"GIVING DIGNITY TO SUFFERING"

For Lido, Johanne and Catherine Torelli

"GIVING DIGNITY TO SUFFERING": 'DIRTY WORK' AND EMOTION MANAGEMENT
AMONG FRONT-LINE CASEWORKERS

By JULIAN TORELLI, B.A.

A Thesis Submitted to the School of Graduate Studies in Partial Fulfilment of the Requirements
for the Degree Master of Arts

"Giving Dignity to Suffering": 'Dirty Work' and Emotion Management among Front-Line Caseworkers

Master of Arts (2018)   McMaster University

(Sociology)   Hamilton, Ontario

Title: "Giving Dignity to Suffering": 'Dirty Work' and Emotion Management among Front-line Caseworkers

Author: Julian Torelli, B.A.

Supervisor: Dr. Gregory Hooks

Supervisory Committee: Dr. Neil McLaughlin and Dr. William Shaffir

Number of Pages: 211

ABSTRACT

Grounded theory research was conducted with twenty-four male and female frontline caseworkers (individuals who handle the 'case plans' of their guests, alternatively known as emergency shelter operators) from three different shelters in a large Canadian city: The Open Arms, Good Samaritan and Rescue Mission. Based on the sociological concept of 'dirty work', this thesis focused on the experiences of frontline caseworkers with work that is regarded as unpleasant and objectionable, namely work that others would prefer not to do or even know about given the choice.

This research sought to understand how frontline caseworkers make sense of their 'dirty work'. Frontline caseworkers qualify as 'dirty workers' due primarily to their proximity to physical, social and emotional 'dirt'. These workers are exposed to infectious disease, violence, danger and hazardous substances. They are also on the receiving end of aggression. Their work is also socially 'dirty' in that they must form and sustain relations with stigmatized publics, at times having to provide care and services to ex-criminals and sex offenders.

When one's work is to an extent, physically unpleasant, dangerous, socially tainted, stressful, low-paying, mundane or otherwise, in some ways, unappealing, the worker must discover other meanings of making the time spent on the job worthwhile. Along with these problems, frontline caseworkers often receive public derision and moral disapproval from those outside their occupation. This research demonstrates that the intrinsic nature of the work of frontline casework can also be profoundly rewarding. Frontline caseworkers discussed situations and recounted stories that were fraught with institutional frustrations and difficult emotions. They used a variety of strategies to manage and respond to these on-the-job dilemmas. For instance, in reframing emotionally 'tainted' encounters with (ex) sex offenders, informants referred to the discourses of their organizational mission: a *nonjudgemental egalitarianism*, which they believed, is what distinguished them from other service agencies. Frontline caseworkers demonstrate a contradictory relationship to their work: what makes their work difficult is also what makes their work meaningful. They therefore felt obliged to cultivate a delicate balance between professionalism and expressed concern. The ways in which caseworkers are supposed to perceive their role – act, feel and think – are governed by a set of unwritten norms and rules that normalize the disruptive and abnormal situation of a caseworker being humiliated, berated, verbally and physically attacked and by which they accept this as normal and therefore morally acceptable, or that reframe what would normally be an unacceptable type of interaction situation, with social consequences, that allows caseworkers to save face and retain self-respect without offending their clients. This enables caseworkers to help maintain the moral order of this kind of organizational interaction without questioning the function of the rule that organizes cooperation when handling an urgent organizational objective with a view to accomplishing the institutions values and goals: "Do not take it personally, you are just a representative of the system".

Despite the material and challenging drawbacks of their occupations, it was typical for frontline caseworkers, working in non-profit shelters, to emphasize the relational and affectual rewards of the job as a compensation for its low pay and dirty 'particulars,' which meets the expectations, self-conceptions and values they hold themselves to be as caring and compassionate workers. They accomplish this by redirecting attention to the more dignifying aspects of their jobs and by identifying strongly with both their occupations and the collective identity of their occupational culture. This research further underscores both the importance of understanding the interpretive processes of meaning-making and the social construction of 'dirt'.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

INTRODUCTION TO THE RESEARCH

This thesis presents the work experiences of twenty-four, male and female, frontline caseworkers from three different homeless shelters in a large Canadian city. Front-line workers have minimal education and training for dealing with people who have multi-problems and live in complex, unstable environments. Even when those with a university degree are considered, most of them do not arrive to their positions with training in interview, counselling or intervention skills. While addiction is a serious and complex issue for many homeless individuals, there are usually no addiction counsellors among frontline respondents.

For persons new to the homeless-service sector, working with a complex client base and constant themes of suffering, distress and crisis often leads to disillusionment. Such disillusionment reduces idealism and diminishes frontline caseworkers sense of work efficacy and accomplishment (Collins and Long, 2003). Dealing with relapse or death of clients is also emotionally intense. Homeless persons experience disproportionally high rates of injury and illness, often with increased acuity (Song et al., 2007). Research studies have highlighted that people who are homeless have the highest mortality rates amongst developed nations; homeless people die at rates of 3 to 10 times that of the general population (Barrow, Herman, Cordova, and Struening, 1999; Frankish, Hwang and Quantz, 2005; Hwang, 2001). Frontline caseworkers, therefore, are more liable to work with persons who are at high risk of death and are more often exposed to the deaths of service users (Lakeman, 2011). This presents a major challenge for frontline workers. Witnessing death in the workplace can be an extremely traumatic experience.

Homelessness is a complex social problem, influenced by a large range of structural and personal factors such as inequality, addiction, poverty, labour market, affordable housing stocks,

and lack of social support. These psychosocial factors are frequently embroiled by histories of trauma and abuse in people who have experienced domestic violence, childhood abuse, or the tumult of living on the streets (Coates and McKenzie-Mohr, 2010).

To assist clients with complex and interlocking issues, frontline caseworkers need to reflect, listen, provide support and assist in problem solving and changes in habit while maintaining an attitude of hope, non-judgement, and respect. However, maintaining an optimistic approach can be hard as success is rare, casework advancement can be slow and many clients experience episodes of relapses. These challenges can lead to feelings of a lack of personal triumph and sense of accomplishment (Miller, Birkholt, Scott and Stage, 1995), emotional exhaustion, burnout and high turnover (Morse, Salyers, Rollins, Monroe DeVita and Pfahler, 2011).

This thesis examines the work of these frontline caseworkers, or known alternatively as emergency shelter operators. These two terms are used interchangeably. Shelter operators maintain the everyday order of the shelter. However, they are also deeply involved in case management, or casework. Therefore, I refer to the informants as frontline caseworkers. I am particularly interested in the ways in which frontline caseworkers experience their work as difficult and different from other service providers in the helping professions. A central concept in my analysis is that o dirty work. Sociologist Everett C. Hughes (1971) coined the term to describe work that is regarded, in one way or another, as tainted, objectionable and repugnant. It is work that most people, given the free choice, would rather not do. Although I am not completely comfortable with the use of the term dirty work to describe frontline case management in the homeless sector, I have structured my theoretical analysis around it because in this case, I do believe that it provides both insight and clarity into the everyday realities of difficult work. I want to emphasize that I am using the term in

its sociological sense and thus, it should not be regarded as in any shape or form derogatory. Neither do I seek to imply that frontline caseworkers and their clients are dirty in the sense that that some people pejoratively use that word. It is used to shed light on how society taints and how discursive representations of taint can affect one's relation to their work and his or her relation to those outside the occupation. On the contrary, as this thesis will show, frontline caseworkers regard their work as deeply meaningful, important and fulfilling despite what outsiders may think. My chief interest was in understanding the meanings frontline caseworkers bring to their dirty work and the ways in which, despite the tainting features of their work, do they construct positive work identities. In other words, what was the definition of the situation of their dirty work contexts? What does it mean to provide care, support and services to homeless persons? Listening closely to frontline caseworkers in the homeless-serving sector can help to clarify a crucial aspect of community-based care.

In the sociological sense of the term dirty work, we draw attention to those outside the occupations perception of the work in question and the difficulties this raises for those who do it. Frontline caseworkers directly experience the discomfort, awkwardness, and ambivalence attached to the work they do, especially when pressed by outsiders to explain what they do. They are stereotyped as "bleeding hearts" and perceived as unclean because they come into contact with and serve heavily stigmatized publics, a phenomenon that Goffman calls 'courtesy stigma'. Apart from how frontline caseworkers experience their work, I am also interested in examining how they respond to outsider's perceptions of the work they do, as well as the physical, social and emotional challenges inherent in their work. Therefore, this thesis was also interested in the ways in which frontline caseworkers managed anrd made sense their emotions at work, especially in the face of client aggression and verbal abuse.

CHAPTER 1

THEORETICAL FRAMEWORK

Its All About Work: "Occupations as a Window to the World"

The concept of 'dirty work' is not a new one. Tasks perceived as degrading or disgusting are necessary to the social reproduction of any society. In other words, 'dirty work' is integral to the proper functioning of society. Work can be effectively understood as a complex arrangement of roles, relationships, social interactions and expectations. According to Shaffir and Pawluch (2003), work is not "merely a means of livelihood; it is an important source of self-identification" (893). The subjective reality of work can be understood as "groups of workers constructing meanings: deciding who they are and what they are about; what services they should be providing and to whom; dealing with issues that come up with their clients, other occupations, and the society within which they work; and responding to changes in their environment and in the circumstance of their work" (Shaffir and Pawluch, 2003: 894).

The collective realities that occurs on the job are grounded in shared meanings and sense orientations that constitute the collective identity of an occupation in the workplace. While drawing distinctions between work that is "humble" and work that is "proud," Hughes (1984: 417-427) maintained that all occupations share integral affinities in that they are "bundles of activities," some of which are pleasant while others are unpleasant (Hughes, 1984: 313). A job does not consist of one task, but many tasks, sometimes interrelated and sometimes not. Since one's occupation is closely bound with his or her personal and social identities, work that involves the more arduous

tasks would tend to threaten the self-worth and self-identities of those that must perform them. How workers in occupations characterized by low-status and require involvement in tasks generally deemed as undesirable and objectionable handle the particular challenges of their daily work routines holds the promise of revealing issues central to our understanding of the meaningfulness of specific occupations, how meanings are ascribed to tasks, how they are defined, and how collective work understandings and performances are constructed, reconstructed, defended, justified, uplifted and maintained.

Hughes was particularly interested in understanding the process of work: how work gets done, how work relationships and bonds are established as well as how activities at work and the self involved in them are positively defined and framed, even in the face of what workers or outsiders designate as dirty work and challenges. How one selects, sorts, makes sense and defines the dirtier occupational elements of the job has much to say about the negotiated changeability and social construction of reality, along with the agential creativity workers possess in shaping their own understandings of self, work and others.

The Concept of 'Dirty Work'

Work contains both material and symbolic dimensions, or as Hughes described, the "moral order" of work as a hierarchy of prestige that confers value on certain types of work. Organizational practices are embedded within a moral division of labour (Hughes, 1956). Studying the relations between work and subjectivity, Hughes demonstrated how workers of an occupation produces a symbolic separation between the types of task they undertake, based not only on a

technical distinction but also on moral distinctions related to the prestige, pride or alternatively the shame or disgust they feel for undertaking them. To accomplish a valued and positive work identity, workers create a positive image of themselves and their role, but that image remains susceptible to the lack of recognition and attributed taint by outsiders. In fact, for Hughes, "man's work is one of the more important parts of his social identity, of his self; indeed, of his fate in the one life he has to live" (Hughes, 1994: 57).

Hughes had emphasized that inequality is a central component of all occupations. He distinguished between "honourable" and "dishonourable" work (Hughes, 1984: 306), the former providing the worker with a measure of status while the latter involving work that is "mean or dirty". While all occupations contain both appealing and unappealing features, some forms of work are clearly dirtier than others. As conventionally conceived, dirty work entails physical contact with filth, garbage and death, involvement with those who are socially stigmatized, or work activities that are sinful or morally dubious in nature. In other words, physical, social and moral taint are linked up with notions of dirty work. Hughes notes that work becomes dirty when, "it in some ways goes counter to the more heroic of our moral conceptions". He continues:

> Dirty work of some kind is found in all occupations It is hard to imagine an occupation in which one does not appear, in certain repeated contingencies, to be practically compelled to pay a role of which he thinks he ought to be a little ashamed morally (1971: 343).

There are a variety of strategies in which workers can solve the dilemmas posed by recurrent encounters with morally and socially discrediting work. Hughes suggested the development of "collective pretensions" or "dignifying rationalizations" may aid in elevating regard and respect for such work by displaying its contribution toward achieving other goals. These rationalizations can be understood as synonymous to sense-making practices, namely to specific modes of sense making which seek to transform the 'dirty' designations in a positive sense or to redirect focus to

more honourable work designations. Because these individuals work in jobs or do activities that others devalue, the construction of dignifying rationalizations seems necessary to maintain a sense of dignity and self-esteem in one's work. Therefore, dignifying accounts redefine and mitigate the devalued and degrading activities and implications of their work.

Ashforth and Kreiner (1999) note that "people seek esteem-enhancing or positive self definitions" (186). People also have a tendency to develop, protect and more generally to sustain the positivity of identities (Brown et al, 1992). An occupational identity is inextricably linked to the meanings attached to the self (Gecas, 1982). The way in which actors define themselves in terms of the work they do can also constitute an understanding of occupational identity (Kitay and Wright, 2007). In other words, the repertoire of meanings that are used to make sense of who one is in relation to one's occupation (Fine, 1996). Ashforth and Kreiner (1999) note three processes through which designated dirty tasks are re-evaluated and made sense of: reframing, recalibrating and refocusing. Through these processes, workers construct positive occupational identities (Tracy and Scott, 2006). These processes are related to sense-making and identity construction. Reframing refers to whereby the worker transforms the "meaning attached to a stigmatized occupation" (Ashforth and Kreiner, 1999: 421). Sex workers stress that their work is a service transaction like all others (Selmi, 2012), funeral directors claim that they are helping relative with grief (Thompson, 1991). The dirty work of veterinary technicians (Sanders, 2010) is framed in terms of an overriding love for animals. Recalibrating on the other hand, describes an attempt to adjust the perception of the scope and depth of contact with dirt. It is an attempt to make the dirty aspects appear a smaller and less important part of the work role. Refocusing entails a process whereby the worker "actively overlooks the stigmatized properties" (Ashforth and Kreiner, 1999: 423). The work on GT nurses by Chiappetta-Swanson (2005) examined how nurses actively redirected

attention to the more caring parts of their work as a coping strategy. Charmaz (1980) who studied

the social reality of death, used the term death work to refer to workers who dealt directly with

human death. She studied the negative impact of working with the dead-on workers self-concepts,

arguing that who they are should not be defined by what they do. Workers thus select which parts

of the work define who they are and are meaningful to them. There is a subjective component,

therefore, to be noted. According to Emerson and Pollner (1976) speaking of dirty work

designations:

> At one level the designations of a tasks as dirty work may be understood as more or less faithful portrayal of its odious and onerous qualities. Dirty work designations are typically attended to by co-workers and colleagues in this way – as descriptions of a tasks real properties. On an analytical level, dirty work designations are appreciable as more than simple reflections of an occupational reality or expressions of personal attitude (243).

