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EMOTIONAL LABOR AND IDENTITY MANAGEMENT
AMONG HIV COUNSELORS AND TESTERS

by

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ABSTRACT

Emotional labor, an idea first developed by Arlie Hochschild, became a main component of work developing the field of sociology of emotions. Emotion labor provides a conceptual framework for understanding the outward and inward emotional experiences that are deemed either appropriate or inappropriate during interactions with others, specifically in the workplace. A product and derivation of this emotional labor is carefully outlined display rules. These rules vary from position to position, but are often part and parcel of work in the human services sector. This labor can be understood as resulting from the employee's adherence to display rules, which may or may not match the employees' organically felt or perceived emotions at the time. The current study draws from these conceptual frameworks and emotion work typologies introduced by Arlie Hochschild to analyze in-depth, the emotional labor performed by HIV Testers; this study does so through the analytical categories of Bodily Emotion Work, Expressive Emotion Work, and Cognitive Emotion Work. While the current study upholds many conclusions of prior research related to human services, and high rates of emotional labor, this study contributes through introducing the term *Emotional Tuning*. As based in the dynamic of emotional labor existing between HIV Testers and the patients that they serve, this study puts forth the term *Emotional Tuning* as the process of one individual scanning or reviewing the emotional state of another. The individual then acts accordingly, based on their interpretation of the other's emotional state, to help influence that emotional state, typically by matching or contrasting with that emotional state. This research contributes by expanding on prior research of emotion work and emotion labor

through the specific field of client-based counseling, as there is no known prior research that has delved specifically into the work performed by HIV Testers and the rich experiences had by those delivering HIV results and sexual education, particularly as the emotional labor being studied is not commodified. Such topics as HIV status and sexual health education have been, even recently, overshadowed by stigma. Many Testers in the current study found HIV work to be both the hardest and most rewarding experience of their life. The current study looked closely at the effect that this emotional work had on both the testers interviewed, and the patients they serve and has broad implications for both tester training and client support initiatives.

AKNOWLEDGMENTS

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CHAPTER ONE: STUDY INTRODUCTION

Introduction

Healthcare workers, individuals tasked with providing primary and secondary care to their patients, are undoubtedly faced with a multitude of emotional situations in their daily interactions with the patients they serve. Whether feeling the joy of bringing a new life into this world, the sadness associated with being present during the loss of a loved one, or giving a terminal diagnosis, these workers are often the first responders with respect to managing emotions through these tasks. More specifically, HIV Testers, as a particular type of healthcare worker, face a unique responsibility in relation to managing emotions. With the advancement of medicine and treatment practices, the Center for Disease Control (CDC) reports that out of 100,000 people, a little over 2 die as a result of HIV (Center for Disease Control, 2014). As research on the disease improves, mortality rates decrease; however, due to this, more and more patients require long-term intervention and the significance of long term HIV counseling and management become more apparent. It is HIV healthcare testers who are ultimately tasked with providing this long-term care.

Accordingly, HIV healthcare workers are held responsible for delivering life-changing results to their patients, a highly emotive undertaking. As one component of their occupational responsibilities, these workers must provide necessary resources and coaching to their clients, assisting in the management of the patients' individual treatment plans. Alternatively, one can also view unwritten performances in the form of emotional

labor as an expected, yet undefined, job role for these Testers. Hochschild's (1983:7) work aimed at uncovering how people manage emotions in the workplace, eventually coining this act as "emotional labor," or labor which:

> requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others…this kind of labor calls for a coordination of mind and feeling, and it sometimes draws on a source of self that we honor as deep and integral to our individuality.

In considering Testers as emotional laborers, Testers may be required to sympathetically console their patients, exchange sensitive information about lifestyle changes and health concerns, process feelings of futility and hopelessness, and assist in bringing patients to peace with their new status. All the while, these Testers, may also be HIV positive themselves. For HIV positive Testers, this emotional labor and patient interaction concurrently could challenge their pre-existing coping mechanisms, possibly disrupting or affecting the way that they view their own status.

At the time of study, no known research had yet to examine HIV Testers as emotional laborers. For these reasons, the current study looks to uncover the dynamic of emotional labor among these client-centered Testers as something crucial to their work responsibilities. Client-centered counseling is a widely used counseling strategy developed to address patients' needs holistically. This popular strategy operates on the notion that counseling should be tailored to needs, circumstances, and behaviors of a specific client in an effort to provide assistance and determining a client's specific prevention and treatment needs (Kanekar, 2011). Client-centered counseling focuses on a

more holistic treatment approach in an effort to ensure that the patients being served are receiving treatment that is suited for their lifestyle. Accordingly, Testers work together with their patients to develop referrals and coaching dependent on test results; with HIV positive patients they will develop primary psychiatric and medical-related referrals, as well as extensive preventative coaching with their HIV negative patients. Through this client-centered approach, Testers are expected to delve into deeper emotional issues with their clients in an effort to serve their changing social, psychological, and medical needs with the intention of improving health outcomes.

The current study examines emotional labor performed by HIV Testers who use client-centered counseling, including examining the implications this emotional labor has on the HIV Testers' interactions with clientele. Accordingly, the study examines the question: In what ways do HIV testers perform emotional labor? Understanding this question addresses the uniqueness of this field as it aims to understand emotional labor that is present without the use of commodification which is a guiding tenant of many previously studied cases of emotional labor. Through in-depth interviews, the researcher examines the ways Testers navigate through their own emotional experiences while at work and, more specifically, how they negotiate emotions through Tester-Client interactions.

<div align="center">Review of Literature</div>

Understanding the human emotive experience through a sociological lens offers context to the current study. Much of the current literature focusing on the sociology of

emotions utilizes either a macro-level approach, which focuses heavily on the structural and cultural exchange of emotion, or the micro level approach, which looks more deeply into the connections that exist between the social and psychological experience of the individual, as explained by Thoits's (1989) work providing historical context for the creation of the subfield of emotion work. Various research has addressed the complexities encompassed by the sociology of emotions by studying emotional labor performed in the workplace (Hochschild 1979, 1983; Thoits 1989, 1991), and even more specifically, the effects that emotionally laborious work has on the individual (Rafaeli, Anat, Sutton & Robert 1987, Shoptaw, Steven & Stein 2000). However, the component of producing the "proper state of mind in others" (Hochschild 1983:7) has yet to be specifically examined through the perceptions of those performing emotion labor, in relation to their identity as a professional (Ashforth and Humphrey 1993).

The current research looks to do just that, by positioning the emotional experiences of individuals as uniquely embedded within ones' social life. Sociology of emotions can be understood as the study of emotions as related to individual and cultural social environments. Thoit's (1989) work describes emotions as a "culturally delineated types of feelings or affects" in that they exist somewhere in between the individual and their social world. This process is heavily influenced by one's positionality within their social world, an understanding that uncovers the broad social influence that lays beneath one's emotional experience. By understanding emotion as inherently social, researchers are able to study the environment and stimuli associated with these emotions and their

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salient situational factors. Viewing emotions as various, graduated, and individual experiences has shaped the research methodologies associated with emotional labor.

Expanding upon this, when an individual approaches a social situation, they do so with an understanding of which emotions should or should not be present, based on ongoing socialization. These norms dictate what is appropriate to a specific situation. If an individual's felt emotions do not align to these prescribed norms, they may act in essentially, one of two ways (Hochschild, 1989). The first involves attempting to illicit an emotion that is not organically present, and the second is to prevent an emotion that is present from being physically noticeable. This back and forth management of emotions is known as emotion work (Hochschild, 1989). When one is faced with these norms in their workplace, they may feel as though this emotion work is tied to the expectations of the work they do. Thus, the norm shifts from being simply social to one that is engrained within the responsibilities of the work they do; this is defined as emotion labor.

