter emotions were informed by the same notion of the professional social worker, as respondents perceived aggression and violence by clients from a sociologized, distanced point of view. However, this distanced perspective did not prevent social workers from experiencing feelings of anxiety after work hours, which were reported by nine of the 18 respondents.

Theoretically, combining Collins's insights on the emergence of *ct/f* with Hochschild's notion of emotion work provided a fruitful approach to describe how social workers experience and cope with tense and threatening situations. However, we felt that a phenomenological perspective was needed to capture how social workers actually try to transform their emotional and bodily experiences on the spot. Thus, we argue that situational theories about the emotional dynamics of antagonistic situations can benefit from phenomenological perspectives that depart from the experiential standpoint of the actors.

The results of this study lead us to reflect on current policies and practices related to workplace violence. First, we want to stress the deficiency of administrative systems that aim to monitor violent incidents. These systems are often

based on inadequate definitions of what such incidents entail, thus doing little justice to the kinds of bodily and emotional experiences reported here (see also Littlechild, 2005; Piquero, Piquero, Craig, & Clipper, 2013). Furthermore, an emphasis on monitoring actual violent incidents can result in neglecting potentially violent or threatening situations (see also MacDonald & Sirotych, 2001, on the importance of reporting client violence). Indeed, Leadbetter's (1993, p. 616) observation that the issue of potential violence is an 'underdeveloped area of organization policy and training' is probably still valid (see also Pollack, 2008, on prevention). Perhaps most importantly, such administrative systems are not attuned to the problems that arise from threatening or violent situations with regard to employees' work-related conduct and also their personal lives, after work hours. Consequently, current workplace policies are not sufficient for the purposes of risk assessment and risk management, which in turn can have implications for employees' feelings of safety. If risk assessments are poorly incorporated into policy procedures and administrative systems, and commitment of managers to safety is insufficient (see also Littlechild, 2005), employees may feel they have to sort out definitions of aggressive behaviour themselves, in addition to experiencing a lack of adequate support from the organization. However, it should be noted that reliance on professional practice and insights are important in recognizing what needs to be considered as 'violent' (see also Parton, 1998).

Second, management executives in social work should be aware that non-physical forms of violence impact employees to a considerable extent, as we have seen in the analyses above. We argue that more time and energy should be given to talking about these incidents among colleagues, especially about how they experienced such incidents emotionally. In such conversations, attention should be given to the role that feeling rules play in shaping these experiences, so that social workers can talk more freely about what happened to them, without feeling the pressure to uphold the notion of a professional social worker. From the personal experiences of the first author, there is only very scarce and incidental opportunity to blow off steam, to share experiences, or to reflect on tense and threatening situations among team members in daily work practices. Responsive attitudes and support from supervisors, co-workers, and peers can help to buffer against the influence of stress and consequently mental and physical health problems like burnout, anxiety, and depression (see also Juye Ji & Kao, 2011). This means our findings also support Littlechild's (2005) suggestion to explicitly include indirect and less obvious types of violence and aggression, such as non-physical threats and intimidations, within institutional definitions of violence. In addition, our findings indicate the need to consider the long-term effects of tension, threat, or violence experienced in the workplace, because they impact future work-related conduct. Together, this could stimulate the development of healthy work environments, despite the intense client interactions social workers sometimes encounter in shelter facilities and other social work settings.

Third, we note that social workers receive 'aggression-training'; but this is mostly set up as courses in self-defence. This means that social workers are trained

to deal with violent outbursts, in terms of defending themselves physically, but they are not trained to cope with the interactional dynamics that precede these outbursts. Therefore, we suggest that aggression training should also focus on managing tense situations before violence occurs.

To conclude, we would like to reflect on the interviewing method and note questions for future research. First, while the interviews provided rich accounts of social workers' experiences, it turned out that extensive probing was required to gather significant details. We suggest that this might have to do with the tendency to underreport incidents and especially the insufficient attention given to emotional experiences at work. In other words, respondents were not used to talking about their experiences in great detail. Nevertheless, probing questions enabled respondents to go back to the situation, sometimes by closing their eyes, and remembering the details of what happened. This was beneficial to their reconstruction of the situation and enabled a conversation about significant or critical moments.

Finally, the results of this study raise questions for future research. One issue is how tension and violence influences work practices and personal life. Violence seems to be unacceptable, but does being desensitized to violence at work cause one to accept more violence in one's personal life, or vice versa? And how do social workers uphold feeling rules of being a professional worker after having been confronted repeatedly with violent incidents? It would also be valuable to research the conduct of colleagues in the heat of the moment; how they perceive the situation and how their emotion/body work helps to de-escalate it, or not. Finally, we wonder how clients experience *ct/f*. Conducting research on both clients and social workers would broaden our understanding of how threatening and tense situations unfold on both sides, thus providing more precise insight into how to prevent situations from becoming more tense and violent.

Limitations of the study

We want to note the following limitations of this study. We relied on a small-sized, purposive, and specific sample of social workers who work with 'high-risk' clients at homeless shelters. Therefore, we cannot quantitatively generalize our results to a broader population of social workers. While the ways of experiencing and patterns of coping were shared to a considerable degree within this sample, there might be other types of emotion/body work and feeling rules at play in social work. A follow-up study of social workers who work in institutions, where the risk of aggression is lower, can reveal whether emotion/body work and the feeling rules surrounding tense and threatening situations differ in various types of social work. Another shortcoming that follows from our choice to focus on situational experiences is that we did not consider their long-term effects. A final limitation is that we did not discuss gender differences in the accounts of social workers. However, upon closer analysis, we did not find considerable contrasts between the experiences of male and female social workers. Both male and female respondents gave detailed accounts of what happened to them, offered specific insight into what they

felt at that time, and they talked about their emotional and bodily manifestations in similar ways.

Ethics

This study was conducted as research for a master's thesis in Sociology at the University of Amsterdam and meets the standards of this University's ethical guidelines.

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