Such designations reflect the perspective of the worker as much as it does the quality of the work.

After all, one occupations dirty work might be another occupation fought-for prerogative (Emerson

and Pollner, 1976: Strong, 1980). Furthermore, dirty work designations are the product of an

occupational perspective, they are also the means through which the perspective is enacted and

perpetuated (Emerson & Pollner, 1976; May and Kelly 1982). In the very designation of a task as

dirty work, the worker declares a moral distance from that dirtiness, much as someone caught in a

shameful situation signals through his embarrassment that it was not his real self that was

performing (Goffman, 1967). Just as discomfort shows that the actor is aware of and committed to

the moral order that the act he or she has just violated, so the designation of dirty work reaffirms

the legitimacy of the occupational moral order that has been blemished. In their work. Emerson

and Pollner (1976) explored the process by which work becomes regarded as, what they termed,

"shit work." They found that the characterization of shit work emerged when care workers felt not

only unable to do something for a patient, in a therapeutic sense, but compelled to do something

to them in a coercive sense. The likelihood of a dirty work experience's existing might, consequently, be increased when the professionals concerned honour therapeutic skills as their distinctive competence but when the patient does not respond to those skills. Similarly, supporting "revolving-door" clients deemed as "non-engaging" was designated by informants in this study as 'dirty' in the sense that it evoked feelings of demoralization, futility, of "going nowhere".

"Dirty work" therefore entails a series of tasks and occupations that society is likely to perceive as disagreeable and objectionable on a physical, moral and social grounds (Hughes, 1951; Anderson, 2000; Ashforth & Kreiner, 1999; Perry and Russell 1998). Working with dirt and bodily fluids, doing a task that is considered "sinful", norm-breaching or morally repugnant, or sustaining relationships and working with a stigmatized population all characteristically encompass work taint, in varying degrees. Ashforth and Kreiner point out that occupations may have intersecting forms of taint. That is, some occupations may be characterized by physical, social and moral taint. For instance, sex workers could have both physical and moral taint. Frontline workers in the homeless sector can be identified as experiencing three types of taint: social, physical and emotional. Dirty work theorists explain, however, that taint, stigma and dirtiness are social constructions and are not intrinsic in the work. People decide what work is dirty or tainted and what work is considered honourable and dignified. Although people praise those who work in homeless shelters, they are glad that someone else is doing it. Therefore, the physical, social and emotional taint of dirty work often affects those who work in this area even though they are often admired for doing this work: "You have to be a really good person to do this type of work because I couldn't do it". What becomes important, therefore, is the meanings such situations have for informants. The way they define situations becomes important to the way they act towards their work.

Definition of the Situation

Definitions of the situation inform and shape our lines of actions. We do not act according to what is objectively real, but on the basis of what we subjectively interpret to be the case, that is to say, "on the basis of what we assume to be real" (Pawluch, Shaffir and Miall, 2005: 158). According to Shaffir (2011), "the famous theorem that 'if men define situations as real, they are real in their consequences' is a reminder that reality is socially constructed, and that people respond as much, or more, to the meaning a situation has for them than to the objective features of that situation" (39). The process of defining a situation, namely exploring and considering possible courses of action in a given situation, is an interpretive and subjective process. Take the objectively defined features of 'dirt', or the commonly held definition of the situation of 'dirty work' contexts as work to be avoided, namely work that is perceived as repugnant and objectionable, namely as a 'matter out of place' (Douglas, 1966). Despite the common definition of the situation of what constitutes orderly/clean and disorderly/dirty, is itself an intersubjective process of agreement, namely individuals may select, sort out, and define which parts of 'dirty work' situations are meaningful to themselves and may distance themselves from elements which they believe do not define them. Others, may perceive such dirty contexts as something to be avoided, due primarily to the defined taint of that 'space' or 'situation'. A shelter may be defined as a 'safe haven' or as a 'dumping ground,' the latter indicating a space which is tainted, dirty and to be avoided. Woolford (2001), for instance, examined the discursive representations of Vancouver's Downtown Eastside as a tainted space. In terms of 'dirty work,' our definition of a situation can be good or

bad, to be embraced or vehemently avoided. The way we define situational contexts of 'dirt' dictates our response to it. The social construction of dirt is socially constructed precisely as a result of competing definitions of the situation and the negotiated elements of 'dirt'. It must be reflexively worked out in the consciousness of each individual. Each of us is reflecting on the "what is happening here and the what should I do now" of situations. In other words, our interpretations and perceptions of reality lead to the ways we act in accordance to those definitions. According to Meltzer, Petras and Reynold (1975), "there is an effort to define each of the paths of contemplated behaviour on the basis of what will result if a person follows one path and not another (270). For Reynolds (2003), "to carry out the activities of daily life, people act in what Thomas called an "as if" manner" (65). Karp et al. (1977) for instance, claim that the interpretations that individuals have of their objective social statuses, work-roles, attributes, group affiliations, have greater impact on their behaviour and their sense of identification. In speaking of urbanites, Karp et al (1977) claim that "a sense of community may reside in a person's feelings of identification with a city. Such identification can't be appreciated by simply documenting urbanites structural position" (78). For informants in this study, a sense of subjective identification with their organizations and their occupations arose from the way they commonly defined what they were doing, namely the way they defined their work situations, purposes, values and work-roles. A structural position, as an objective reality, does not simply reflect a meaning in the minds of individuals. Individuals interpret what is going on and negotiate meaning with their real life social conditions. Certainly, a sense of identification is not simply given. Waller (1961) developed Thomas' theoretical construct by arguing for the centrality of self-activity in the process of defining a situation. An individual, such as a frontline shelter worker, who faces a fairly rigid framework of social control makes many attempts to negotiate and adjust to a current existing

situation. The shelter organization can be regarded as a stable arrangement that is impervious to change, with its series of policies, dictates, rules that define good and bad behaviour. Waller (1961) argued that one's actions are the result of how the situation is defined and interpreted according to that individual, as well as a result of that individual's situation within the organization. The definition of the situation is an important theoretical construct in that it can help to frame the way in which 'dirty work' should be studied: what is the definition of the situation of informant X's dirty work context? How does X define, interpret and make sense of that context? How does such an interpretation effect X's relation to his or her work? In other words, his or her actions? X being frontline caseworkers (shelter workers) in homeless shelters.

Emotion Work, Burnout and "People Work"

Many social service jobs have high stakes. As with public service jobs, they are emotionally intense and can take a toll on workers. For many emotion workers, there is no satisfactory ending to their work. The lack of closure and feedback worsens an already stressful job. Many emotion workers face poor rewards and little feedback from their clients, making it difficult to measure success, change and satisfactory outcomes in their work. Emotion work can undermine job satisfaction and has been closely associated to issues such as generalized stress reactions, substance abuse, cynicism, depression and role alienation. These outcomes are generally associated with the idea of emotional dissonance, defined as a disjuncture between authentically felt emotions and feigned, suppressed emotions that are expressed to meet the organizations expectations (Zapf, 2002; Zapf and Holz, 2006). Very few scholars, however, confirm that emotion

work can also have positive results, including, increased self-esteem, strong self-identification and positive self-definitions and job satisfaction (Guy et al., 2014). A worker's emotion management involves either the feeling that is displayed, known as surface acting, or the private experience of the emotion itself, known as deep acting. Surface acting involves "pushing down" one's authentic expression of self in favour of an emotional front state, appropriate self-presentation that meets certain organizational expectations, while deep acting involves "pumping up" by trying to bring the required emotions and one's true feelings into alignment (Grandey, 1998; Hochschild, 2012). These management techniques may require evoking, modulating and modifying privately experienced emotions. They may also require workers to conceal emotions to produce an appropriate and sound emotional display (Erickson and Ritter, 2001). Organizationally mandated displays and feeling rules dictate the degree to which expressing and concealing emotions is regarded as a required facet of the workers job performance (Wharton and Erickson, 1995).

Burnout is an occupational hazard for those in professions that work in the social and public service sector: shelter casework, public health, law enforcement and public education (Ryerson and Marks, 1981). It has been variously defined as a psychological syndrome occurring among individuals who do "people work" (Maslach and Jackson, 1986: 1; Maslach, Schaufeli, and Leiter, 2001: 397). It is regarded as an affliction of those who care (Maslach, 1982), the numbing of inner indications of emotional exhaustion, reflected primarily in the inability to create or feel any emotion. It is also viewed as a problem of emotional overinvestment and a state of physical, emotional and mental exhaustion caused by chronic emotional stresses arising from intense, emotionally demanding commitment to people in need very long periods of times (Pines and Kafry, 1981: 139). Burnout is therefore an indication of workers increasing immunity to sufficiently manage their own emotions when interacting with clients (Zapf et al., 2001; Miller et

al., 1995; Ferris et al., 2016). According to Maslach and Jackson (1981), workers in the helping professions are frequently expected to spend energy in intense involvement with troubled people. These exchanges become taxed with feelings of frustration, fear, anger and hopelessness. The consequent chronic tension can be emotionally draining, which leaves the worker feeling empty and burned out (Golembiewski and Munzenrider, 1988: 112). Maslach, Shaufeli and Leiter (2001) also focused on the interpersonal context of the job. Namely, burnout should be regarded social psychologically within the relational contexts of the workplace. Researchers have noted that those who work in the 'helping professions' are more likely to experience burnout (Cherniss, 1993; Leiter and Maslach, 1988: Jackson, Schwab and Schuler, 1986; Schaufeli, Maslach and Marek, 1993). Various scholars have argued that increased burnout in the helping professions is due primarily to their susceptibility to excessive, unsettling emotional demands (Pines and Aronson, 1988; Brotheridge and Grandey, 2002; Cordes and Dougherty, 1993; Pugliesi, 1999). Interactions with client's can be intrinsically difficult because they are troubled. Face-to-face interactions that have a baseline of being constantly charged can evidently cause emotional exhaustion. Hochschild understands the idea of emotion management as a reference to how people consciously shape and organize their feelings, and a recognition that social structure, organizations and institutions impose limits and controls on emotions. According to Wharton (2009), "Hochschild uses the term "feeling rules' to describe societal norms about the appropriate type and amount of feeling that should be experienced in a particular situation" (148-149).

The idea of doing dirty work assumes a relevance for frontline caseworkers, given the responsibilities and burden that they encounter in their everyday work routines. The fact that frontline caseworkers are expected to do dirty work needs to be explored, particularly in terms of its impact on their self-conceptions and their construction of esteem-enhancing positive identities,

in the face of the dirtier aspects of their work. The work of frontline caseworkers is physically, socially and emotionally tainted. How do they respond to such experiences? The concept of dirty work is thereby relevant in allowing us to understand how frontline caseworkers construct and reconstruct understandings of their work.

The definition of the situation complements the concept of dirty work by heeding to the importance of actor's perspectives of their work and their world. Subjectively it is a reflexive process, where actors work out the meaning of situations. The interpretive processes create frames of actions related to what workers do and what they believe ought to be done, but more importantly how they relate to 'dirty tasks'. When interacting with an ex sex-offender, can workers simply do and respond as they please? Organizational cultures and 'feeling-rules' modulate definitions of the situations. So, in some sense, it is imposed from the group (the organizational and occupational culture). Nonetheless, when it comes to physically dirty elements of the job, the ways in which workers interpret, sort and select the meaning of such tasks is tantamount to their construction of self. Therefore, what is their definition of the situation of dirty work contexts?

Frontline caseworkers must handle difficult emotions. Therefore, the concept of surface-acting and emotion work is relevant to this study because they allow us to understand the social, interactional and organizational foundations of emotion regulation. We will now consider the methodological approach taken in this study.

CHAPTER 2

METHODOLOGICAL APPROACH AND CONSIDERATIONS

Qualitative research can be defined as an umbrella term encompassing a variety of hermeneutical techniques produced to describe, translate, decode and come to terms with meaning or meaningful understanding. Meaningful understanding and meaningful action is the centerpiece of qualitative sociological research, or *verstehen*, and not necessarily the frequency of certain naturally occurring phenomena in social reality (Shaffir and Stebbins, 1991: 5). The emphasis, for qualitative methodologies is on the meaningful understanding of the social world and a sensitivity to the multiple realities and perspectives of its actors. As a method of research inquiry, qualitative methodologies were first used by sociologists and particularly by anthropologists in the early twentieth century who engaged in non-structural forms of ethnographic cultural immersion. These forms of cultural immersion, according to Wax (1971), allowed qualitative researchers to acquire an in depth understanding of a cultures way of life, language and corresponding symbolic systems. These researchers studied cultures and groups in their own or foreign settings and told stories of their experience long before then. Qualitative research is therefore also about familiarizing ourselves with the unfamiliar, being a stranger in an unfamiliar setting (Shaffir and Stebbins, 1991: 18-19). Durkheim's last work *The Elementary Forms of Religious Life* (1995), for instance, is based predominantly on ethnographic reports from travelers in Australia who had contacted the Aborigines. Although older forms of data collection, in contrast to contemporary methods, can be regarded as outdated, unsystematic, and journalistic styles used in those days, methods of data collection today, still adhere to an analogous manner of entering the field. Fieldwork is about

entering, subsuming oneself, either by participant observation or interviewing, into the dynamism of social life itself. Since the 1960s, for instance, qualitative research has experienced an increasing growth, starting with the development of grounded theory, which remains a highly relevant research methodology. Furthermore, although many researchers have sought to combine qualitative and quantitative methodologies into mix method formats, qualitative methodologies, despite its distinct and unique approach to understanding social life and its reluctance to enumerate, it is sometimes viewed as the opposite of quantitative methods and the two methods are often presented as antagonists. Qualitative methodology seeks a more engaged research, using observation and interview methods. It is therefore in nature inductive and depends, for the most part, on purposeful selection of informants. According to Denzin (1978):

> The sociological discipline rests on these elements; theory, methodology, research activity and the sociological imagination (6).