To provide an understanding of the origins of the term "emotion labor" and the subsequent expansion of its application throughout various working environments, the following literature review is organized historically. The literature review will first examine Hochschild's introduction of the concepts of "emotion labor" and "emotion work," which set the foundation for the core research area that will be applied in the present study. Following this, works will then be reviewed that helped expand these concepts in relation to healthcare, before then delving into research specific to HIV Counseling and Testing. The current study looks to contribute to the field of sociology of emotion by examining these concepts within the work done by HIV Testers.

In 1979, Arlie Hochschild first applied the term emotional management to the workplace. In its simplest form, emotional management can be understood as an individual's attempt to intentionally shape the way in which their feelings are expressed in a particular environment. Hochschild's (1979) work applied this ideology to the day to day emotion work as an implicit expectation of how one is to behave while at work. Hochschild (1979) put forth the terms emotion work, and feeling rules, as based in social structure, through her piece that focused on the dynamics that one is faced with when employed in an emotionally laborious position. Through this work, Hochschild identified gaps in the work of Goffman, Mead, Blumer, and Freud; based in and expanding on these gaps, she constructed a framework for her own understanding of how and when emotions are managed. Hochschild (1979: 562) describes three techniques that she believes are utilized in the process of emotion work. The first of which is Cognitive: "the attempt to change images, ideas, or thoughts in the service of changing the feelings associated with them." Second, she defines Bodily Emotion Work as "the attempt to change somatic or other physical symptoms of emotion," offering the example of "trying not to shake." Last, she introduced Expressive Emotion Work like "trying to smile," defining this process as the attempt to "change expressive gestures in the service of changing inner feeling." She further clarifies that Expressive Emotion Work involves the attempt to deeply change a feeling; rather than Bodily Emotion Work, in simply trying to change the physical display, Expressive Emotion Work attempts to internally change the feeling to result in a more appropriate manner externally (Hochschild, 1979).

Accordingly, Hochschild (1979) goes on to explain the strain that one may face when either the environment does not elicit a response, or adversely when a response is not appropriate for a specific environment. In addition, Hochschild (1979) defines "feeling rules" as directives that affect the extent, direction, and duration of a feeling. She gives examples of extent as feeling "too" angry, direction as feeling happy when one "should" feel sad, and durations as how long one "should" feel a certain way. Based in these feeling rules, she argues individuals may feel strain when they do not feel an environment is eliciting a response or if they perceive their response is not appropriate for a specific environment (Hochschild, 1979). She presents each feeling rule as a form of social exchange.

When applied to specific labored tasks, Hochschild (1979) put forth the understanding of emotions as a commodity in the workplace. Using the analysis of several working-class jobs, she defined emotional labor in the workplace by outlining the lack of genuine feeling and meaning that one is able to experience or create during their work day. Hochschild's (1979: 570) example of an airline stewardess demonstrates how workers are often required to display overwhelmingly positive outward emotion with "relatively low financial rewards and little authority." In such positions, the management of feelings aims at creating a sense of a meaningful—even if brief—relationship between the employee and customer. Blue collar labor, such as that completed by a highway construction worker, typically requires the machine-like repetition of tasks with no need or time for outward displays of emotion towards customers or as an explicit component of their job duties. Inversely, highly emotive work requirements in other positions

oftentimes require workers to engage with clientele with strict control over outward displays of emotion which are outlined as an expectation of the job.

Overlapping with such distinctions, as blue collared work is often masculine, gender is also an important facet of the research done both in relation to studies on HIV as well as studies on emotional labor. Hochschild's work outlines the work performed by women, work that is often times paid less and seen as work with little to no authority. As ones' position within the workplace increases, so too does the expectation of rationality as related to emotion. Emotions that are tied to individual masculinity and femininity are also heavily connected to job status. Pierce's (1995) work highlights the importance of emotions such as anger and power in work performed by lawyers and other high prestige positions often filled by men. Contrastingly women, are placed in feminized positions which often require the suppression of such emotions. Consequently, these highly emotive yet vastly different expectations in varied work roles only assist in creating asymmetrical emotional experiences between men and women (Pierce, 1995).

More specifically relevant to the proposed study, Hochschild (1983) explains the dynamic between patient (customer) and doctor (employee), one that is most interesting as it relies so heavily on trust in situations where one's health is the topic of discussion. Hochschild (1983) describes the ebb and flow of emotion within and between a doctor and their patient positing that doctors, and patients, enter into treatment with emotional expectations regarding their care. Doctors are trained professionally to treat physical ailments, but are also knowingly expected to understand and uphold appropriate bedside manner. The way that doctors present the information to the patients and the

subsequent management of feelings afterward is often mediated by the treating physician as part of appropriate patient care (Hochschild, 1983)

   Building from Hochschild's work, Rafeli and Sutton (1987) helped to situate her work in relation to job-specific expectations by focusing specifically on what they term "role expectations." These expectations influenced what they deemed emotional transactions, and the subsequent outcomes of these transactions. In the organizational context, the authors state that three leading forces work to shape these emotional transactions. First, organizations use Recruitment and Selection as ways to ensure that they are hiring individuals who are capable of displaying particular emotions. This first tenant is followed by Socialization, whereas the organization trains individuals on the management of displayed emotion by first engraining what emotions have been deemed appropriate or inappropriate for the workplace. Lastly, individuals are policed by a system of Rewards and Punishments, a system of feedback that praises employees for acceptable behavior by incentivizing appropriate displays, and reprimanding inappropriate displays of emotion (Rafaeli & Sutton, 1987).

   In relation to emotional labor, much research has been focused on employee burnout as a potential effect of employment in emotionally laborious environments, specifically those employed in the area human services who face sizeable role expectations. Considering how potentially emotionally laborious such caregiving may be, it is helpful to consider studies examining prior research on employee burnout. For instance, Brotheridge and Grandey's (2002) study looked to examine emotionally intensive labor and its possible effect on employee burnout. Their research surveyed 238

participants on emotions in the workplace. Participants, who were all employed in various fields, where examined based on their experience of emotional exhaustion as a result of the felt need to hide negative emotions by following perceived display rules. Additionally, the category of workers in the study who worked in the field of human service, similar to the present study, reported more time spent with customers performing these display rules, and a greater variety of emotional demands than other sectors of the workforce.

Burnout can therefore derive from the greater stress of hiding negative feelings, and thus may be connected with career dissatisfaction. Beyond this, deep acting can additionally affect such career dissatisfaction and potential burnout. The study also drew from Hochschild's understanding of deep acting, which is defined as "the process of controlling internal thoughts and feelings to meet mandated display rules" and found that those employed in human services reported the highest level of deep acting and higher levels of emotional exhaustion as compared to other types of workers in the study relating this to the frequency and duration of their interactions with customers (Brotheridge & Grandey, 2002). This study can be applied to the current research in that it explains an interesting dynamic between those employed in human services, a field which includes healthcare workers, and the consequent relationship between emotional labor and rates of burnout. Knowing that burnout is more prevalent in this sector of work is an important preface to the current study as it assists in the formation of the questions being asked for the purposes of this study by understanding the positive relationship between performed Emotional Labor and burnout.