C. Wright Mills (1956) sociological imagination gives order to theory, methodology and the research activity. For Mills, the "sociological imagination enables us to grasp history and biography and the relations between the two within society" (6). Most importantly, the sociological imagination is a "quality of mind" (6). It allows us to see the constructed and mutable character of what might otherwise appear to us as thoroughly psychologistic, unchanging and natural. The fundamental aim of qualitative methodology is to develop concepts and categories that can help us understand social reality in its *real-life setting*, placing emphasis on the experiences, mentalities, perspectives and meanings of informants. Qualitative research methods are most convenient for approaches emphasizing peoples lived experience and perspectives of their embeddedness in social reality. They are well suited approaches for locating the meanings that people place on the events,

processes, roles and structures of their lives and their perceptions, presuppositions and taken-for-granted assumptions.

Questions concerning people's experiences, the meanings people make of their experiences and their situational contexts are relevant concerns for qualitative research. Methodologically, this research sought to bring together common aspects of grounded theory (Strauss, Glaser, 1967) with phenomenological approaches in the social sciences (Schutz 1967; 1970; Belvedere, 2007; Taylor and Bogdan, 1975). Therefore, the methodological framework guiding this research can be properly understood as a grounded phenomenological approach. Phenomenology for its emphasis on the world as experienced and grounded theory for its methodological rigour and systematization. Both methodologies, can be understood, epistemologically speaking, as inductive approaches to data collection and theorization while simultaneously emphasizing the importance of lived experience. Although they do share differences, they share common affinities with in-depth interviewing (Wimpenny and Gass, 2000). What follows is the philosophical and methodological groundwork underpinning this research. Methodology seeks to justify the methods we use. Such a method is consistent with the research purpose of understanding the meanings that frontline caseworkers give to their 'dirty work', namely how they framed their work in ways that were meaningful to themselves.

Phenomenology and the Social Sciences

Phenomenology offers a perspective on the nature of human (social) reality that supports qualitative research endeavours. Patton (1980) noted that qualitative research methods derive from a variety of philosophical, methodological and epistemological traditions, but that the qualitative

tradition is based on a perspective developed in phenomenology, symbolic interactionism and ethnomethodology, among others. The integrating, coalescing theme of all of these perspectives is the idea of *verstehen*:

> The advocate of some version of the verstehen doctrine will claim that human beings can be understood in a manner that other objects cannot. Men have purposes and emotions, they make plans, construct cultures and hold certain values, and their behaviour is influenced by such values, plans and purposes … the verstehen tradition stresses understanding that focuses on the meaning of human behaviour, the context of social interaction, an empathetic understanding based on subjective experience, and the connections between subjective states and behaviour (Patton, 1980: 44-45).

Bogdan and Taylor (1975), credit phenomenology with the inspiration that the verstehen idea influence on qualitative research tradition:

> The phenomenologist is concerned with understanding human behaviour from the actor's own frame of reference … the phenomenologist examines how the world is experienced, for him or her the important reality is what people imagine it to be (Bogdan and Taylor, 1975: 3).

Similarly, as Becker (1996) writes:

> We always describe how they interpret the events they participate in, so the only question is not whether we should, but how accurately we do it. We can find out, not with perfect accuracy, but better than zero, what people think they are doing, what meanings they give to the objects and events and people in their lives and experience. We do that by talking to them, in formal or informal interviews, in quick exchanges while we participate in and observe their ordinary activities, and by watching and listening as they go about their business; we can even do it by giving them questionnaires which let them say what their meanings are or choose between meanings we give them as possibilities (58).

Bogdan and Biklen (1982) acknowledge that the word "phenomenology" is used in many ways, but most generally, in the following sense, "All qualitative researchers in some way reflect a phenomenological perspective" (31). Not all qualitative researchers would classify themselves as

philosophically oriented phenomenologists. However, the integrating theme of verstehen occupies their work as a central methodological orientation.

Phenomenology in sociological research recognizes the chief duty to develop an understanding of, and to describe, the subjective meanings of human action (Schutz 1973; Belvedere, 2006; Neisser, 1959; Holroyd, 2001; Laverty, 2003; Asper, 2009). Interactionism, ethnomethodology, grounded theory encourages the researcher to begin with experience, namely with the experience of his or her informant. Therefore, phenomenology seeks to make meanings recognizable, intelligible and attempts to describe experience as lived rather than through abstract theories (Sokolowski, 2000; Stewart & Mickunas, 1974). By describing social experience, theoretical constructs are then built, but in accordance to lived experience. Its aim is to do this with depth, through a lens of caring intrigue about the social experience of living (van Manen, 1990). Alternatively, qualitative research can be seen as a method in search for meaning. The focus of qualitative research is attention to human social realities. In that sense, there exists a distinctive valuing of and respect for people in qualitative research that discourages their objectification as featured in quantitative research. People and the meanings that they attach to their actions, reminiscent in some ways to Weber's typology of social action are at best, hypothetical approximations. Like Weber's ideal-types, they are interpretive processes and frameworks that we impose onto social reality, namely they are accounts that are constructed. This epistemological constructivism within Weber is a consequence of his Neo-Kantian roots (Lewis 1975; Eliaeson 1990; Ciaffa 1998: 40-49). According to Lewis (1975):

> We need another kind of reason, akin to Kant's 'practical reason', to grasp by intuition the spirit of a human culture which is not subject to the logical categories. This he called Verstehen, 'understanding'; and by it we can grasp the unique forms of human culture as they arise in history. Unlike the material natural science handles, which is the same

everywhere and can be comprehended in universal laws covering all space and time, human culture appears in an infinite variety of different types each one of which has to be grasped by a particular understanding of its own uniqueness. What is thus grasped is a life style, a special form of human living, its modes of thought, its ethical norms, its aesthetic achievements (29).

Weber's contention that the process of thinking is neither objective nor natural, but a subjective one, is valid against a naturalistic materialism and realism. His turn towards the subjective is a turn towards Neo-Kantianism premised on a hermeneutics that "led him to repudiate the notion that social science could reproduce history in its essentials or full complexity. Conceptual analysis and historical explanation are always one-sided by virtue of their embeddedness in the perspectives and problems of the present" (Seidman, 1983: 242). Concepts, according to Weber, are instruments that the rational mind uses in order to mentally structure and make sense of what is empirically the case (Rehmann, 1997: 131). Weber adhered to neo-Kantian philosophy in asserting that reality as such cannot be ultimately and objectively known. Certainly, that it is inherently irrational, for it is the mind which imputes subjective rationality unto the world. For Kant, we impose a form on the raw materials of experience which in themselves lack order and meaning. The forms are purely logical. Causality, is one of these forms, an a priori assumption we make when we look at the succession of events. We always assume that what happens has a cause in the past, even if we do not know what it is. We take the idea of causality before we experience things. Whereas Immanuel Kant used the thing-in-itself, that is, the noumenal reality of the objective truth of things, as a limiting concept or boundary in what the mind can know, namely where the mind becomes entangled in contradiction, neo-Kantianism argues for an insurmountable dichotomy between subjective rationality and the concrete essence of the world. Goffman's (1963) statement that "stigma is a process by which the reaction of others spoils normal identity" (3) points to the methods in which talk, and a language of relationships constitutes a perception of stigma. The

same would apply to what is considered 'dirty' or 'clean'. Goffman (1963) further confirms a (social)constructionist understanding of stigma by referring to the unknowability of the Kantian thing in itself, "It should be seen that a language of relationships, not attributes, is really needed. An attribute that stigmatizes one type of possessor can confirm the usualness of another and is therefore neither creditable nor discreditable as a thing in itself" (1).

When Kant speaks of antimonies, or contradictions, he means a state by which knowledge is limited to human perception. Let us take the case of free will and determinism as a case in point. Say, I walk into a coffee shop and say to myself, "Today, I am going to be a determinist," … "So, I am just going to wait and see what happens. The Latte or the Americano, its inevitable anyways!" upon giving my order. Now, the problem for Kant is that such a refusal to choose is itself already an act of free will. A resistance towards choosing can be rationally framed as a free act. The point, for Kant, is that we live with the assumption that we have free will and that merely deducing a priori or a posteriori the idea of whether we are free or not entangles us in a series of web-like contradictions. We cannot shake off the conviction of free will, it is our most immediate, phenomenological impression. Free will, determinism or even compatibilism can all be shown to be rationally the case. In other words, we have inconsistent views each of which is supported by overwhelming reasons. There seems to be no way out of the web. On the question of free will, it appears that we have made little progress since Descartes.

Weber's subjective rationality therefore posits that the human mind, in some way, is responsible for bringing order to an otherwise chaotic world. It must necessarily do so to expunge meaninglessness and ascribe meaning to the world (Seidman, 1983: 257). This position shares strong affinities with symbolic interactionism, particularly the ideas of Mead, who was both a close reader of Kant, Fichte, Schelling, and Hegel (Reynolds, 2003: 42-43; Schubert, 2006). Meanings

are imprinted on diverse life-worlds in spatially and temporally different places. Here too, we see an emphasis on the multiplicity of perspectives in Weber's neo-Kantianism and interactionism analogous to the phenomenological approach. Phenomenology and more generally, qualitative research, recognizes that reality is constituted in human perspectives. There are always multiple realities to consider. If we take the following question: What is the most effective way to help the homeless? The question may be considered from a number of perspectives – the client, his or her family, the psychiatrist, the social worker, politician, the frontline caseworker, each of which is distinctly unique and in some ways contradictory to the others. Such perspectives define situations and as such competing definitions of the situation may coincide. The objective reality of the social service environment is experienced differently by all of these people, creating different realities. The same would be equally true to our study of the hospital and the reality of best practice. The ontological question is that of what precisely constitutes the nature of social reality? Such a question in some sense is determinative of the methods we use.

Human social engagement in the world is of primary concern to the qualitative sociologist who focuses on the study of such realities. Schutz (1973) wrote:

> The origin of all reality is subjective; whatever excites and stimulates our interest is real. To call a thing real means that this thing stands in a certain relation to ourselves (207).

The focus on human social realities therefore accounts for not only the "thing" but also the relation that it bears to the experiencing person. This research is interested in the 'experiencing person'. The facts of the world and the facts of human consciousness coincide in this focus. A realism which states that all there is, ontologically speaking, are facts of the world, namely objective reality, excludes the important part of the subject as customarily understood in philosophical

discourse and the interpretive processes of social life. It falls to the extreme side of the object in the subject-object dichotomy, failing to account for subjective experience. Phenomenological and interactionist theories understand this process as relational and intersubjective, which I think helps us to understand the gulf between subjectivity and objectivity in both philosophy and sociology. Pure objectivity, is therefore unachievable, in the precise sense of grasping what ultimate reality is. All we can understand, phenomenologically speaking, is how the world, and social reality, is for us.

Our experience of the world, as assumed, and our knowledge of it, is always through the subjectivity of our situatedness and presence in the world. Treating subjectivity as an inner state does not ground experience and existence in the social world. The view is always the subjective one of our presence and experience of social reality. Objective realities, as theoretical abstractions, are reifications. They are not necessarily the facts of life. The interpretive frameworks and meaningful, lifeworld structures are. What is real to the experiencing person is real. Take for instance what Schutz (1973) calls the "natural attitude of daily life", consciousness is an expression within and on the social world. The reality of experience is assumed. A current experience is shaped by a stock of preceding experiences and interpretations that constitute a certain frame through which social reality is taken in. Such a natural attitude provides us with interpreted experience, as if ready-made.

This methodological approach was chosen for this study primarily because of the paucity of research on this topic of dirty work among frontline caseworkers. But more importantly, it should be, at the very least, mentioned, considering its emphatic influence on qualitative epistemology and methodologies. Moreover, a qualitative, phenomenological methodology was needed to lay the groundwork for beginning to understand the work experiences of frontline

caseworkers. A phenomenological approach, as an entry-point into the study of work experience, allowed a focus on describing human experience and understanding the lived experienced of informants. Like other qualitative methodologies, it relies on a hermeneutic analysis, a process of reading and rereading interview transcript and dwelling on the phenomenon under study, scanning themes beginning to emerge. But most importantly, with a phenomenological approach to the social sciences, the emphasis is on bracketing the researcher's personal experiences of the topic and to hold at bay the theoretical knowledge gained through the research process. This was achieved by focusing specifically on the personal work experiences of frontline workers.

Working from the Ground Up

Glaser and Strauss (1967) highlight a series of key components of grounded theory. They note a spiral of cycles of data collection, coding, analysis, writing, and theoretical categorization. Grounded theory, as a research methodology, premises itself on symbolic interactionist assumptions about the nature of social reality. The purpose of grounded theory is to contribute to the knowledge of both social research and theory. It seeks to develop theory inductively and iteratively, grounded in empirical data. In other words, a theory, and its concepts, emerge from the data. Grounded theory, according to Glaser and Strauss (1967) also seeks to give actors a voice. According to Glaser and Straus (1967):

> A grounded theory that is faithful to the everyday realities of a substantive area is one that has been carefully induced from diverse data … Only in this way will the theory be closely related to the daily realities (what is actually going on) of substantive areas, and so be highly applicable to dealing with them (238-39).

Qualitative research methods focus on acquiring a greater understanding of how and why actors act an interact the way they do. To achieve this, it is essential to investigate the actor's perspective and meaning of the situation. In the words of Denzin (1978):

> It is often only after the act has occurred that sense s made of it. in retrospective ways then, persons explain their behaviours …. most interactional studies must aim for the development of explanatory accounts of behaviour sequences. And these accounts must be grounded in the retrospective explanations people give for their behaviours (13).

A grounded methodology stresses the subjective, inductive and process-oriented of research, while quantitative research methodologies can be characterised by hypothetico-deductive, objective and outcome-oriented (Reichardt and Cook, 1979). According to Patton (1980):

> Inductive analysis means that the patterns, themes, and categories of analysis come from the data, the emerge out of the data rather than being imposed on them prior to data collection and analysis (306).

Grounded methodology is also an iterative and comparative logic. Furthermore, as an inductive method, grounded theory allows for substantive concepts, categories and hypotheses to emerge before theorization. In this way, grounded theorists have argued that this method is more faithful to the data precisely because it hooks theoretical sampling directly within the gathered data. Rather than being driven by chief theoretical assumption about the nature of society and social reality, it allows the generation of a theoretical understanding or a reformulation of an existing theory that is substantiated by the claims actors make. Categories, in grounded methodology, designate the clustering together of instances, namely, occurrences, processes, events, claims, that share common and central characteristics with one another. In other words, it asks how certain instances relate to each other. Categories begin at a low level of abstraction, in which case they act as

descriptive labels (Strauss and Corbin, 1990: 61). For instance, references to 'anger', 'joy', 'frustration' can be grouped together under the descriptive label of 'emotions'. This seeks to simplify and structure our understanding of what is happening in the data. As the research process progresses, the researcher seeks to identify categories at a higher level of abstraction. So, if for instance, informants claim that they must keep their 'personal feelings out of the situation', which requires them to suppress their feelings of 'frustration', then we can categorize such strategies as 'emotional management strategies'. We then compare the category of 'emotion' and 'emotion management' to get a more in-depth analytic understanding of the relational dynamic at work. By relating and constantly comparing categories and concepts to other categories and concepts, a theoretical understanding begins to emerge. Categories and concepts working at a higher level of abstraction are analytic concepts rather than descriptive concepts. They are conceptual categories that interpret the data rather than describe instances of phenomena. For example, reference to activities such as getting drunk because of stress in life or writing poetry can be conceptualized under the category of 'escape' if these instances appear to share the aim of distracting individuals from a specific problem. So, for instance, in terms of coding, I examined interview transcripts for elements of the work that were deemed as 'rewarding,' 'fulfilling', or 'satisfying'. These key terms allowed me to cluster concepts together into a meaningful network of understanding the 'occupational rewards' of the job. The subcategories 'shared occupational belonging and collective identity,' 'a sense of accomplishment through client success.' and 'hearing the stories and emotional distresses of clients as a privilege,' as conceptual categories, were grouped together under the wider conceptual category of 'occupational rewards and constructing a sense of dignity in work'. This demonstrated the way in which informants evoked meaning in their work, namely were ways in which they (re)framed their work in a more positive light.

Descriptive and analytic categories are based upon the identification of "relations of similarity and difference" (Dey, 1999: 63). However, they are layered because they deal with different levels of categorical abstraction. Categories in grounded methodology, therefore, emerge from the data. They are not mutually exclusive and is process-oriented because it develops throughout the research process. It involves interpretation from the researcher. In this way, researchers construct accounts. Such an interpretation can begin to emerge during the interview, framing its context. Constructivism in grounded theory can be traced to the work of Strauss (1987) and Strauss and Corbin (1990, 1994, 1998) underpinned by their relativist approach and substantiated in their belief that the researcher constructs theoretical accounts because of their interpretation of the informants claims and narrations. During the interview process, interpretation began during the interaction and necessarily so. We tend to think that sense-making occurs post hoc, namely after the interview interaction. But researchers already frame certain interactions based on both its context and the nature of the dialogue. This can be shaped by various processes, thereby modulating the data outcomes in certain ways.

According to Charmaz (2000), who advocates a constructivist grounded theory, "data do not provide a window on reality. Rather, the 'discovered' reality arises from the interactive process and its temporal, cultural, and structural contexts (Charmaz, 2000: 524). Focusing on the data and the contingencies for meaning that can be accounted for, Charmaz (1995) has used grounded theory to extract multiple meanings from the data. Researchers, therefore, need to transcend the shallow waters when seeking meaning in the data, seeking for and questioning tacit meanings about values and belief. Qualitative research methods are used for these select purposes, namely to understand a series of select cases for what they are.

Qualitative research methods have been criticized for issues encompassing the validity and reliability of the data it yields. Validity in the quantitative context refers to the accuracy with which a set of descriptions represents the theoretical category that it was intended to represent. In qualitative research, validity "concerns the difficulty of gaining an accurate or true impression of the phenomenon under study" (Shaffir and Stebbins, 1991: 12).

Hammersley (1992) has responded to this criticism by stating that qualitative researchers use the concept of validity as analogous to truth. If it represents rathe than reproduces those features which it is intended to describe it is true. Validity can be changed as we can never now with absolute certainty whether an account is true as there is no reliable access to reality. Validity then is about accurately characterizing and representing the claim made in this study. in this research on frontline caseworkers in the homelessness sector, as is frequently the case in qualitative studies, the study was selected for various reasons, but primarily because it has been scarcely examined. dealing with original subject matter and the fact there is no published account in dirty work and frontline work in the homelessness sector, the primary aim of this study was to represent informant's experiences as precisely as possible, based on their n claims and from their own perspective.

The question of reliability is also pertinent. In quantitative research methods, reliability refers specifically to the replicability of observations and the consistence of the results (Shaffir et al., 1980: 1-12). In relation to generalization, that is, the criticism of the problem of generalizability in qualitative research is best put by Hammersley (1992):

> It is very important not to think of generalizability as synonymous with the use of statistical sampling. the latter is one useful way of providing for generalizability to a finite population, but it is neither perfect nor the only ay. if w cannot use it, we should not assume that our

findings are therefore not generalizable or that e cannot know whether they are representative (189).

According to Denzin (1994), "just as emotional understanding involves an appropriation of another's emotionality, so does interpretation. A failure to see the others experience from her standpoint results in the worst kind of scientific objectivism, herein observers substitute their perspective for that of the person they are studying" (259). For Denzin (1994), hermeneutics attempts to "avoid this objectivist fallacy by requiring entry into the other world as the first prerequisite for interpretation" (259). The objectivist fallacy is therefore the imputing of the researchers motives on the subject (Denzin, 1973; 176). In interpretive, qualitative research, the beginning point for inquiry, life stories "get at the inner life. This study sought to grasp informant's definition of the situation of their dirty work contexts. Namely, frontline workers qualify as dirty workers due primarily to their proximity to physical, social and emotional dirt. These workers are exposed to infectious diseases, violence, danger and hazardous substances. Their work is also socially and emotionally tainted in that they must form and sustain relations with stigmatized publics, at times having to provide care and services to ex-criminals and se offenders. What was their definition of the situation of these dirty work contexts? How did they construct and reconstruct their understandings of work? Was their work a source of self-identification? These are the questions that lead this study.

CHAPTER 3

RESEARCH METHODS

On Entering the Field

I began the process of each interview by making appointments vis-à-vis email with the permission of either the director or the manager. Upon arrival, shuffling my pocket anxiously for a cigarette, I pace the sidewalk nearby. I always made sure to be five or ten minutes early to ascertain my earnest self-presentation as a researcher. Every shelter requires the use of an intercom at the main entrance. Identifying myself and explaining that I had an appointment with an informant I was permitted to enter the building. At each site, I was greeted by a worker at the front desk who was balancing various tasks at once: welcoming me as I sat on a nearby chair waiting for my informant to meet me, taking phone calls, addressing the needs of residents, filling out papers, and answering the intercom. Quite frankly, I felt like I was intruding, considering the heavy workload frontline workers manage on a routine, daily basis. I was a stranger to the hustle and bustle of this type of work; guilty for taking time out of their busy schedules who were not themselves involved in the research. Smiling awkwardly at workers passing by, I waited patiently, composed, for my informant to arrive. I would soon be greeted by the informant and taken to either their own private office, or some other private office in the building. "Are you Julian?", I steer my head towards the incoming voice, my informant, with soft, dainty features smiles. "Give me two minutes please, I just have a few things left to do". "Is that okay?". "Absolutely! I completely

understand". My response is firm and kind. I waited for her to return, as was the case for most of my informants – they were always busy doing something. The workplace is compact, frontline workers rushing past each other in a hurry. There were times when my informants were interrupted by other coworkers during the interview – work related business. I observe an area where family clients relax, their kids playing and frontline workers making sure to entertain them, to act as company. Upon her return, we fled to a room to conduct the interview. I always made sure to introduce myself, explaining that I was interested in learning more about their work. "Act as if I know nothing!", I would say.

Once the anxiety had settled and the recruitment process became relatively more stable, interview encounters remained the same – namely where interviews took place. My so-called 'gift from heaven' was in having readily secured access to the field. However, despite my 'gift from heaven,' namely my great fortune in having acquired access into the field to conduct interviews with emergency frontline service providers in the 'homelessness' sector in a major Canadian city, the process was for me one of great anxiety. Immediate access, I found, does not equate to acceptance, especially from informants. The bureaucratic procedures of field access, by that I mean the tedium of email back and forth with managers and the administrative bodies of the organizations, was simply a matter of crossing my fingers. Sure, an appropriate email presentation and convincing research undertaking was important, but not much on the part of my own individual proclivities.

The research process, on entering the field and beginning my early interviews, which I considered exploratory, was, doubtlessly nerve-wracking. Crazy ideas, in the beginning phases of the research, circulated madly through my head: "Why would they want to study us?". "Argh, another researcher. I am busy, stop taking up my time!". I was fraught with anxiety, envisioning

embarrassments, disasters, and knowing my own shyness in interaction, the possibility of provoking awkward silence. The craft is not something passed down theoretically. The craft of field research and qualitative interviewing is a pragmatic reality. I adopted a professionally defined research role, which meant a process by which informants come to regard the researcher as earnest, relatively competent, and most importantly, committed. Active listening, body language and projecting a sense of being personable were essential. I knew from the get-go that these tense experiences had to be managed if I was to conduct my interviews effectively. Shaffir (1999), notes that qualitative researchers should disclose "their paranoid fantasies, embarrassments, and the like" (680). In other words, researches should remain open about their personal difficulties, quandaries and emotional experiences encountered during the research process. Introspection is neither good or bad. It has its merits. Its flaws. However, I have found that it did help me to a limited degree. It made me more conscious of foreseeing contingent field situations and at the very least, provided me with the opportunity to think-through some potential problems that could arise. In other words, self-reflectivity allowed me to mentally prepare for prospective burdens, tensions, disappointments, failures and so doing, conjure up possible resolutions. Apart from keeping this tightly abreast my mind, all the way through the research process, I knew that it was crucial to engage informant's, from the very beginning, amicably and develop rapport (Shaffir 1991). My immediate priority, upon entering the field and making a presence, was in establishing a bounded connection, namely a connection that was simultaneously distanced yet amicable, kind, and comforting. I used a few tactics to promote informant's acceptance of my situated presence and purpose. This was necessary to render informant's more comfortable, assured, and open about their experiences. I initiated casual conversation upon meeting the frontline workers. I wanted to project a sense of down-to-earthness. I did this by not dressing or talking too pompously. When I met an

informant for coffee to discuss recruitment, she had mentioned how North Street is becoming more of an artistic hub. I immediately took this as an opportunity to establish a mutual conversational milieu. We then spoke about art more generally. "Have you heard of Robert Mapplethorpe?" I asked. "There is a current exhibit in Montreal's Musée des Beaux-Arts on Sherbrooke. I showed her images of his photography. She then told me about some of her favourite artists, some of whom I knew, some of whom I did not. We sat for coffee and continued the conversation. This conversation, began as small-talk and eventually characterized itself as a dialogue. We became more incisive. By allowing each other to exchange diverse points of view on art, into matters of cohesive understanding that illuminated new insights about each other, we enabled a space, together, to talk about experiences. Art itself is a matter of meaning-making and sense-making, in that we seek to make sense of our experiences of looking, creating deeper levels of conversation about what matters. I perceived this conversational interchange to talking about experiences more generally, hopefully instilling a sense of comfort in the informant to eventually talk about their work experiences. It was, in other words, a conversational means to enter the work worlds of emergency frontline service providers, albeit, perhaps indirectly. It also eased the initial tension of first encounters. Beginning with small-talk, finding a common ground, discussing our shared affinities to make way into the bulk of the matter. It allowed me and informants to forge some mutual connection. Other times, the simple talk of dogs was useful and so on. These conversational 'opening wedges,' by way of explanation, to my mind, served as potent catalysts for a deeper inquiry into their lived realities.

The idea was not just to simply negotiate field entrance for interview, but also to negotiate acceptance into their worlds. Namely, the 'what is it like' quality of their work-lives and their experiences. This would allow for richer data to be gathered. The self is not static, granting that

doing qualitative interviewing is something that really does change the self. Like anybody you want to further get to know, you must find some common ground or shared affinity. That is, some mutual ground to make shared experience intelligible and therefore, at least, initial connection possible. People are not expected to robotically provide you with their life stories and experiences, nor should they be. They are not mechanical dispensers. In a way, you must show them why they should provide you with their stories, one being that the project is perceived by them as worthwhile and that you, as researcher, provide them with a sense of comfort, respect and trust. Like any other interaction with another human being. In the interviewing situation, and predominantly during recruitment this meant finding common ground that we could situate ourselves in, whether it was art, dogs, or something else.

Rather than crafting a thoroughly distanced position, I was inviting informants into getting to know who I was as well, therefore not remaining too aloof, withdrawn or cold. I was in the world with others. Yet, my role was not that of a frontline worker. Nor did I have any political interests. In some sense, I remained a stranger. Also, befriending too closely can serve to be problematic, risking research objectivity. The researcher's relationship with informants "requires rapport combined with objectivity" (Miller 1952: 98). Nonetheless, I realized that some researchers get too caught up in their own role. This overly intense self-engrossment in the 'research-role' can also act as a blind spot. Some connection must be made. Otherwise, the research process becomes too administrative, or in Steven Miller's (1952) words, "the researcher should not become a mere machine" (98). This blind spot can prevent researchers from recognizing that there is not intrinsically any difference between the interactions in the field and other social interactions apart from the aims of researchers and our enactment of the research role. Yet, connections must be made, relations must be maintained, and trust must be tirelessly sought for.

Blind spots with under-rapport are equally hazardous to over-identification with informants. In this way, I had to conduct myself situationally. I had to discover experiential entry points with informants.

By asking about their work experiences, I thought this framing would increase informants comfort and contribute to my credibility because it is a topic meaningful to our lives: work is an "important source of self-identification" (Shaffir and Pawluch 2003: 893; Sluss and Ashforth 2007). From that point I informally directed the 'talking' of these experiences towards my research aims. These experiences would provide insight into explanations of the experience of 'dirty work', work meaning, competing demands, and the construction of self-definitions in work. For the most part, when my role as researcher was established, informants readily entered dialogue with me. One even said, "I know how difficult it must be to get good quality data, but you were open with me and I am willing to talk freely". They demonstrated relaxed postures and divulged quite personal information, of course to their own recollection, suggesting that they did feel at ease with me. These experiential accounts, I believe, enhanced the quality of the data collected (Shaffir 1991).

I emphasized the importance of understanding the informants concerns and perspectives about issues affecting them at work and the meanings they attach to their work lives. That is, whether, and how, their work was a source of self-identification. If I used words or terms that frontline service providers found inappropriate in explaining their experiences, I used their terminologies and definitions: "You are caring for clients?" I asked. "Not just caring, validating! There is an important difference!". For frontline service providers working in non-profit organizations, servicing disenfranchised, and stigmatized publics meant understanding the past and current events of clients. By respecting and honouring their individuality, frontline workers

created meaning in their interactions and discovered their true 'helping' potential. The frontline caseworkers role is to provide a non-judgemental, empathetic environment by understanding the contextual nature of the client's situations and to aid in the discovery of the client's own recovery potential, ranging from addiction to independent-living, by targeting client-centered goals and supporting them to repurpose their life-situation. This was, according to frontline workers, distinct from caring in that its central obligations were to facilitate relief and validate suffering to promote understanding. But most importantly, it was about maintaining humanizing relations. Validation was not just caring. It was an attempt made on the part of frontline workers to situate themselves with their clients and to honour their stories and their suffering. Namely to respect and recognize stories that have been, in the context of the public, made invisible. In other words, validating meant making visible what was invisible. By paying close attention to the meanings they attached to their actions, experiences, forms and practices of care, I was able to prevent any distancing on the part of informants, towards me, by respecting their definitions of what they were doing and avoiding language that alienated them or did not align with their experiences. Otherwise, I would have appeared as insensitive, careless, and indifferent to their definitions of the situation.