As the previous research has shown, those who work in highly emotive positions are often faced with increased stress as a consequence of display roles and deep acting. Thoits (1991) publication uncovered an interesting link between one's role identity, which she defines as "self-conceptions based on enduring, normative, reciprocal relationships with other people" (Thoits, 1991:103), and individual stress. Thoits focused on the effects that stress had on one's role identity, as this particular identity is an ongoing social process that depends heavily on the upkeep of role expectations. Similarly, ones' attachment to their role identity, and subsequent success or failure has a large effect on ones' psychological well-being and self-conception. Thoits posits that as individuals spend more time within a specific role it becomes more salient to their identity, and thus role expectations become by relation more crucial to one's mental health.

Accordingly, prior research suggests that such emotionally laborious positions may both become even more salient to a role identity and yet cause burnout through the need for deep acting and expressing normative emotions that may run counter to one's own defined feelings. The aforementioned literature provides an understanding of the possible emotion work that Testers utilize in negotiating the highly emotive experiences of the work they do. If the Testers define themselves as having agency, how do they regulate, express and handle the negative emotions that may appear during their interactions with clientele? Even with research on emotional labor being so heavily connected to role expectations and burnout, little research has been done to address the role perceived agency plays in relation to emotional labor. Zapf et al.'s (1999) study

focused on emotion-work as a source of stress and looked to uncover the ways in which health workers in various roles experienced and expressed emotion in their day to day tasks. The research consisted of data collection utilizing three samples of individuals who were employed in areas which require high levels of emotional labor. For the purpose of this study, I will be focusing only on the first sample which examined employees working in a home for handicapped children, as it more specifically addresses the effects of emotional labor as related to positions in the healthcare field.

The research aimed to measure five variables that operate concurrently as a measure of emotional labor: (1) Job Satisfaction, the positive or negative sentiments one has towards the work they perform; (2) Psychosomatic Complaints, the bodily and psychological effects that work has on the individual (i.e.-stress, exhaustion, anxiety); (3) Irritation or anger, impatience and annoyance experienced during work; (4) Self-esteem, the value one places on themselves as a member of their workplace; and lastly (5) Burnout, the combination of various negative experiences either physical or mental that push an employee to eventually become disinterested, or detached from the work they do. The research showed through an exploratory factor analysis that broke down the emotional displays of the employees found that those employed in the aforementioned field ranked higher than the others in all categories. The second test performed in the study looked at the variety of patient emotions that the employees face, finding that those employed in human services were often exposed to a wider array of emotions then those employed in other sectors. Lastly, the researchers aimed to measure "sensitivity requirements" which sought to understand how much of the worker's position was reliant

on the information that they knew about their clientele (i.e. knowing the clients

background or history as a salient job requirement (Zapf et al. 1999). This research

uncovered the existence of numerous facets of emotional labor performed in healthcare

settings, positing an existence of multiple contributing factors that have both positive and

negative effects with respect to the psychological wellbeing of the healthcare worker.

The current study took this connection into consideration, focusing more

specifically on work performed by HIV Testers. Historically, HIV has been strongly

gendered, sexualized, and stigmatized as a disease that effects predominantly homosexual

men. Many highly funded organizations work to assist those who are seen as existing

within a high-risk group with programming and preventative education campaigns that

addresses the needs of the at risk group. Today, young, gay, and bisexual men who have

sex with men (MSM) still outnumber all other subpopulations as the largest at risk group,

accounting for 72% of new HIV infections while making up only 2% of the overall

population. (Center for Disease Control, 2014).

Given this context, and more specifically to the work that HIV Testers are tasked

with, Wienhardt, Carey, Johnson and Bickham's (1999) work provided a meta-analysis of

the research on the effects that HIV Counseling and Testing (HIV-CT) has on sexual risk

behaviors. They concluded that HIV Counseling and Testing work to provide an effective

means of prevention for those who are infected as well as those who are currently

negative. Counseling in this respect can be seen as an efficient means for HIV prevention

in both negative and positive clientele (Weinhardt, Carey, Johnson, & Bickham, 1999).

Their research which looked at 27 studies in total posits an interesting facet about the

overall effectiveness of HIV-CT, possibly influencing HIV counselors to renegotiate the impact that they have on the possible prevention of the virus. This notion for some may be a realization of the counselors own agency or lack thereof. Such findings suggest that additional research is needed to understand how individuals' perceptions of their impact on their patients, and related role identities, influences their perceptions of emotional labor.

Shoptaw, Stein and Rawson's research (2000) examined the negative effects Counselors face when working with clients who are HIV positive. The study examined 134 Counselors from 34 substance abuse clinics in the United States in an effort to explain factors that contribute to employee burnout. The study looked at predictors of burnout factors among drug counselors who treat HIV + clientele and found that 42% of burnout factors could be explained by the percentage of clientele the counselor treats who are HIV+ (Shoptaw, Stein and Rawson, 2000). In a closer examination, Westburg and Guindon's work (2004) offers a broader understanding of emotions experienced by healthcare providers who serve patients infected with HIV. Their study which examined responses from 94 participants illustrate the varied types of emotions, both defined as positive and negative in relation to mental health, that are reported during interactions with HIV+ clients. The most common emotions reported in the study in order were "(1) empathetic, (2) sympathetic, (3) sad, (4) frustrated, and (5) fulfilled" (Westburg & Guindon, 2004:4). It is safe to say that sympathy and empathy have a likelihood to increase patient-physician connection and overall allow for a more positive experience. When examining the latter emotions (sadness and frustration) as possible leading causes

of burnout one can't help but wonder why these emotions seem to be experienced overwhelmingly more by counselors who are tasked with treating HIV+ individuals. This undoubtedly effects the connection that these counselors have to the clients that they serve, as such research suggests that perceived agency can help to counter such negative outcomes. Therefore, when studying HIV counseling it is important to understand the position that the counselor holds, and the believed agency or power that they have over the prevention and treatment of the individuals they serve. More specifically, if healthcare workers who are currently practicing HIV-CT see the impact that their work has on a person or group of people they may become more involved in their work as they view it as vital to the prevention or management of the disease.

Guiding others through a possible life changing process oftentimes requires the management of strong and likely visceral emotional reactions. The current study utilized narratives collected from 15 interviews with current HIV Testers in the Orange County Florida area in an effort to better understand the emotion work depicted through their interactions with their clientele. According to participants' responses, the study explored the various types of emotional labor performed by HIV Testers during day to day interactions with their clientele.

CHAPTER TWO: METHODOLOGY

Recruitment

The current study utilized the assistance of a physician insider to gather contact information of current HIV Testers interested in participating. The researcher interviewed 15 individuals, interviewing until the point of saturation in the data. Saturation can be defined as "data adequacy," or "collecting data until no new information is found" (Morse, 1995:149). Participation relied on fulfilling three requirements, including that participants: must be 18 years or older, hold a state required HIV/AIDS 501 Client-Centered Counseling and Testing licensure (Florida Department of Health, 2015) and, consent to audio recorded interviews. A snowball sampling technique was used to recruit participants at a local convention whereas many participants reached out to fellow HIV Testers who were also attending the convention and notified the researcher that they were interested in participating. For the purpose of continuity, the current work utilizes the title "HIV Tester" in describing the participants, even for those individuals who identified as "HIV Tester and Counselor" or "Sexual Health Counselor and Educator".

Setting

Interviews were completed face-to-face with the researcher at or near their place of practice (i.e.-coffee shops, quiet outdoor areas, secluded office spaces, treatment rooms etc.), with sites chosen prioritizing confidentiality, and participant comfort. Participants were given the option to complete interviews or follow-up questions over the

phone to respect potential time conflicts or issues surrounding privacy. Interviews lasted

as long as the participant liked, but averaged one hour, with no interview lasting more

than three hours. Nearly 75% of the testers that participated where interviewed at a

convention that promoted increased HIV education and testing due to availability of their

time, space, and the numbers of Testers that were present at one time. This event hosted

testers from all over the county who were volunteering to provide testing and education

to the event attendees. The other approximately 25% of participants worked in local

offices for organizations that promoted HIV testing and sexual health education.