The Sample and Sampling Procedure

The data from this study were gathered between April and August of 2017. They were based on face-to-face interviews with 24 frontline caseworkers in the non-profit, nongovernmental 'homelessness sector'. Of the 24 informants interviewed, 10 were male and 14 were female. Moreover, of the 24 informants interviewed, 22 were full-time and 2 were part-time. The sampling

procedure followed both purposive-selective and snowball sampling. During the research process, I sought to gather informants who worked on the frontline in homeless shelters, servicing a complex client base. Palys (1997), notes that a "purposive, or theoretical, sampling merely extends the admonition that researchers should be guided by the objectives of the study" (139). Informants were also politely asked to assist voluntarily in recruiting other informants. Many informants, however, had claimed that some workers in their organizations did not wish to speak openly about their work experiences for fear of reprisal from supervisors or management, namely fears that their expressed dissatisfactions with certain elements of their jobs would be revealed to management. However, I emphasized that the confidentiality of their identity through a strict process of ensuring participants anonymity using pseudonyms of both their given names and the names of their organizations. Despite my claims of ethical responsibility to informants who expressed hesitation, I remained reluctant to 'persuade' informants who expressed an unwillingness to participate in the research. I assured those who participated that pseudonyms would be provided to maintain anonymity. Informants were recruited from 3 different 'shelter' organizations in a large Canadian city: The Open Arms, Samaritan House, and the Rescue Mission. Out of the 24 interviews, 7 informants were re-interviewed for the following reasons, (1) to provide clarification for some of their responses, and (2) to expand on claims that they had made. 22 Interviews were conducted during work hours with the permission of their managers. 2 interviews were conducted outside of work hours. During work hours, the interview took place in a quiet office space. All interviews were audio recorded and transcribed verbatim.

The Interview Method

Interviews were semi-structured, interactive, and tape-recorded with informant's consent. Informants either signed the consent form or provided audio-recorded vocal consent. At the beginning of the interview, informants were informed about the nature of the research. We took the time to go step by step through the consent form. Here, the confidentiality of the study was discussed. I explained in detail the procedures I would undertake to secure their information, namely storing the transcribed data in a locked cabinet, making the shelter organizations unidentifiable by altering their names, and using pseudonyms for the frontline workers when presenting the data. After a step by step explanation of the consent form, I invited informants to ask me any questions they had (see Appendix B). The average interview time was 1 hour and 15 minutes. Some interviews lasted 2 hours while others lasted for only 40 to 45 minutes.

Before the interview began, I asked each informant if they would mind if I took notes during the interview. The purpose of taking notes during the interview was (1) to allow me to jot down some key terms, words, and claims that I could return to later during the interview, and (2) As well as noted questions that I wanted to ask the caseworker, so I would not forget them. It was mainly utilized as a memory tool, but also to guide the spontaneity of the interview interaction. I tried to avoid constantly taking notes as I wanted to create a comfortable and respectful atmosphere and if I constantly looked down at my notebook, informants may have thought me to be rude and inconsiderate. But note taking became an important way to create space between I and informant. By this I mean that at times, it was important for informants to collect themselves when they got emotional, or when their eyes were welling. Creating space was not a way to create distance, but a way to respect the boundaries of informants.

In the beginning of the interview, I asked informants how long they had been working in the shelter. This allowed them to comfortably talk about themselves. I then asked them to explain their role to me here in the shelter and to guide me through a typical day of working in the shelter. I then asked them what it was like to work in a shelter. I then followed each informants lead. The 48 direction of the interview, our conversational exchanges, were in some ways determined by prior claims made by informants. I used terms and concepts that informants used. Although when speaking about 'dirty work,' although informants recognized some 'dirty' aspects of their work, they did not see working with their clientele for the most part as socially tainted but acknowledged that outsiders would perceive it that way.

During the interview I used an interview guide to help facilitate the interview process if deemed necessary. The interview guide also proved to be useful as a reminder of what I wished to talk about and if informants did not emphasize certain parts of the talk that I wanted to address. The interview guide was particularly helpful when zoning in on the more physically 'dirty' parts of their work, such as cleaning rooms, garbage, and confronting dangerous incidents. Many chose to refocus onto parts of their work that were more edifying. So, the interview guide allowed me to steer the interview conversation and context back to parts that were omitted from their work accounts. When discussing parts of the job that they were required to do, such as laundry, informants appeared embarrassed. Other times, when discussing the 'deaths' of some of their clients, informants lowered their heads and became both visibly sad and tearful. One informant became very sad and I asked him if he wished to continue. I then turned off the tap recorder allowing him to regain composure. He asked me if he could step out of a cigarette, which I allowed. At some points, colleagues interrupted our interview due to work related business. These interruptions only lasted for 1 to 2 minutes maximum.

Theoretical memos (Strauss and Corbin, 1990) are frequently recommended to those who use the qualitative interview method. Theoretical memos are notes about ideas and themes that are beginning to emerge in the research data being collected. Early memos can influence the orientation and content of further data gathering. These notes contained basic information about where the interview took place and informants apparent experience of the interview. I also used memos which reflected beginning themes which determined how I would frame the content and even questions for the next interview, as well as my thoughts about the interview experience.

In addition to semi-structured interviewing, this study relied heavily on participant-observation, although, it is important to mention, that out of the three shelters selected for this study, I was only granted access to one shelter for participant-observation which provided me with rich data on the back-stage behaviour of front-line caseworkers. I completed nearly 130 hours of observation and 'informal talk' in the course of five months during the spring and summer of 2017. Several issues have been identified when conducting participant-observation, which became a central focus of this research. Namely, researchers must constantly remind themselves that they are in a social setting for the expressed purposes of social research. They are involved, in the sense that the process of research is socially engaged action, yet detached. The boundary work involved in balancing rapport allowed me to overcome the risks of overidentifying with other participants and "going native" in the setting by no longer questioning the actions and activities of those being observed and interviewed in the study. The researcher needs to collect data that are reliable and valid (Shaffir and Stebbins, 1991).

Data Analysis

A soon as I began my interviews, during the exploratory phase, I began immediately the process of comparing informant's experiences and looking for common themes. Strauss (1987) referred to these common themes as concept-indicators. The constant comparison of all the themes that emerged as the interviews progressed allowed me to generate broad categories based on the similarities, differences and degrees of consistency of informant's meanings and responses. The aim was to find what was common, but also to include differences in responses.

Theoretical sampling refers to the process, according to Patton (2001), of selecting "incidents, slices of life, time periods, or people on the basis of their potential manifestation or representation of important theoretical constructs" (238). Glaser and Strauss (1967) describe theoretical sampling as iterative process based on emerging theoretical concepts.

As themes began to emerge and as continuously compared the data, I made decisions about what kind of data to proceed gathering next and needed. Where my questions remained general at first, I then began to form more specific questions to use in my interviews, or themes to focus on. If there were critical claims that informants mentioned that were relevant to my research aims, I began to surround the subsequent interviews around these themes to see if they applied to other informants. When I asked informants to explain their day to day work routines and challenges, they began to note the institutional complexities of case management, their role in a strict sense, the emotional complexities that emerged through client interaction, and the on the job rewards. When speaking about the dirtier aspects of their work, informants tended to downplay them by redirecting attention to the rewarding parts of the job. I then, in future interviews, focused

specifically on these themes. I also began to question how they thought others perceived their work (family, friends, relatives, etc.). What became more apparent was their caring-roles.

Strauss (1987) referred to the discovery of categories as a process of coding which seeks to break down, compare, conceptualize, name, examine and categorize the data. As I sifted the transcripts, I was able to develop concepts that fit the data I began with simple codes and then developed these codes to a more abstract level. Once these concepts were grouped together I began to think about their relationship within the context of the research aims, seeking how, in dirty work contexts, do informants define their work as meaningful and construct positive identities, as it became apparent that they did. Therefore, I was interpreting a logic that would bring the data together into a cohesive whole. I then moved to a more intense analysis of the data by developing and comparing categories. With axial coding, I utilized by early codes and concepts and ran through the data to compare and see if those concepts and code accurately fit and represented the data. I noticed thematic patterns that emerged, but also sharp differences. For instance, when it came to manage their dirty work, most informant's choice to vent and laugh about it, namely to joke and discover humour in their situations. Laughing at the physical stigma allowed them to maintain esteem-enhancing identities by distancing themselves from those job tasks in a serious sense and not letting those tasks define who they were or what their jobs were about. Back-stage venting also created solidarity among colleagues.

With selective coding I sought to validate the relations among concepts. I then formed a 'narrative' or 'storyline' that describes what is happening in the phenomenon that is being studied 51 and referring to the literature to compare findings with other findings. According to Glaser and Holton (2004):

> Selective coding means to cease open coding and to delimit coding to only those variables that relate to the core variable in sufficiently significant ways as to produce a parsimonious theory. Selective coding begins only after the analyst is sure that he/she has discovered the core variable (55).

Once saturation was achieved the erection of artificial boundary in data collection was necessary. Through process analysis I sought to construct a theory that was meaningful and made sense about the phenomenon being studied.

CHAPTER 4

THE ROLE OF THE FRONT-LINE CASEWORKER

The caseworker role is a work-role often neglected in the sociological literature on occupations and professions. Caseworkers help to connect clients with needed services. That is fundamentally what their work entails. They are "connectors", as one informant told me, who assist clients with 'system navigation'. Although there is no consensus on the appropriate backgrounds or duties for caseworkers, they can play a crucial role by arranging appointments and referrals; arranging and monitoring service delivery; coordinating agency personnel, and advocating for clients (Bachrach, 1984). The question is: is their work merely the work of any other referral agency? This thesis seeks to shed light on the more complex, sometimes hidden, written-out-of-account duties and job performances that frontline caseworkers necessarily and do engage in, from their perspective. The work of the sociologist is not to make moral claims, about whether this or that is correct, wrong, ignominious. The sociologist is not interested, through his craft, in moral absolutes, but in understanding the reality of others. This understanding, presupposes the existence of multiple worlds. Understanding these relative worlds fairly, as best to our abilities, is what it means to be objective, otherwise I do not understand what it means within the context of sociological investigation. Caseworkers help to identify shelter clients social service and income support needs and then work with clients to meet these needs. They interview all new clients utilizing a V.I. SPEDAT instrument to determine the acuity level of their clients, an instrument which reviews their residential, work, health history and needs. Caseworkers record critical information on medications and personal identity during intake interviews; clients are then encouraged to meet with a caseworker for a more formal assessment. In addition to assessing client problems,

caseworkers may develop plans for securing rapid housing, especially for those deemed as chronically homeless, and participate in program developments and case conferences. An indispensable part of case management duties is helping clients to secure needed services – legal aid, medical care, income supports, and social services, in addition to helping clients locate housing or services and then accompany clients to their appointments with them. Caseworkers are both with or without degrees, many workers possessing degrees in social work. In this way, they do consider themselves as professionals. These caseworkers are responsible for almost all client needs; they develop case plans with the client, are held accountable for implementing the plan and following up as necessary and are available to help clients in all areas of need. Specialized services and formal counselling, such as therapy, are provided by outside professionals.

Casework can also be regarded as a sort of support work. Casework, as support work, takes the form of caregiving and caring about, that often goes unrecognized by both the public and the work of outside agencies. Some informants admitted that, "you get the feeling that you are unwelcome, at least that's the impression I get. Just looking at their disapproving faces, you get the sense that their thinking, "not them and their clients again"" (Silvia, front-line caseworker). Casework as support work, is about being an emotional support for their clients. It is not merely a matter of providing referrals. Although 'system navigation' is a large part of their work, the relational dimensions of their work are often written out of rational accounts of work. Many frontline caseworkers felt to be responsible for their clients, to be strong for them as both a deeply fulfilling and substantive part of their work. They did not see themselves and their organizations as simply a referral agency, nor as mere rule enforcers, but as people who sought to sustain humanizing relations with others that many would turn a blind eye to. These workers, were proud to be emotional strengths for their clients and derived satisfaction from having the skills and

capacity to be a "rock for them" (Daniella, front-line caseworker). For instance, Julie, an informant, spent more than 10 days, due to delays, bureaucratic hurdles and unfamiliarity with a specific legislation or the system, to help a woman open a bank account. Another informant, had just as much difficulty helping a client reapply for his social insurance card so that he could reapply for a health care card, which was necessary to obtain access to health care that would cover a treatment he needed. Where many would perceive this sort of work as mundane, dirty work, as servile relations with stigmatized clients, many informants found such work personally and professionally fulfilling, believing that it both made a difference in their clients lives and was playing an important social function.

Many felt their professionalism threatened by outside professionals yet continued to see themselves as professional. Many informants explained their feelings of non-recognition for the work they do, particularly from clinicians, psychiatrists and social workers, with the courtesy stigma (Goffman, 1963) attached to the people they look after, "for the doctors, or even in some cases the psychiatrist, you are right on the edge of dirty which means in their eyes you are not even a professional" (Catherine, frontline caseworker). According to the accounts of informants, treating a client with dignity, nonjudgement, compassion and respect seemed to be an explicit response to the inequalities and injustices clients were perceived to suffer daily. A significant part of the mission discourse of the organizations they worked for was respecting clients "for who they were" and "accepting them where they were at" (Haider, front-line caseworker):

> You take the client where they are at. You see they are struggling with addiction, refer them to a safer site. Don't judge them. Don't moralize them. Accept them fully for who they are in that moment. You work towards trust and respect that way. The values at this 56 organization are about being non-judgemental and compassionate. Feel it, be it, even when you can't. That is your job (Haider, front-line caseworker).

> Not being judgemental, being open and not surprised at anything. You've seen it all. Validation is huge. Making sure they are comfortable and feel respected. Validating … it doesn't mean that I am agreeing with the choices they are making but understanding where they are at. I might think what they are doing are poor choices, but instead of saying that directly, questioning them, "Where will this lead you if you continue?" You take their perspective. Go to their level, be where they are at, don't agree with them, don't pretend you do, don't tell them they suck. Its empathy. This is a struggle for them … so be with them and support them where they are (Colleen, front-line caseworker).