Instrument & Pretest

Participants were asked a series of guiding, open-ended questions utilizing an etic

focus which concentrated on theories, perspectives, or concepts gathered outside of the

current research which were applied to the current setting (Lett, 1990). Guiding questions

were used to gather information about emotion work performed in the participants' day-

to-day interactions with clientele. The questions noted in the study aimed to uncover

emotional labor performed by HIV Testers and the subsequent effect this has on their life

both professionally and personally. The questions, which centered on the participants'

history with both HIV positive and negative clientele bridged a current gap in qualitative

research by exploring the emotional labor performed by HIV Testers' experiences while

navigating through the emotive experience that is HIV Counseling. These questions were

shaped by the four tenants provided by Glomb & Tews work (2004), which focused on

behavioral expression and non-expression of felt or unfelt emotions in accordance with

display rules (see Appendix A, Table I).

The questions were tailored to identify the aspects of the Tester's identity that are most engaged by the work they perform, focusing on their own perception of the impact of their counseling, including the impact they have on the disease, and those they are testing and counseling. Thoit's Role Identity framework was used in the current study to sensitize the guiding questions being asked during interviews in an effort to uncover role identity work and understand more wholly the participant's position within the structure of the work they perform. The role identity framework assists in uncovering self-perceptions of "who" a person believes they are, as Thoit's (1991) posits, and thus "how" they believe they should behave. Interview questions examined how the participants spoke about their reactions to the experiences of others as related to the work they perform. After the construction of the interview questions, the researcher asked a physician-insider for feedback on the topics and phrasing of the questions to offer experiential insight. Based on this feedback, the researcher then made edits prior to finalizing the interview questions.

<div align="center">Theoretical Orientation & Data Analysis</div>

The interviews were transcribed by the researcher on a rolling basis, as each interview was completed by the researcher. Through qualitative analysis, categories, and emerging themes were ordered, and re-ordered by the narratives, with categories or codes assigned based on similarities within, and between narratives (Charmaz, 2003). Such themes focused on behavior, processes, and identity work. This process is known as active interviewing (Holstein & Gubrium, 1995). These codes and categories emerged and crystalized through cross comparison, across literature and interview data. The researcher used the process of memoing following interviews to reflect, and consider

emerging themes and similarities or differences; these memos were additionally used in the process of cross comparison (Charmaz, 2003) so as to identify recurring concepts, and ideologies present within the stories. These concepts were organized and then reorganized as lower level and higher level categories that connect the data which allowed for a more fluid analysis (Glaser & Strauss, 1967).

In the first round of analysis, primary categories were created through commonalities within and across interviews. From these primary categories, the second round of analysis was coded within categories, and through constant comparison with literature, the researcher developed theoretically-based themes. The code of Emotional Labor was organized using the three tenants of Emotional Labor outlined by Hochschild: Cognitive, Bodily, and Emotional. The concept was then divided into four sections based on positive, or negative, felt, or displayed emotions (Glomb & Tews, 2002). Such a concept allowed for comparison across "feeling words", or words used to explain felt or unfelt emotions and emotional displays (see Appendix A, Table I). Areas one and four in the table encompassed positive displays (feelings match display), while areas two and three encompassed negative displays (feelings are opposite of display or vice versa).

As with Hochschild's previous work, the current study examines the emotive experience of the HIV Tester throughout their daily interactions with the patients they serve. The current research aims to expand on the understanding of Emotional Labor as applied to work performed by HIV Testers.

CHAPTER THREE: ANALYSIS & RESULTS

All 15 individuals interviewed worked in some capacity as an HIV Tester, either in a paid, or volunteer position in the Central Florida area. Participant demographics varied by age, sex, race, time spent in the field, and HIV status (see Appendix A,Table III). Testers who participated where between the ages 23 and 62 with an average age of 37. Participants varied by race, however the majority of those who partook in the study where Hispanic. Participants worked in both clinical and non-clinical settings to include non-profit organizations, and university wellness offices catering to a wide array of clientele in the Central Florida community. In total, seven females and eight male testers where interviewed, with an average interview length of one hour. All names have been changed for the protection of the individual participants.

The current study contributes to the literature through the concept I put forth: *Emotional Tuning*. Emotional Tuning can be understood as the process of one individual scanning or reviewing the emotional state of another, and then acting accordingly based on their interpretation of the others emotional state. This subset of emotional labor works in various ways, as the individual may "match" the emotions of another by lowering the tone of their voice and slowing their cadence or by placing themselves in a situation similar to the client being assisted. Inversely, Testers may contrast the emotions of clientele in an attempt to change their own emotional state or that of another. In contrasted emotional tuning, Testers put forth that they read the state of their client, and then worked to either improve their mood or emotional state (i.e.-cheering up the client or focusing on the positives of the situation in an effort to bring the client to a place of

understanding) or in cases when the client seemed unaware or infrangible by the risks that they were making, counselors would work to instill fear, or a more realistic understanding of the dangers of risky sexual behavior by speaking lower, moving closer to the client or by changes in facial expressions to project the seriousness of these risks. In the current study it was noticed that the Testers where managing their emotion work to illicit emotions from their clientele.

The following findings suggest the use of Emotional Tuning was often tied to the belief that it was the tester's responsibility to ensure that they expressed themselves in a way that would encourage the clientele to return to the clinic. In the following analysis, I first review *Expressive Emotion Work*, characterized by one's attempt to display expressive gestures in an attempt to change one's inner feelings (i.e., faking a smile, trying to cry, and forcing a frown). I then review *Bodily Emotion Work*, which is characterized by ones attempt to change somatic or other physically noticeable symptoms of a particular emotional state (i.e., fidgeting to cope with nervousness, trying not to shake when anxious, slowing ones breath to calm the nerves), and then lastly *Cognitive Emotion Work* which can be described as ones attempt to change the thoughts, understanding, or images associated with a particularly emotive environment (i.e., re-framing what a particular situation means to the individual, attempting to seek out only positive aspects of an emotive situation etc.). Throughout, I expand on how within such Emotion Work types Emotional Tuning is a primary component and expressed driving force of such emotion work, as it assists the Testers in providing an individual experience that suits each client's unique emotional state.

Expressive Emotion Work

Expressive Emotion Work was more apparent than both Bodily and Cognitive Emotion Work, and more frequently used by counselors to suppress or illicit emotions, both in themselves, and in the clients they served. Many participants talked openly about the presence of fear in their testing office and displayed Expressive Emotion Work to either bring about comfort in their interactions, or to use the fear that was present to highlight the importance of reducing behaviors associated with sexual risks. Testers continually engaged in Emotional Tuning to both analyze the emotional state of their client and act accordingly to either support, or suppress these emotions. All Testers interviewed related the use of Expressive Emotion Work with respect to the outward display of emotions in the presence of clientele. Many felt that any outward emotional displays on behalf of the Tester would interfere with the emotional state of the client and thus worked to either suppress these felt emotions for the clients comfort or for their own emotional protection. Unlike Hochschild's work, which positions Emotional Labor as a sort of commodity in part due to structural positions, the current work found that Emotional Labor was used in an effort to ensure both the emotional comfort and physical health (via regular HIV testing and risk reduction strategies). A majority of the Testers in the study volunteered in their current position, and did not relate Emotion Work as part of the explicit training processes present in their workplace, or as a mandated component of state certification.

<u>Suppressing For Client.</u>

Expressive Emotion Work is at play in the interaction between client and

provider, affecting not only the way that the Tester is interpreting the situation, but also

the way in which the tester understands the importance of their position within the work

that they do. For example, Carla, who identifies as a young black female employed in a

non-clinical setting relates:

> I was nervous because [the client] put all of her trust into my hands and I was
>
> extremely nervous and I just felt terrible because I didn't know if I was the best
>
> person to help and I definitely couldn't show that because I didn't want to show
>
> her how scared I was for her.

Carla not only interpreted the immense emotional experience of the client with whom she

was working, but also defining her own expressions as a part of her job – and thus

participating in Emotional Labor. In becoming aware of how her emotional reactions

could influence the client's responses and her job as offering these test results, she then

explained a form of Expressive Emotion Work through her descriptions of attempting to

not "show" her fear. She further explained the importance of managing fear and

emotional sensitivity. When asked about the importance of being sensitive to client

emotions, Carla relates:

> [it is definitely important] to be sensitive [to client emotions] because a lot of
>
> people are coming in and they've never been tested before and I would never
>
> want to scare someone off and have them have a bad experience with me and
>
> never want to go back and get tested again that's the last thing that I want to do is

to scare people and be insensitive to them and not understand where they're

coming from and things like that so yeah that's definitely very important.

Carla's understanding of her interactions with client's places a great deal of pressure on

the Emotion Work that she performs. By understanding the interactions that she has with

clients and the risk of having them not return to the clinic based on her performance.

Carla uses Emotional Tuning to ensure that she is constantly reading, and acting based on

the emotional state of the clientele and by actively working to suppress any chance that

she may "scare" them.

Gladys, a middle aged, white female has a response which is similar to that of

Carla's, as she is also attempting to suppress portions of her identity in order to address

the discomfort that she perceives as a result of younger clientele having conversations

about their sexual history with her. Gladys's recollection is discussed in depth as she

addresses her age, perceived maternal appearance, as well as the importance she placed

on participating in Emotion Work during her interactions with clientele. Like Carla,

Gladys additionally emphasizes Expressive Emotion Work in relation to Emotional

Tuning, in order to again increase the comfort and trust of patients. While Carla

emphasizes the attempt to diminish feelings of being "scared," Gladys instead focuses on

how her appearing as "maternal," due to her age and gender, could create discomfort in

patients. She thus shares an interesting facet that addresses her own identity, and the

effect that this salient portion of her identity has on the Cognitive Emotion Work

performed in her interactions with younger clients:

I'm older than a lot of the testers here, so a lot of the clients look at me like "oh

my gosh you're like my mom".

In a follow up question, when asked how this interpretation impacts her interactions with clientele Gladys relays:

> I try not to let it [appearance], so every student, every client, so looking at the [client] as far as age, gender, race I don't look at that or I try not to, they're there for the test, I keep it very much professional I don't want them to feel like I'm their mother talking very professionally about the risks, what their risks are to find a way to motivate them to reduce risks… it's no longer like a parent role, it's more like a counselor role.

Gladys also touched on the importance of Expressive Emotion Work by explaining the process she uses when working with clients and feeling a pressure to display particular emotions in those interactions. Her narrative helped to explain how Gladys frames "professionalism," and accordingly, the emotional labor entailed in upholding such professionalism. By perceiving the age difference as potentially leading to seeing her in a maternal manner—and therefore creating potential discomfort in engaging in conversations about their sexual history—Gladys undertook Expressive Emotion Work to Emotionally Tune the clients towards comfort. Her Expressive Emotion Work acts in a way to allow her to approach, and navigate each interaction with her clients in a way that is does not allow their age difference to hinder the important, educational conversations that are had in her testing center.

Gladys works to shape her interactions by engaging in conversations with her clients about their sexual history, being rather blunt about sexual activity, and risks that accompany certain sexual behaviors. Gladys related that this sort of approach assisted in placing her role as a Tester, and health provider before her physical appearance and

demeanor as a maternal figure. Gladys also viewed the emotional aspect of her work as a type of Emotional Labor which I will call Emotional Tuning, which included ensuring that the emotional position or frequency of the client was understood and met:

Yes, not necessarily matching but meeting the person where they are, recognizing that whatever they've expressed they're things I need to be sensitive to.

Gladys believed that this process assisted in reading her clients emotional status to perform as she felt appropriate. This Emotional Tuning is similar theoretically to Emotional Contagion (Wild, Erb, & Bartels, 2001), an understanding that emotions in one individual can effect, and in turn evoke emotions in another particularly related to facial affect. Gladys relates with respect to Emotional Tuning:

I stay pretty neutral, I tried to build on the strengths of the clients, so if they are negative I try to help them to be more positive in whatever they're talking about so maybe in that regard we're not matching exactly, but as far as what I'm feeling, you know I get vibes from people but I think it's more about keeping the professional demeanor in trying to stay positive, and building on their strengths…

Gladys's attempt to guide her demeanor in a way that was "professional" shows a strong connection to Goffman's presentation of self as an aspect of ones performed manner.

Analyzing participant interactions from this position creates a certain dependency between the client's sexual health, and the performance of the tester in their interaction with the clients they serve. In Carla's particular explanation, it is clear that she is attempting to interpret the situation in an effort to renegotiate what was most important in that moment by instead focusing on the client's health. Hyper-sensitive awareness of client emotion was noticed by the researcher in a large portion of the interviews as a key

component of the work performed by HIV Testers. In some instances, Testers understood their emotions as a guiding force in their interactions with clients having the distinct ability to control the emotional context of their environment.

Fernando, a middle aged Hispanic Tester who has been working in the field for nearly 10 years offers a more explicit explanation for the way in which he negotiates emotions in the workplace:

> You do [experience a surge of emotions], I think, it depends on the scenario, if you're actually able to display it, you shouldn't display it because I don't feel like that's the counseling part of the work we do, they [the clients] have to be able to relate to you and, if you're really upset it's going to make them uncomfortable

Fredrico, a middle aged Hispanic Tester who currently runs the HIV outreach services for a local non-profit relates mostly the same sentiments as other participants stating:

> I think you should have empathy but not to get too sensitive because if people get too sensitive people might get a little depressed or start crying and I don't think it helps, if you get a reactive result [and] you start crying with them it might make them feel uncomfortable, for me if it's like a really bad thing and if I show that emotion on my face and that's going to be easier for them to read and they might get worried…

Both Fernando and Fredrico mention client comfort as the main reason why they suppress felt emotions. By attempting to control their emotional display for the betterment of the client by "pulling back", or by hiding emotion, one could argue that counselors not only feel unable to display particular emotions as they are organically experienced, but that they must do so for various reasons. Carla relates that she

minimizes her emotions in the workplace as a type of mechanism used to protect herself, while Fredrico and Fernando mentioned doing so for the wellbeing of the patients. All three instances display a clear separation between felt and expressed emotions while staying in context of the aforementioned act of Emotional Tuning. By analyzing their work environment, and their interactions with others, the Testers are participating in Emotional Tuning, by reading the emotive states of cliente and acting/negotiating accordingly.