For informants, aware of the moral judgements of outsiders, were proud to help clients nobody cared to help:

> Yeah … you know what I get it … who wants to help people who society morally judges as "smelly bums"? To help someone with a criminal record, or a drug user? Right? But that is our mission. That is what makes us unique … its what sets us apart from other people in the helping professions. We go so far as to try to be with those nobody wants to be with … to give them our time, our ears, our presence … without taking a step back, without hesitating, without judging (Damien, front-line caseworker).

All informants explained a congruence between their own personal values and the values of the organizational mission. Part of the organizational mission was to care for individuals perceived as 'underserving' by the public and other professionals. Frontline caseworkers enacted a practice which was dedicated to a client-centered discourse that emphasized a non-judgemental egalitarianism. Such non-judgementality can jeopardize the status of workers that are socially tainted and face moral appraisals from outsiders.

Helping clients back into housing implies a different kind of support, it is the "step needed before recovery … especially for those who suffer from addiction. They need recognition and stability, or all else falls" (Noah, front-line caseworker). The help of moving and buying furniture, managing finances, connecting the electricity, showing clients the in's and outs of everyday living, arranging for pest control, bed bug preparation, applying for Ontario Works (OW). In the eyes of

all informants, such support creates opportunities for dialogue, or working alliance, to work towards "building that bond". It also reinforces the confidence between worker and client necessary for the maintenance of their relationship. All informants participated in this support work and saw it as why they were in this kind of work in the first place. Whether helping them move into stable housing, or cooking with them, preparing a meal, client-centered care was the priority. While this appears simple enough, informants saw it as fundamental, namely work necessary to client recovery and their reintegration into society. This kind of care work was perceived as unrecognized and invisible, "the little things that end up becoming big things" (Catherine, front-line caseworker). This invisibilized dirty work, however, of informants leads these professionals to undervalue the work they do. By helping to guide and reform the self, so to speak, frontline caseworkers are doing the dirty work of more high-status, privileged professionals like social workers and psychiatrists. Many thought that others viewed their work as "doing nothing," as the shelter being primarily a "dumping ground". This underlines the invisibility of their contributions and reveals a misunderstanding of this type of work.

Frontline caseworkers also sought to change and challenge the social representations of homelessness. As one informant claimed, to "make those who are treated by many as invisible visible", the "first step is to notice them, their humanity – I think that is what our role is" (Fatimah, front-line caseworker). Further, providing homeless clients with medical supports, access to essential services and integration within the broader community is just part of the longer process of recovery and of improving the quality of their lives. Where frontline caseworkers saw psychiatrists and doctors as professionals dealing with the "nitty-gritty of mental and physical health," as trying to "cure, clinically speaking," (Fatimah, front-line caseworker) informants perceived their work-roles as relationally-committed, namely frontline caseworkers saw

themselves as providing an indispensable service, one of helping undesirables re-access and reobtain fundamental social rights by enhancing their sense of dignity and providing caring support to rebuild their clients sense of positive social identity. To become active citizens again. This process was viewed by informants as dually constructive: as one informant succinctly put it, "by helping them regain dignity, I acquire a sense of dignity in my own work," (Catherine, frontline caseworker) that is, this dual process of dignification and self-verification which underlines the importance of relations in helping to construct positive work identities. In other words, their positive sense of self, for both informant and client, was an inter-subjective accomplishment, namely an achievement between two individuals in humanely-processed social interactions. Despite the dirty work they do (which is discussed below), a major theme that underpins the main argument of the thesis is as follow: informants were simply engaged in a relational practice of dignifying suffering, thereby symbolically redefining their work as both good work and moral work. Informants engaged in identity talk to construct images of themselves as moral. Informants felt part of a reciprocal exchange, namely "Don't thank me, you did it on your own. I was glad to be there with you" (Catherine, front-line caseworker).

Rule-Jugglers

How precisely did frontline support workers, collectively as an occupational team, understand what 'support' for individuals experiencing homelessness meant? In other words, how did they define the meaning of their support practices? Frontline support workers understood support as not doing things for them, but with them. Support work aims to promote autonomy,

self-responsibility and independence, which not only has inherent value, but also has value as a caring rationale. Support meant physically accompanying a homeless person to care services, consulting a landlord, encouraging he or she to house search, providing them with references to outside agencies, following up on applications, completing administrative formalities (identification papers, social insurance benefits, application to welfare support, the employment centre or the bank) or going to buy shoes, glasses and seemingly everyday trivial affairs such as getting them a pair of socks. It meant effectively listening to their stories. All these caring strategies were utilized by frontline support workers to achieve a higher sense of trust and connection with their clients and to develop a bond. Such support is often vital to ensure that individuals experiencing and suffering from homelessness have access to essential services such as health care, counselling and housing.

Engagement with frontline support workers in what can be called the 'homelessness sector' or the 'social care sector,' took place through clients seeking assistance from frontline workers with social services and health matters primarily, such as referrals to outside social services and health agencies, assistance with accessing housing and welfare supports. Once assistance was sought, according to the perspective of frontline support workers, the possibility of forming relationships with clients became a sought for prerogative. Fostering rapport, easing conversation and instilling comfort in clients were the aims. By evoking a sense of trust from clients, frontline support workers hoped to allow conversations to thicken and unfold in a manner that would reveal the background life stories of clients: tragic losses of loved ones, family conflicts, substance use and misuse, unfortunate declines in health, and their personal experiences with poverty and homelessness, all of which would allow the worker and client to develop a mutual understanding of sympathy, all the more therapeutically based. By establishing a humanizing connection,

frontline workers believed that they could truly help those willing to engage with their client-centered services and practices of care, with the goal of working together reciprocally for a life beyond homelessness, poverty and addiction. Interpersonal sense and meaningful conversations, occurred predominantly at the level of interpersonal connection, respectful engagement and comfort mediated through the deliberate practice of constituting an honest relationship of care.

The shelter has been, in the sociological literature, depicted primarily as a total or quasi-total institution (Stark, 1994; Kivett and Warren, 2002) or as a constraining space. This is partly true. Workers in this study revealed a redefinition of their work as a healing, highly moral and validating practice. Such a state of affairs, or interactional practice, was achieved mainly at the level of relating. In other words, at the relational level of their work. Workers did not see themselves, act or defined disruptive situations as merely an opportunity to enforce shelter rules one-sidedly. Although these frontline workers did recognize the shelter as a total institution (Stark, 1994), in their best efforts, they actively sought the negotiate such practices through their own discretionary powers when it worked in the best interest of their clients. In other words, despite the bureaucratic and rule-laden practice of the shelter, namely despite its objective reality, as existing as part of the institutional policies of proper shelter conduct, a subjective component in the definition and application of these rules was noted in the data. Tension and resistance could arise in the context of the emergency shelter where the shelter's definition, framework and approach to homelessness may or may not reflect the experiences, needs or challenges faced by either its clients or frontline staff. Furthermore, shelters are institutional expressions of a political and ideological response to the issues of caring for disenfranchised individuals. Shelters are funded in blocks by the city. They are also at the behest of the federal governments Homelessness Partnering Strategy which seeks to mobilize a housing first as opposed to a treatment first

approach. They are also required to, in the words of an informant, "count stats", through the Homeless Individuals and Families Information System (HIFS), or collect data on their clients for the institutional purposes of helping service providers with their everyday operations, track and support the management of Housing First (HF) activities, and accumulate data and knowledge on shelter use to facilitate the development of a national portrait of homelessness (Willse, 2010). Despite the conceptualization of emergency shelters as 'total institutions', I sought to understand the definitions and lines of action that guided the everyday social life of frontline practice. The shelter is both a deeply related institutional site, organized as a quasi-total institution (Kivett and Warren, 2002) where structural elements such as rules and policy configuring the organization of frontline practice bear influence but are not static and impervious to reinterpretation, negotiation and challenge by frontline staff. By way of explanation, frontline workers constantly negotiated and renegotiated the meaning of such practices predominantly in accordance to the frame of client-centered practice.

Clients who were disruptive, largely non-engaging and non-compliant did not simply receive the boot. The rules of the shelter were defined and redefined mainly through the interaction between staff and client. For Mark, an informant, the social world of the shelter and its services are negotiated through client and staff interactions, rather than unilaterally imposed. Despite the formal and explicit rules and policies, which aim to "define situations" (Becker, 1973: 1) underpinning the structure of organizational dictates about normatively expected behaviour from clients, these workers sought to bend the rules when such bending provided fruitful opportunities to facilitate the process of trust and rapport building, thereby acquiring both the "compliance" and "respect" of clients to their services. Encounters with non-complying clients were not simply opportunities to reprimand clients who did not adhere and conform to shelter norms, but rather,

workers defined such situations as means to further establish a bond with "bad clients" by demonstrating their own forgiving and caring nature, therefore constructing a moral identity (Holden, 1997). Bond-building with clients, therefore, at times, required frontline staff to negotiate with shelter rules depending on the meaning of the situation and its context:

> I've caught guys doing things … well, things they shouldn't be doing, like using. Instead of strict reprimands, we have a discussion instead – "why are you using here?", I provide them with referrals to outside agencies, safer sites, addiction counsellors, as opposed to being punitive. He is going to think in the future, "man, this guy let me off … he's a decent guy, and I think that helps … it does" (Mark, front-line caseworker).

The following excerpt indicates an informant's understanding of the reality of shelter rules.

> We wanna make an impact in peoples lives. So simply kicking guys out, who we know have addictions is really counterintuitive. Giving yourself permission to not know things and to shadow the guys who have been here for quite some time. You find out what has been working for people for long periods of time, so you stick with that. If you are just working off a textbook or copying, whether if that is what you learnt in school or about the rules of the shelter, you are gonna be rigid and impersonal (Damien, front-line caseworker).

> When somebody breaks the rules, the policy is basically kick them out or restrict them. No dad wants to punish their kids. Being in a position of authority, you have that ability … they got you going, now you are in a position when you can be mad, you are the one who is deciding the level of action to go with, or whether or not you have to call the police. You talk to the cops, "I want him charged with trespassing or I just want them out of here". I think such blind enforcement is silly. We all think that. You are determining their service restriction. So, I go by my own discretion of what's really happening (Conor, front-line caseworker).

Apart from the way that workers defined the situation of their interactions with clients, namely their perceptions of a client's behaviour, some workers referred to their individual proclivities as "habitual second chance givers," (Conor, front-line caseworker) demonstrating how their own personal dispositions and tendencies influenced the ways in which rules were either enforced or

bent. The social control functions of the shelter, therefore, are not a matter of splitting, namely a kind of all-or-nothing thinking, but was rather challenged when it could threaten client rapport or the create a transitional breakdown in the current success of a client's recovery and achievement of independent living. It depended primarily on the discretionary judgement of workers themselves and the way they defined and assessed their relationships with clients.

As Becker (1973) illustrated, rule enforcement is the enterprise of rule enforcers, not something intrinsic in the rules themselves. In this case, the judgements of frontline shelter staff are essential. Namely, frontline shelter staff have increasing agency in these negotiations by deciding how, when and whether to enforce the reprimands of shelter rules. For frontline staff, these decisions were based on assessments of client compliance to case work plans, their values of client-centered practice, their own individual predispositions and their ideological goals of maintaining humanizing relations rather than punitive ones. Clients who were perceived by shelter staff as conforming or at the very least, compliant with the demands, requirements and services of the casework plan but deviated slightly from the rules of the shelter were more readily forgiven than client's who were defined as unredeemable, disruptive and non-engaging to the services the program offered:

> You can't be one-sided. If you are too much of a stickler for the rules it makes it difficult to connect. I am rough around the edges, I like that, I am not perceived as a softy that people can take advantage of, I know – I know what a drunk looks like. When they know you are not a pushover in that sense and you stand your ground, it works. I wasn't born yesterday. So, if a guy is drunk I tell them, "go down the street and grab a bite to eat. Drink some water, before coming in". Therefore, I juggle strict rules with what is best for this particular client. I caught a guy with a can of beers in his backpack and according to the policy I am supposed to confiscate for the time being, kick him out, refer him to other shelters and execute a service restriction, so that he can't access our shelter for a number of days. But, that case, with that client, it wouldn't benefit him to kick him out that time, he has built a rapport with us, he has been working with us, he has a housing date coming up, I make the decision to bend those rules – "this didn't happen, don't do it again ... you

are on thin ice". I think that was the appropriate measure for it, he got them confiscated, instead of being kicked out and starting anew, flipping upside down everything you've done with that person. Work with that person for what is best for them (Massimo, front-line caseworker).

The rules in the shelter at the same time represent the shelter approach to homelessness and serves to sustain a relatively predictable framework for social control. By challenging and bending the rules to their discretion of the situation (in terms of their interaction with the clients, prior or present), frontline shelter workers attempted to actively negotiate elements of the shelter framework that they found to be too overbearing and problematic to the understanding of the current situation of the client. In other words, rule enforcement, for frontline workers, was not simply a matter of blindly applying what they were told, but rather, actively assessing and defining the current state of affairs in terms of how it related to the interactions, context and dynamic between themselves and their clients, for the betterment of their clients. Frontline workers also challenged what they called "the institutional feel" of the shelter:

> The social service sector, the whole system, it can be very institutional with the glass windows, the person that asks you what your name and bed number is, the person who pushes the button on the door to let you in and out, the keyed doors everywhere, very institutional and impersonal, kinda like the prison system, inadvertently devaluing to the person, to make them feel like they are a piece of meat in the place instead of them (Andrew, front-line caseworker).

Andrews statement says something interesting. It expresses an attempt to both assess and reframe the institutional culture of people-processing institutions in a way that alters its affective dynamic, at the relational and interactional level. For many informants, a vital aspect of their work was making them feel "like persons" and therefore, which means given their mission, their identity and purpose, that is, what their organizational culture reflect what they are called to do, to emanate a

certain kind of feeling and affective quality. Providing an overview of the work of frontline caseworkers was important as well as their understanding of themselves as rule-jugglers. This chapter has also mentioned some experiences that frontline caseworkers have had with outsiders. We now turn more closely towards the ways in which informants negotiated taint with outsiders.

CHAPTER 5

DENIALS OF DIGNITY: NEGOTIATING TAINT WITH OUTSIDERS

For Hughes (1951) dirty work includes roles, occupations and tasks that are often perceived as degrading, menial or disgusting, while the management of taint refers to the ways in which one's proximity with dirt, as a 'discrediting mark' (Goffman, 1963), is responded to and experienced (Drew et al., 2007). While the bulk of studies has focused on the specific situation of those who directly experience stigma, Goffman (1963) has suggested that stigmas also affect those who are closely affiliated with those who are heavily stigmatized. According to Goffman, "the problems faced by stigmatized persons spread out in waves of diminishing intensity among those they come in contact with" (30).