<div align="center">Suppressing for Self.</div>

Several Testers spoke of suppressing their felt emotions for the overall well-being of themselves, by positioning their own well-being as a predominant mediator of their interactions with clientele. While this type of Emotional Tuning is related, as mentioned above to the improved wellbeing of patient and counselor, Jorge, a middle aged male relates that a history of blocking, renegotiation, and reinterpreting of these emotive experiences can prove to disrupt the natural support that can arise from unaltered, organic emotional responses. Haley, a young female who had been testing for five years in a non-clinical setting explains the importance of her own emotional output in her interactions with clientele:

> It [testing] can definitely be emotional, but, if I was more emotional than the person would be more emotional and, you know I'm definitely very compassionate, but for my emotional safety sometimes I have to pull back a little bit…

Jorge, who engages in emotional suppression during his time with clientele states that, "I tend to suppress—I keep them in; I realized that helps me in my personal life." When asked what effect this coping strategy has on his interactions with patients he relates:

> I feel relieved when I have to tell someone they are negative, when they are reactive it varies on the case sometimes it would kind of surprise me where I've been not as compassionate as I feel I should've been, some cases don't click as others do, sometimes I beat myself up a little bit, like, come on, you could've done a little more…

Jorge finds that when he needs to be more supportive or when he deals with cases involving reactive patients he struggles to turn off, or change his suppressive behavior which he recounts as a possible lack of support on his end towards reactive patients. Seeing this strong Emotion Work as a vital aspect of their job not only places a pressure on the individual to be aware of the Emotion Work they are performing, but also acts as a way for the counselors to critique themselves from an emotional perspective basing the Emotional Labor they perform as a central component of their job performance. In this context, the Testers may feel that if they "fail" at Emotion Labor then they are in turn failing at their job.

Bodily Emotion Work

All counselors in the study performed their work in a one-on-one setting with clients at the time when clients received their tests. Although locations varied, the testing took place in a similar way from site to site. Many testers were positioned within a small clinical office space, across from, or next to the client being tested. This positioning made

bodily gestures, responses, and expressions easy to observe both from the client and Tester's position. With very little separation between the client and Tester, participants in the study described their effort to control physical responses to their emotional states whether attempting to hide ones shaking hands or just the cognizant control of ones face, not to change the emotional state of the client, but instead to ensure that their outward emotional state matched perceived display rules.

Bodily Emotion Work, as mentioned above, is the attempt to control ones outward somatic expressions in an effort to change ones perceived emotional state. In the current study this type of emotion work most often presented itself as an attempt to hide or mask any visceral emotional reactions. The following analysis looks at seven different individual recollections of Bodily Emotion Work tied together by one common theme: the attempt to mask or hide one's outward expression for the believed benefit of the patient. This theme was common in about half of the participants. Bodily Emotion Work varies from Expressive Emotion Work in a pivotal way, while Bodily and Expressive Emotion Work focus on physical associations of emotion, Expressive Emotion Work focuses more so on one's attempt to change a feeling, whether for oneself or another.

Michelle, a young doctoral student who currently supervises the testers in her organization, shares the feeling she gets when delivering a reactive result. Her recollection describes what Mann's (1999) research deemed Emotional Suppression, as she admits that this interaction is a scary while ensuring that her outward expression does not convey this fearful understanding:

> I mean, it's, scary, I feel terrible for them and having to say that out loud, but I
> tried to [watch my face] as much as possible, and not be positive, but just go into
> the next steps like quickly get into that place [patient care].

Michelle's understanding of her position within her testing space makes her vigilant in ensuring that she is always managing her outward emotional state in an effort to benefit the client regardless of her inner emotional state. Michelle does not try to change the meaning behind this interaction or situation but instead focuses on how her emotions are perceived by carefully watching her facial expressions.

Testers in many cases felt that they were unable to allow clientele to understand any felt emotions that the Testers experience in their interactions. Echoing Goffman's conceptualization of stage work (Goffman:1978), many testers felt that the more organic emotional expressions could be displayed behind the scenes, often in the back office of their testing center or in the testing room once the client has left. While many worked to renegotiate these emotions one by one, Jorge, a middle aged Hispanic male Tester who has been working in the field for four, years relates the following after being asked about his emotions when delivering results to clients:

> When somebody comes to relieve me, I'll just unload on them because it just gets
> too much, or I'll just call a coworker and let them know I had a really bad case,
> sometimes my hands are shaking I can't let the client see that I have to hold it in
> and then after I may take a few minutes for myself…

This type of "unloading," as Jorge calls it, not only highlights the gravity of emotions in HIV testing but also echoes the existence of stage work as made evident by Michelle's narrative above. Jorge describes his interactions with clients as a continuous building of

inner emotion that is then released once the clientele are no longer around. Jorge is actually describing Goffman's stage work in the most literal sense, his interactions with clients are so ordered that after testing particularly emotionally taxing patients he must take time to release pent up emotions that he felt wouldn't be appropriate to convey during his time with the client.

Carlito, a middle aged, Hispanic male Tester relates to feeling unable to show organically felt emotions in his interactions. When asked whether or not he ever feels the need to display positive or negative emotions when actually feeling indifferent he states:

> If someone does come out reactive and their reaction to that test result, you know where they're coming from is different than how you feel, you definitely feel for them but I try not to show that...

Geraldo, another Hispanic, middle aged, male tester had similar sentiments when asked about displaying positive emotions when feeling indifferent:

> Yes! Absolutely, we have to display a positive image because, at the end of the day it's about the client, it is not about us…

Clarissa, a young, female tester who has been testing for 5-6 years shares her sentiments with respect to felt and displayed emotions that nearly mirror that of Carlito and Geraldo:

> …I try not to be too emotional with my clients, after they leave it is a completely different story, I remember especially the first one I ever had was really just kind of scary for both of us I think, I was trying to make sure that my voice wasn't too shaky or anything like that.

Similarly, Alexander, a middle aged, male tester recounted his emotional experience when delivering a reactive result to a 15-year-old client:

I was really tense and the interaction to try to compose myself and not cry in front

of them, I did my crying before I gave them the results but I was very tense

throughout the interaction trying to make sure that they couldn't tell.

Carlito, Geraldo, Clarissa, and Alexander demonstrate clear Emotional Management in

their interactions with clients based on their perceived workplace display rules (defined

by Rafaeli & Sutton, 1989). The testers in this case do not attempt to match the emotions

of the client but do ensure that their outward expression is controlled by an inner belief

that certain emotions shouldn't be displayed even when they relate that certain client

reactions may illicit a "felt" emotional reaction.

Gladys relates the need to control her bodily behavior to ensure that she follows

perceived display rules. In her interactions, emotions or urges such as holding a client's

hand or smiling are avoided under the pretense of professionalism. When asked if Gladys

had ever felt a surge of emotions when working with a client she responded:

I've had times where I have felt like I wanted to hug them, I mean you know you

always have that feeling of compassion for the person, but instead I remained

neutral. I think maybe it just triggered something maternal in me so I have had

that before…

Gladys ensures that she is controlling her bodily expressions to maintain professionalism.

When asked if she had ever acted on these inner thoughts or feelings she relays that in

order to correct that behavior she:

I don't let it show again, kind of keeping a professional with what we are doing,

and then just afterwards trying to process it with myself.

By participating in the active negotiation and renegotiation of her organic emotional experience, Gladys feels that she must process through these inappropriate thoughts after her time with the client.

Bodily Emotion Work in the current study reflects not only an attempt to emotionally tune the interaction between client and tester- through suppression, contrasting, matching and stage work, but also in affect works to change the Tester's perceived professional conduct as a core component of the work performed. Brotheridge and Grandey's (2001) study viewed the process of hiding or suppressing of one's true feelings as a possible cause of the individual feeling detached from both their own feelings, and the feelings of others as a core tenant of employee burnout.

Cognitive Emotion Work

While many of the participants spoke of outward expressions of emotions and the bodily sensations experienced during their emotive interactions with clients, a large portion of those interviewed recollected times when they actively attempted to change, or rectify certain emotional situations presented at work. This reframing came about in their negotiations with their clients and with themselves when explaining the work that they do. Cognitive Emotion Work, as mentioned above, is the attempt to changes the thoughts or images in an effort to change the feelings associated with a particular emotional situation. In the current study this type of emotional labor presented itself in various ways, whether the testers attempted to focus more heavily on the positive aspects of the work that they did by shielding, or discounting the more emotive aspects inherent in HIV testing.

Geraldo, a middle aged Hispanic male who also happens to be HIV+, spoke about the fear, anger, and confusion that he experienced while working with different patients. His primary focus in the work that he did was to act as an advocate/educator figure to the younger, at risk, or positive individuals that he interacts with. He spoke about having these feelings by stating "[you're] always going to have some type of feeling but, you just have to learn how to shield the feeling…" Unlike other testers, Geraldo admitted that one of the main reasons he got involved in HIV testing was to be supportive by providing his "unique" services to individuals he felt as though he was doing his part to educate those who hadn't been educated about safe sex or the risks associated with the disease. By positioning the work that he does as separate, or unique from work done by others, he is able to position the work he does as not only different, but necessary and by using this logic he views both the good, and the bad portions of his job as part and parcel to the work he does. Geraldo mentioned building a "tough skin" of sorts in his interview which, by way of his narrative, is more Cognitive in nature. By viewing his work as separate from work done by other testers Geraldo has reimagined what it means to be a tester and placed himself in a crucial, irreplaceable position. This framing assists in allowing him to focus less on the emotive portions of his job, and more on his unique style within his position.

Geraldo additionally spoke more eloquently than other testers about how his work in HIV counseling has solidified his own understanding, and acceptance of his status as an HIV+ individual. When asked about his own status (HIV+) and the effect that this work has had on his own identity Geraldo relates:

I was still in place of searching out what being positive meant for me, I hadn't

reached a place where I felt like I could be an advocate or go out and talk about

my story…as a positive person I know what it can be like for those people who

walked out of the room and didn't get their medication, but because I did [my

part] they're in a much better place today."… "I was going through a time as an

HIV-positive person where I needed to find some solace and find something

where I could feel accepted. Even with my best friend, I didn't tell my best friend

for years and coming to a place where everyone was accepted…I knew it was

something that I wanted to be a part of…

Many counselors focused, as Geraldo did, on getting the clients the help that they needed,

defining this being one of the more positive aspects of the work that they did, while a

majority of those interviewed relayed being pleased to assist or "link" individuals to care.

State regulations make it very difficult for testers to follow up on a patient's

progress or to find, as some counselors called it, "closure" when wondering how a

previous patient is faring. To cope with the inability to follow up with their clients after

linking them to care, the testers instead became more cognizant of the assistance they

were able to provide, even if they saw it as being only a portion of their care. In these

instances, they talked about "hoping for the best" or "doing everything that they possibly

could" a possible distraction from the clients who may not continue treatment, or those

who do not have access to care once they leave the office.

Testers additionally explained Cognitive Emotion Work by which they were able

to find job satisfaction. While these explanations may be forms of coping mechanisms for

the stress or deep emotion work that has led to deep changes, testers express how they

"find joy" or satisfaction from the job. For instance, several testers found joy in the work they did by relating: "just knowing that [I was able to help them] puts a smile on my face" or "[The] impact that you can make, even if it's a small, little impact on someone [it] still makes a big difference".

Another tester who had been working in the field longer than any other participant gave a rather extreme interpretation of the work that he did, yet expressed similar sentiments to the other testers. When Fredrico was asked to explain the most enjoyable part of his work he related:

> I'm one of the few people that likes to find the "reactives", I would love to have all of my clients reactive because that's what we're here for, we are here to find them, most people don't enjoy it but that's what we are here for, I'm glad that I'm able to get them the results and actually guide them through the whole steps and actually help them to find out what they can do because the way that you tell them something can either push them away and they will come back or you can just create that comfort and people will actually come back and follow up with their results and go into medical care and that's what you want…

Although emphasizing that he enjoys giving reactive results, which is counter to the explanation of many other participants, his explanation of why he still does this type of work still comes back to the explanation across emotion work types—that the tester is there for the client, and to be there and of help to the client through their Emotion Labor, along with creating an atmosphere of comfort through Emotional Tuning to ensure the client comes back for such important services. When asked about the time that he gave his first positive result Fredrico looked up from the desk, making eye contact with the

researcher and stated in a reasonably serious tone that his first reactive test could be described as "a fire in my stomach," this recollection is different from the way he presently understands that portion of his work. Whether fearing or working to embrace giving reactive results, each participant used Emotion Work to ensure Emotional Tuning, as they defined this as a critical part of their job and, as seen by Federico even while explaining how he enjoys such a process, the end goal is still to make the client comfortable.

Clarissa, a young white female tester explains her experiences delivering reactive results to patients. In Clarissa's interview, clear negotiation and emotional tuning took place when describing her feelings surrounding the work she does:

It [delivering reactive results] never feels good, it really just depends on the client…I tried to remember is like I'm here at the end of the day to give information, just like a doctor, so doctors have to give bad news every day, as long as I can do that in a way that is reassuring to the client and kind of remind them that HIV is not a death sentence anymore they don't have to worry about how their lives are going to change, it's really going to be minimal impact they just have to make sure that they're taking good care of themselves both like mentally and physically and that's really what I care about"

Clarissa mentions that her interactions, and feelings surrounding the delivery of a reactive result not only vary depending on the patient, and arguably their current mental and physical well-being but also seems to self soothe by reminding herself that others [doctors] have to deliver "bad news" as well, supporting her ability to do the same, arguably a sort of self-assurance.

Clarissa also spoke about her own understanding of the clients' emotional states when getting tested by using words like "fearful", "scared", and "nervous" when describing the patient's demeanor inside of the testing room. She also worked to tune into these emotions, which were oftentimes physically obvious as she relates, by seeing patients "shaking" or "crying" or even openly admitting that they were "nervous." In an effort to alter a client's response to a test, Clarissa related:

> The biggest part of the impact that we have is just making people feel comfortable with the idea of coming in to get tested and talking to people so that they know about being tested in making sure that they feel like it's a comfortable thing that they can do any time that they want…when I'm willing to open up, I'm asking them a ton of questions that are very personal so if I can relate to them with those personal sort of questions I think it makes them feel better, it helps them trust me…

By being aware of the client's emotional state, and working to change this state to one of comfort by opening up about her own sexual experiences to de-stigmatize the topic for the benefit of the client, Clarissa participated in Emotional Tuning, and Cognitive Emotion Work. This can be seen through her ability to change a rather uncomfortable situation for the client, into a somewhat normal discussion between two individuals. Similar to Fredrico, Clarissa changed her state of mind to make a rather uncomfortable, taboo topic of conversation into a normalized discussion of sexual risks and history between two individuals. While Clarissa did not specifically explain that she enjoyed the delivery of reactive results, she did mention attempting to make the conversation surrounding HIV, testing, and sexual health into a more comfortable one.