There is a very small body of literature addressing courtesy stigma experienced by family members whose relatives are affected by HIV/AIDS, psychiatric illness or cognitive disabilities (Green, 2003; Gray, 2002; Corrigan and Miller, 2004). Courtesy stigma, or social taint, places strains on the relationship between marked individuals and their family members, ultimately affecting the capacity for support (Green, 2004). Corrigan and Miller (2004) note that narratives of shame, blame and contamination give rise to courtesy stigma or social taint. Narratives of the homeless body as a contaminated body, as a matter-out-of-place is one such narrative. Such narratives of blame suggest that the affiliates of stigmatized others are culpable or responsible for the negative social implications of their own stigma, while narratives of contamination imply that affiliates of stigmatized persons are liable to having compatible values, attitudes and behaviours, they are perceived as one of them, namely "being known by the company we keep" (Kulik et al.,

2008; Neuberg et al, 1994; Sigelman et al., 1991). As we will come to see, perceived 'dirty work' can arise from proximity to contaminated bodies and exude a social taint. Scholars studying dirty work, however, have closely investigated the numerous ways that workers interpret, ascribe and sustain meaning in their work, despite public derision (Harris et al., 2011).

What kind of messages did informants receive about the work they did? Namely, how did the perceptions of outsiders, their interactions with the public, friends, family and relatives shape their understandings of the work they did and how, in those interactions, they sought to challenge, manage and reframe certain negative attributes attached to their work? In other words, how did informants deal with outsider perceptions of their work. The results of outsider perceptions of their work were quite varied, but dealt specifically with certain recurring, patterned perceptions. The ways in which informants responded to the negative perceptions of their work from outsiders also varied, but nonetheless adhered to three main ways of responding: (1) condemning condemners, (2) countering negative perceptions by redirecting attention to positive elements of their work and (3) challenging to discredit the accredited stigma of their clients via proactive educational means, thereby seeking to minimize, manage and negotiate their own tainted roles.

In other words, informants combatted stigma or associated 'taint' directly by confronting public perceptions of taint and client perceptions of taint by refuting stigmatizing ideas and espousing the values of their work. While many informants experienced a 'spillover stigma,' known as stigma-by-association (Goffman, 1963), many sought to challenge the stigma attributed by others through education and consciousness-raising in the attempt of negating the existence of the stigma. Although frontline caseworker knew that while many people valued their jobs, in the sense that they saw such work as necessary, they also knew that not all were willing to do them, or even talk about them. Others expressed frustration at attempts by outsiders to devalue the work

they did. Despite their varied responses, namely the distinct strategies they employed to manage work identity threats, there is a level of taint that informants must negotiate with outsiders so to maintain positive work identities. These stories offer an in-depth view about the frequently unarticulated processes through which frontline workers negotiate dirty work taint amidst wider discourses of criticism, scorn and moral disapproval from the public, family, and friends.

Redirecting Focus: Helping Others, Saving Lives

Many perceptions informants received from outsiders about working in a shelter, were for the most part, negative or 'surprised'. The shelter was perceived by outsiders as a tainted space, namely a dangerous and scary place with a 'dirty' population:

> I work with the homeless so from time to time I hear negative talk about how dirty the population I work with is (Noah, front-line caseworker).

> I am proud to do the work I do. People would not consider doing this kind of work. But think about it, it needs to be done, we are making communities stronger and safer. I am happy to participate in that. My family thinks they are all bums and disgusting … they are not just injecting all day. Plenty of normal guys here (Andrew, front-line caseworker).

> People are often astonished. They are really surprised at the fact that I would be willing to work in one of the scariest and most dangerous places in the city … working with individuals whose capacities may not be considered healthy or predictable (Harley, front-line caseworker).

Despite the negative remarks that informants received from family, friends and members of the public, they sought to reframe the meaning of such places (the shelter) as places for change. One

informant recounted her story of having landed a job at the shelter, explaining her father's response:

> One time I came home, after having just landed my job at the shelter … I was super excited, "Dad, I got a job at the shelter" … "What! He cries. That's a dirty and dangerous place! Why can't you work with more respectable people who will actually appreciate your help." I was sort of shocked ... I mean, don't they need attention [laughs]? A shelter is not just a dirty place … it's a place where people can thrive. I like to think of it as a temporary home (Riley, front-line caseworker).

According to another informant:

> A friend of mine was like, "You work in a shelter? Aren't you afraid that your gonna get pricked or hurt? Why do you want to clean up after them?" But she doesn't get that that's part of the job. What we really do is help people (Silvia, front-line caseworker).

Adam, an informant, recalled a time when he experienced the tension and stigma of his occupation. His friend's girlfriend asked, "Where do you work?". Adam responded by saying, "I work in a homeless shelter". A moment of silence, as Adam remembered, filled the air and then a, "Holy Shit". An informant Jessica experienced similar responses. However, she frames such reactions as understandable, considering that not everyone has the "emotional stamina" and emotional capital to engage actively in a crisis. Crisis intervention, according to Jessica, is understandably not for everyone:

> They think, "Holy shit that must be hard" or "How do you do it?" … You just do it. I am more social than other people. It works. And if someone is actively in crisis, not everyone can handle that, I get it – not everyone has the emotional stamina. I guess that's why I am here (Jessica, front-line caseworker).

Adam, on the other, experienced similar scenarios differently:

There was this awkward silence for a couple of moments. I just said, "Yep," hands in pocket, to be honest, very nervous. I was waiting for my buddy to jump in to shift gears in the conversation. But then his girlfriend asked me, "Do you actually like working there? I mean, it must be really tough and dangerous". My buddy followed her question saying, "Yeah, you never really talk about it, how is it like?" I told her politely that it was at times a difficult job. Inside I was just frustrated. Then I told her, "That my job is really about helping people. You know, the homeless are victims too. I help them build their lives again and that means helping them apply for jobs, look for housing … the little things that nobody thinks matters, building trust, all of that is to help them regain a dose of self-esteem. To show that somebody cares. I find that totally satisfying. At the end of the day, you feel like you contributed positively to the world. Its really worthwhile" (Adam, front-line caseworker).

Workers experiencing work related taint frequently encounter instances with the public, friends and families that they describe as uncomfortable, threatening or awkward. For instance, according to the following interview excerpts, informants expressed a sense of uneasiness, awkwardness and discomfort, like Adam, when outside threats were made to their occupational identities:

I remember, just silence. It was nerve-racking, awkward really. I just didn't know what to say (Sarah, front-line caseworker).

I don't talk to my family or friends about what goes on in the shelter because I don't think they would really want to hear it personally … all the bad stuff that happens here … it would make them and most people feel uncomfortable I think. I was at a friend's party once and someone asked me where I worked. I told them that "I worked at a homeless shelter" and suddenly amongst the group I was with, it went dead quiet. One guy asked me, "Why do you want to work with such difficult people for such low pay?" something like that. I felt embarrassed … and stuck (Noah, front-line caseworker).

As Adam, Sarah and Haider's narrations vividly highlight is the awkwardness and discomfort of social taint. In doing dirty work and emotional labour that many view as undesirable and stigmatizing, workers seek to manage and preserve a preferred, positive identity, one that can be appropriately adjusted to meeting the moral and social standards of both the workers themselves

and the public (Ashforth and Kreiner, 1999). This can be accomplished through a variety of identity management strategies, or taint management strategies (Drew et al., 2007). For many stigmatized workers, specifically those whose taint is emotional, social and psychological in nature, research has begun to demonstrate that workers ma chooses to remain silent and withdrawn about their experiences (Baran et al., 2012). By minimizing communication about aspects of work that are stigmatized, that is, by reducing the chance or possibility of threatening encounters with others, may provide temporary relief from the taint, but is not manageable in the long-term. Adam, however, sought to construct and sustain an esteem-enhancing identity that edified and casted occupational worth in what he does by redirecting attention to the more noble, moral and nonstigmatizing characteristics and tasks of the work, while ignoring the 'dirtier', more 'dangerous' parts of his work such as looking after 'homeless' bodies, cleaning 'dirty' rooms, and dealing with aggression. Adam, rather chose to focus mainly on his clients rather than on himself, as was the case with most informants. The emphasis was on helping others. The redirection of attention to a more abstract notion of 'helping others' allowed Adam to distance himself from what may be considered the most stigmatizing elements of the job, by de-emphasizing them. Redirecting onto the client and the good work they do provided workers with a justification for their jobs a contributing to the greater good.

Redirecting to the more honourable elements of the work explains the interactive strategies used to recast the meaning of their work in ways that affirms a positive identity, rather than accepting awkwardness of the "How could you do that?". Adam's sense-making is constitutive of the management of work identity and the mitigation of work related taint. Redirecting focus can be regarded as a strategic manoeuvre in identity work. Informants, therefore, made use of 'redirecting focus' to the more dignifying aspects of their work was a strategy to negotiate the

positive meaning of their work with outsiders. A common perception, from others that informants received was that frontline case work in a homeless shelter was dominated predominantly by themes of sadness and danger. Informants regularly countered negative perceptions by emphasizing the positive elements of their work:

> "Oh, that must be a really depressing and sad place to work at". I can't tell you how many people perceive this as a depressing thing. I am like, "What do you think is sad about it?" … "Hearing all those awful stories, how can you do it?" … You know, its also a place where people change and grow. We save lives too … (Patricia, front-line caseworker).

> "Why would you want to hear about the distressing stories of people who don't even care about themselves?". you get that question a lot, in one way or another … and its like, "Where are they going to go?" The shelter is a last resort … we are providing them with a non-judgemental space to grow and heal. These are human beings who need somebody to talk to and hear their stories, if you want them to stop doing what they are doing, whether that is drugs or whatever … what are they supposed to do? (Lorrie, front-line caseworker).

"Most People are Out of Touch": Condemning Condemners, Supporting Supporters

According to Ashforth and Kreiner (1999: 421), reframing refers to the technique employed by workers to transform the "meaning attached to a stigmatized occupation". Informants often received the "bleeding heart" stereotype. Informants reframed the stigmatizing and stereotypical perception by wrapping the stigmatizing and dirty features of the work in more uplifting values, stressing the broader mission and value of their occupation. Informants also downplayed talk of distress in favour of stressing their organizational and personal commitment to providing non-judgemental and validating spaces and being there for people in need.

Informants also engaged in a countering practice of refuting stigmatizing ideas by educating erroneous perceptions of their work casted by outsiders, referring to higher ideological values, evidence or condemning such discourses of criticism as a form of "ignorance". Similar to Phillips et al (2013), whose work of frontline service providers working with sex workers utilized their professional authority to condemn outsiders as misunderstanding the nature of their work, frontline caseworkers working with the homeless, in this research study, condemned outsiders as being out of touch with the "trenches of this line of work" or as possessing ideological attitudes that prevented them from understanding the importance of such work. According to Omar:

> Its also painful to listen to the average person talk about our client's situations and the work we do here because their experience is usually looking at them from their car window as they drive down James. So, they don't see the point of your work really because they are not in the trenches, they don't understand what's going on (Omar, front-line caseworker).

Condemning condemners (Sykes and Matza, 1957; Ashforth and Kreiner, 2014; Lyman and Scott, 1989; Liddick, 2013; Drew et al, 2007; Simpson, Hughes, and Slutskaya, 2016) involves seeking to refute outsiders delegitimizing claims and perceptions of dirty work. Criticizing public ignorance acts to mediate the dirtiness of the work, suggesting that if outsiders genuinely understood what frontline caseworkers did, afforded them the respect they deserved, understood their importance in the social service sector, who they dealt with or were "in their shoes," they would not assign much taint to the profession. Criticizing outsider perceptions is a strategy for securing and sustaining a positive work identity (Ashforth and Kreiner, 1999). Such condemnations therefore serve to neutralize affiliated social taint.

Informants who possessed educational credentials were in a better position to challenge the stigma of themselves and their clients. These informants were more likely to notice and articulate

their observations of stigma as well as be able to advance counter narratives regarding others

ignorance and misunderstandings of frontline work. Professional education therefore could offset

the stigma otherwise experienced. In other words, informants mainly sought to question the

credibility of those promoting stigmatizing ideas about their line of work and the clients they

served and to discredit the discreditor, thereby challenging the very existence of social taint. By

condemning those likely to judge the work negatively, informants actively countered the taint and

rendered it less salient:

> I do feel the stigma. I mean, because homeless people are stigmatized. I think that affects us. For example, I had a friend who asked what I did for a living and I explained myself and they said, "Oh, you must have bed bugs when you come home! … because you work with homeless people". It irritates me when I hear people say, "Oh these people should just go out and get a job," their comments are hurtful and that hurts me. I don't like that, so there is a stigma that attached to my profession. There are others that say, "You just sit behind a desk and listen to people complain all day about how terrible their lives are … how could you deal with all that grief and distress". I tell, them, "No, we provide them with a listening ear, no judgement … we validate their experiences". But, you don't understand it if you are not in the field, you just don't get what these clients are telling us … you gotta be in deep if you care. So, I think there is stigma from the general public and your closest in my experience. The lack of understanding is frustrating, even in my family … I have family members that don't understand or don't see the point of social work, or what it is, or what homelessness looks like. They just make uneducated comments and its frustrating and annoying, if I am being honest, because they don't see the great work that the individuals at the centre do. I get this comment a lot, we are "bleeding hearts". That's what they call us, "bleeding hearts". They think that we work for the sinners and the scum. They see us as somehow defending them because we work for them. We just bleed for these people, so were sort of stereotyped as well, which I think undermines the value that we do here. We are so sappy they say and things like that. But if you worked one day in my shoes its very different from what you think it is. When comments like that arise, I try my best to educate. But for the most times, I just don't say anything. I don't agree with what they are saying by any means, but I am not going to sit there and try to change someone's mind at times and I know that personally I should try to change what they think but sometimes it is just so exhausting. That's what you think, I am not even going to go there with you. I feel like I have to justify what I do most of the time (Colleen, front-line caseworker).

According to Jason:

The first thing I will get is your doing God work, good for you helping out those people, which is always a funny one for me because I don't think I am any sort of saint or superhero by any means. I am just trying to help people out. I also get a lot of that stigmatizing language and a lot of those misconceptions about what homelessness is. Others tell me, "How can you put all that effort in, those people are never going to change, they don't want your help, they are just using you," stuff like that, and "those people have no hope for change, they are all alcoholics". My response is with education at all times. I don't go into a lot of depth about what I do, especially when people start bringing up some of those opinions or if they want to engage me in an argument about the effectiveness of what I do – I don't have time for your radical conservation views, it doesn't align itself with the nature of this work. Once you are in the trenches in this work, you get a really different sense of what it is like to be a homeless person, to work here, for people who live in poverty. I chalk it up to the fact that they don't know any better because they are observing it from their ivory tower, from their position of privilege. I have a position of privilege, but I am leveraging that privilege in order to help people (Jason, front-line caseworker).