CHAPTER FOUR: CONCLUSION AND APPLICATION

Conclusion

The participants interviewed expressed the use of deep Emotion Work, which varied in display from participant to participant. Although the types of emotional displays were as diverse as those interviewed, a common theme emerged across stories: Emotion Work is a key component of HIV Counseling and Testing and is used as vital portion of client, and patient communication in navigating through treatment. Based on the lack of commodification of the services specifically selected for this study, this setting uniquely contributes to Emotion Work by offering insight into workers' perceptions of emotional labor that currently lacks the commercialization of prior settings. The current study shows how Emotional Labor in HIV Testing and Counseling is utilized by testers to produce certain emotions in themselves through three types of Emotion Work. In the majority of narratives, respondents felt that they had to participate in emotional tuning with the primary goal of making their clients comfortable. This is an important addition to the literature as it addresses how emotional labor varies in relation to this particular field of work which differs from previously understood aspects of commercialized emotional labor. Understanding the emotion work performed in the field of HIV testing and counseling as separate, but related to the commodification of emotions brings about a new understanding through the conceptualization of emotional tuning.

While this work follows Hochschild's Emotional Labor closely, the findings differ in that the majority of the testers who participated worked in a volunteer position. Additionally, the recollections provided swayed from the usual understanding of Emotion

Work as an expected tenant of one's job responsibilities and instead focused on patient comfort as a direct correlate of client performance. This differs from the usual application of Emotional work as the participants in the current study are not swayed by what Hochschild deems "labor power" as HIV Testers volunteer their time in organizations that provide free testing and thus this commoditization of emotion does not exist as it does in previously used examples of work done by Flight Stewardesses or blue collar laborers. Additionally, participants in the current study vary in their explanations of what this work means to them, having the freedom to define the meaning of the work they do and thus act accordingly is encouraged, as many view the "why" of their work to be the driving force of their passion for HIV Testing. By understanding this work as unique with respect to previously identified aspects of Emotional Labor, one is able to better understand the work done by HIV Testers and address the significant differences outlined as related to other emotionally laborious occupations.

<div align="center">Application</div>

Nearly all of the participants, when asked about the training and certification provided by the state, felt that while it was adequate it lacked depth with respect to the wide-ranging Emotion Work that they performed on a day to day basis. By understanding more wholly this concept of Emotional Tuning performed by HIV Testers, local and state training agencies, and institutions that provide continuing education for these healthcare workers could benefit from addressing this variation of Emotion Work performed. By focusing more so on the overt emotional experiences had by these testers more work could be done to address the complexities of the clientele and the various types of support

clientele require. Further work is needed to explore the effect that Emotional Tuning has on increasing patient follow-up and solidifying linkage efforts. State HIV Testing certification facilities could utilize the findings of this research to implement training that addresses this particular type of Emotion Work performed by HIV Testers. HIV testing facilities could use the findings of the current work to focus on new ways testers are able to interact with clients through this new understanding as a possible correlate of increased patient care. Understanding the vast differences that exist between various types of human services work is an important component of the current study and subsequent research should attempt to understand the complexities and possible nuances of Emotional Labor in other positions as well.

Many testers in the current study mentioned a reliance on other testers to "unload" or "vent" after a particularly stressful day and often found a sense of community within their network of testing colleagues. Future research could also benefit from an expanded understanding of the unique dynamics of self-care associated with this type of work and, how this underlying sense of community, which was present in the current study, interacts with previously studied self-care techniques among healthcare professionals.

APPENDIX A: TABLES

Table 1. Zapf et al's Conceptualization of Felt Emotions

		FELT	
		No	*Yes*
TYPE OF APPROPRIATE DISPLAY	*No Expressed Display*	**1** Nothing Felt/Displayed	**2** Appropriate Suppressed Display
	Expressed Display	**3** Appropriate Faked Display	**4** Appropriate Genuine Display

Table 2Visual Conceptualization of Emotional Tuning

Scan

Interpret

Act

Match

Contrast

T
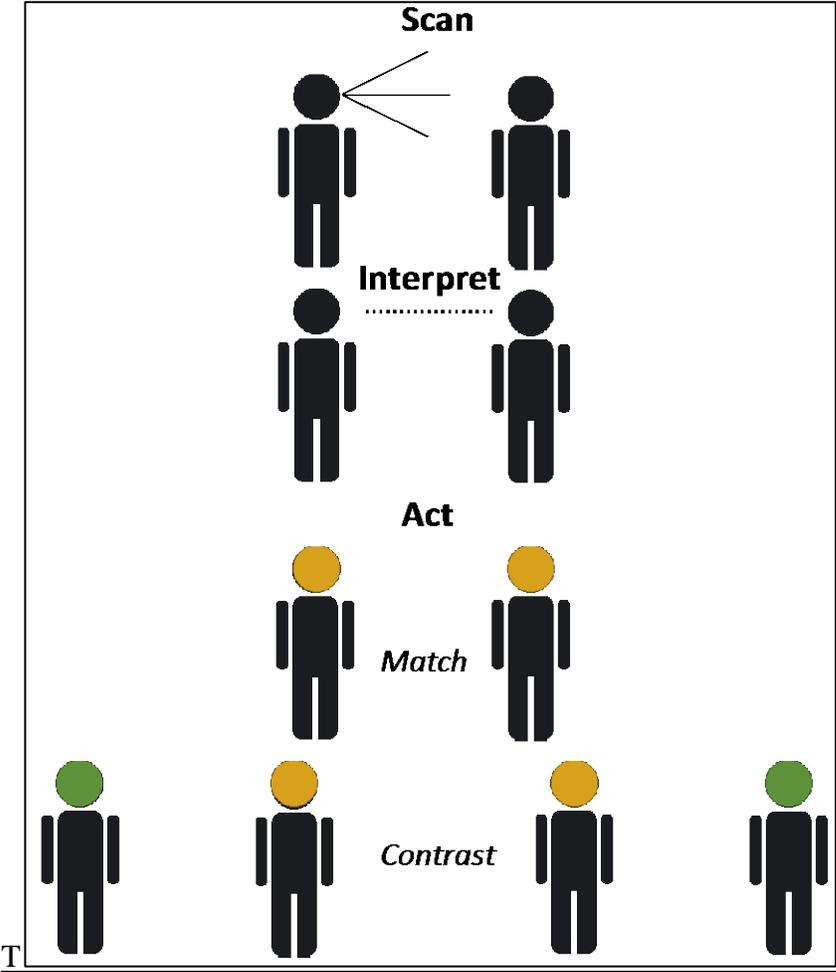
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Table 3. Participant Demographics

No.	Pseudonym	Age	Sex	Race	Testing Environment
1	Carla	23	Female	Black	Educational Institution
2	Gladys	54	Female	White	Educational Institution
3	Michelle	27	Female	White	Educational Institution
4	Glenda	38	Female	White	Educational Institution
5	Haley	27	Female	White	Educational Institution
6	Jorge	34	Male	Hispanic	Non-Profit Organization
7	Carlito	38	Male	Hispanic	Non-Profit Organization
8	Geraldo	44	Male	Hispanic	Non-Profit Organization
9	Treyvon	52	Male	Black	County Jail
10	Clarissa	27	Female	White	Non-Profit Organization
11	Fredrico	32	Male	Hispanic	Non-Profit Organization
12	Fernando	28	Male	Hispanic	Non-Profit Organization
13	Alexander	45	Male	Hispanic	Non-Profit Organization
14	Miguel	62	Male	Hispanic	Non-Profit Organization
15	Saraya	27	Female	Asian	Non-Profit Organization

*Not all narratives where utilized in analysis

APPENDIX B: IRB APPROVAL

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
                FWA00000351, IRB00001138

To: **James Caldwell** and Co-PIs: **Amanda K. Anthony, Amy M. Donley, David A. Gay**

Date: **April 26, 2016**

Dear Researcher:

On 04/26/2016, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	HIV Counseling Work
Investigator:	James Caldwell
IRB Number:	SBE-16-12237
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Joanne Muratori

Signature applied by Joanne Muratori on 04/26/2016 02:18:54 PM EDT

IRB Manager

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