Discrediting the discreditor's involved devaluing the perceptions and opinions of those who look down on their work by pointing out the ignorance and ideological shortcomings of those who criticize them, such as "right wing conservative views" and "leveraging privilege". But as Jason says, my response is with "education at all times". Informants also placed more focus on those who supported their work, thereby legitimizing their occupational statuses:

When you work or are in contact with people who know what this line of work is all about, you know, they also work in the community, they pat you on the back, they understand. Those people are worth your time and attention (Christina, front-line caseworker).

Using 'education' to refute stigmatizing ideas also allowed informants to deflect the ascribed taint of both themselves and their clients and not internalize it, by questioning the legitimacy of such claims and therefore promoting a sense of self-esteem in what they do and the legitimacy of their occupation. Despite a host of taint-management strategies elucidated by scholars (Drew et al., 2007), many sociologists studying 'dirty work' and 'social taint' have paid less attention to proactive educational strategies which seeks to manage, neutralize, reduce, or negate the existence

of associated taint by confronting negative social claims and perceptions made by outsiders. In other words, education strategies or opportunities are not defensive taint-management tactics but are rather proactive taint-management stances. It involves a process of disclosing information about the nature of the attributed taint and contextualizing with the hope that it will enlighten others and deflect negative reactions or perceptions. In this sense, it is a courteous confrontation, one that avoids being acrimonious and seeks to raise awareness but may inadvertently expose one to discrimination and criticism:

> I think its because 'homelessness', addiction and housing problems are not well understood by people, so they tend to easily categorize. So, it drives me to educate people who don't understand or make ignorant claims … that's what I feel to be one of my responsibilities and that keeps me going. Otherwise, something untrue would continue to exist (Andrew, frontline caseworker).

> My friends would be like, "Man, you work at a homeless shelter?". I don't simply criticize them. Rather, I see it as an opportunity to educate them, to include them in the discussion on stigma … "Aren't you worried you are going to get killed or attacked?". I respond by teaching them with the latest stats, that these guys are more likely to be a victim. It becomes an opportunity for me to educate people who aren't as educated in this specific area, tell them how things are here and that I feel totally safe here. Sometimes I bring some of the guys to appointments or the emergency, and yeah, I feel the stigma … the looks they give to some of our clients and than me. When you are not in this field, its easy to judge (Mark, frontline caseworker).

Informants who had 'letter behind their names' felt more at ease, whereas others who did not have letters behind their name were more critical of outside discourses of criticism:

> Having letters behind your name, you know – they know you are educated and have a degree, so they trust you more, they respect you … you know, friends, people you talk to and outside agencies. But I know others here who struggle more with that (Catherine, frontline caseworker).

I think definitely … I don't have letters behind my name. But I am very proud of what I do. There are times that I have spoken to people about what I do and they have said some very disgusting things in response … I was at a party and this guy said, "Woah, you must work with some pretty messed up and disgusting people," and I was like, "Who, the landlord?" and someone interjected and was like, "No, the homeless silly!". Some have also said some pretty negative remarks, like, "Still trying to save the world … don't you know that these people are just using you!". I try not to get too angry. But I try to explain for one thing, there is no stereotypical homeless person. It may be correct sometimes, but there is such a huge variety of experiences. Nobody choses to be homeless, or because they are lazy …. its really hard to survive when you don't have a place to live, it takes extreme effort and we see it everyday. Nobody wants to be a drug addict or have to do traumatic things to make money. Nobody wants that for themselves. We have to look at what is happening. There are so many different things that can contribute to someone's homelessness (Daniella, frontline caseworker).

We tend to view homeless people as either dangerous, manipulative or abusive. But let me tell you a story: My dad had to live on the streets for a whole week. It was for a class. He was becoming a member of the diaconate. He told me one thing that stuck with me ever since: on his first night of being "homeless" he woke up covered with sheets of cardboard, with a rock on top to hold it all in place. The other homeless took care of him his first night on the streets (Colleen, frontline caseworker).

Sometimes, simply trying to explain their occupational missions, goals and emphasis of client-centered practice helped to refocus proper understandings of their work. Judgements by outsiders, therefore, were expressed in terms of informant's association and contact with homeless service users:

My friends husband said to me, "Why do you want to work for those losers?". They are not losers. I mean, you get that a lot. They don't get it. I just like meeting people … I think everybody deserves to live in peace and to be the human beings we are meant to be. The world is moving way too fast. If we could just slow down … just for a second and be humans (Jessica, front-line caseworker).

I think that people think that my work is messy and hopeless because these bums are never going to be saved. But its not like that at all! Everybody is worthy of help and service. These guys are funny! You just have to treat them like a human, isn't that how you earn anybody's respect? They just got lost along the way (Fatimah, front-line caseworker).

Informants were aware of the 'dirty' elements of their work, or at least other people's awareness of it. Due to the social taint unwantedly attributed to their work statuses and identities, a sense of weariness and anxiety about outside threats always looms. Social taint can be negatively internalized and impact an individual's well-being (Major and O'Brien, 2005; Vogel, Bitman, Hammer and Wade, 2013). Courtesy stigma as closely linked with the concept of social taint, acts as a threat to the positive construction of work identities as it can act to spoil workers self-concept (Crocer and Major, 1989). Recall that the stigma of dirty work is not an inherent property of the work itself, but is a social construction, therefore, because the worker is not the primary target of the projected taint, but may experience a spillover, thereby the risk of internalizing the taint to see and understand oneself is there. Interestingly, informants in this study were quick and bold in their renunciation of attached negative labels of their work, but nonetheless claimed to experience a sense of hyper-vigilance and anxiety when threats were posed, either by condemning or remaining quiet: "people don't get what our work is about … some are really ignorant …. its not about us but the client". Informants alluded to an awareness that although they experienced a related taint to their work role, this was due primarily to the ignorance of others. Further, informants countered with educational and evidence-based rationalizations, or by reflecting on the reality of their situations as a means of demonstrating the falsity of certain claims made by outsiders (referring to facts and figures, or to correcting misguided concepts). Courtesy stigma, or occupational social taint, is experienced by informants as being linked to the clients they are supporting and serving. Workers mad-talked about the way certain claims made by those on the outside who question either the legitimacy of their line of work:

I mean what we do here is really the work that no one else wants to do. It grew out of the churches. That's why they are all somewhat linked to the church [the organizations]. Today its become a business. Its become a large profession. When dealing with poverty, I really get offended when people say, "Social workers don't want poverty to be fixed because then they will be out of a job". And it happens often, believe it or not. I am so highly offended about that because people will always have mental health problems because we are still human, so even if we are all wealthy people an still have something affecting them emotionally, it would free up the social workers to do other stuff and make families stronger. I would love to not talk about poverty all day, you know? But I am in this field because it is fascinating and challenging work – and I love meeting all the different clients, and I have developed my skills …. think about it, just this issue of housing … we live in one of the richest countries in the world with this embarrassing problem, right? So, I stayed in this. I could have gone into counselling or public health … so yes, I would love poverty to be fixed, because I think it would free us up to talk about so many other things. If people did not have to worry about money, people would be so much healthier mentally … I think. So, don't tell me you don't need social work …. that you don't need frontline work. I don't buy that for a second. We are helping people here (Harley, frontline caseworker).

Some outside claims and comments appeared to informants as dually respectful, affirmative and yet, were perceived as actually demeaning in that they implicitly scorned the clients they worked with and therefore questioned the value of their helping potential. Polite comments were read with ambivalence, according to one informant:

You get these compliments and its quite obvious, for me at least, that they appreciate what you do. They say things like, "it must be really hard, I could never do that". You get the feeling that its hard for them because they don't like the idea of working with people who are considered a 'waste' by society. Sometimes they laugh while saying it, like what the hell? They make you feel like you are a sucker … you know, you feel like you are part of that waste while they say, "Good for you!" (Andrew, frontline caseworker).

Its frustrating you know, its such a hassle, trying to constantly prove your worth with stupid comments. You are kind of in between, because you know its both important and looked down upon because the clients are looked down upon. So, you watch yourself all the time … who is the right person to say this too, about what you do. So before, I usually learn about them first … will they be the ones to understand what I do? (Noah, frontline case worker).

The notion that frontline caseworkers should be seen but not heard is apparent in professionals of other disciplines, according to informants. They feel it themselves:

> I think that until we are valued, by being heard by other professionals, as having a perspective which attempts to understand the world of our clients, then I think that we will continue to be treated as a group of workers who are willing to do the dirty for the more respected professions in community treatment (Sarah, front-line caseworker).

Another informant noted:

> …like you take care of their basic shit and outside agencies we'll do the things that keep their hands clean. A guy lost everything in a moment, sacked from his house, in crisis, nowhere to go and we are the first people he meets. Nobody we'll take him like that … or a homeless man … they are just referred here. And what did I have to offer him? Insight? No, all I could do was listen. His pain was so deep that it seemed that only time could heal. All I could offer him was my space and time (Conor, front-line caseworker).

Informants believed that they "are the ones who clean the backyard of other professionals," to feeling a disconnect with outside agencies partaking in community treatment, "…just talking among agencies … I don't feel solidarity among social workers and other professionals in outside agencies. They kind of look down on us" (Harley, frontline caseworker). Like police officers and firefighters, frontline caseworkers continue to work because they believe that they are doing good work. Case management is the work needed to facilitate care among program participants in taking responsibility for their basic needs:

> Without this help, there is always the potential that participants will become distracted from the therapy or their addiction recovery program because they do not have the ability to take care of themselves or their dependents. There is no harm, as I see it, in always checking first things first, nor is there harm in being redundant (Catherine, front-line caseworker).

For informants, harm will happen in a community-based treatment approach if there are no or too few community support workers who are willing to help with the dirty work of case management, with the aim being harm reduction. For Miles, an informant, if "you really want to help, you gotta roll up your sleeves" (Omar, front-line caseworker).

Every day, people work every year, providing services that are critical in ameliorating many of society's problems (Snyder and Omoto, 2008). Their beneficiaries or service recipients are often stigmatized or socially tainted group members, such as individuals experiencing homelessness, immigrants, addicts, the mentally ill and persons living with conditions such as HIV disease. Research suggests that people may experience stigma-by-association, or social taint, simply through their affiliation with stigmatized group members. Goffman suggested that, "the tendency for a stigma to spread from the stigmatized individual to his close connections provides a reason why such relations tend to either be avoided or to be terminated". Empirical research has demonstrated that people are stigmatized because of their associations with stigmatized group members, for example, people may be perceived more negatively for being friends or working with stigmatized others (Neuerg, Smith, Hoffman and Russel, 1994; Sadow, Ryder and Webster, 2002) or merely being observed in their presence. Social taint may also impact people in the context of helping professions, who must work with stigmatized persons. Despite attempts by outsiders to deny frontline caseworkers the dignity they believed they deserved; attempts to deal with such negative perceptions casted by unwanted outsiders, from subtle remarks to bold and brash statements, informants always ensured to redirect focus to the positive parts of their work.

"Seeing People at their Worst"

Lorrie hated Kace. He was a "drunk" and his pants always had feces in them, "He always smelt just awful. I could barely look him in the eyes. All I could do was focus on that foul smell" (Lorrie, frontline caseworkers). He would constantly yell at Lorrie and call her a "cunt". He would engage in explicitly indecent behaviour, often urinating on the floor of the kitchen. According to Lorrie, "I just started working at the shelter, I remember. The staff gave me all the clients they didn't want [she laughs]. The "difficult" ones. They thought that I was strange, so some how I would relate better with the stranger bunch of the clients". Lorrie recalls some of the mundane routines of clients. Most days, the 'homeless' clients wake up in the shelter, around 7 a.m., walk into the kitchen for breakfast, then they leave. They huddle around near the entrance, smoking cigarettes and meander around the vicinity of the shelter. But for Lorrie, frontline caseworkers, their clients are not "bad people", they just "see people at their worst":

> Maybe they try to score some drugs. They are always huddled around the front of the shelter. We know what they are doing. Then they usually walk the downtown, sit on a bench, catch up on sleep. They return to the shelter for dinner. They are usually drunk. They get into a fight with staff over how much food is on their plate. Some of their comments are funny. One guy complained because he thought there wasn't much food on his plate, saying "I haven't eaten in days! What the hell is this! Prison!?". Some go back and forth, inside and outside the shelter. Trying to sell. This is really the scene. And there is the casework component, where we work towards housing and harm reduction. We see people at their worst (Lorrie, frontline caseworker).

Getting clients to leave the shelter can sometimes prove to be a difficult task. As Damien recalls:

> One guy used to come in right before the kitchen closed and shoot up in the bathroom, like every night. When I caught him one time I just lost it! You know, I am tired. I've had a

long day, "I have to get out of here. Every night I wait 15 minutes to go home because you are shooting up! You are not allowed to do that here". The guy just stared at me and said, "you just want me to leave so you can go home," I said "Yes" (Damien, frontline caseworker).

Jax, a client, would practice karate in the hallways of the shelter, to make sure that "when it all goes down, he is prepared," because, as Damien told me, "he is undercover". My third visit to the shelter, for interviews, was pandemonium. One client was pacing back and forth, twitching, talking to himself intermittently. Another stared blankly at the wall. I was mixed up. Frontline workers were rushing passed me in urgent fashion. Finn, the director of the shelter, waved at me impatiently. He escorted me into the caseworker office. Finn quickly introduced me to Darryl. Darryl was an informant that I shadowed during my sporadic in and out of the shelter. He allowed me to observe intake interviews and "shoot the breeze" in the caseworker office. In a sense, a portion of this research draws from participant-observation and the field notes I gathered during those visits and helped me to record and gather data on a lot of "back-stage" behaviour, especially when it came to their 'doing' of dirtier tasks. It is important to mention that I was only allowed access to one shelter for 'participant-observation'.

"You get a good first sight of what's going on here!". I asked him what he meant. Scott, the intercom worker, interrupts jovially, "Darryl was attacked!". Darryl continued, "one of our clients decided that it be a good idea to throw a chair at me". I am filled with a mix of worry and excited curiosity. "Look out the window," Darryl insists. I glance trying to figure out what he was expecting me to see, "That's the guy". In front of the shelter, there is a crowd of individual, circled around the man who attacked Darryl, smoking a cigarette on the step entrance. About five minutes later, two police officers arrive. "Follow me," says Darryl. He has me follow him to where the two police officers are situated.

Throughout the day, I followed Darryl wherever he went, even when he was speaking with the clients, of course, with their permission. The two police officers, a young blonde woman and a middle-aged man, buzzed cut, asked Darryl to report on what had happened. Darryl briefly explains the situation, insisting that he does not wish to file any charges against the man, viewing it as utterly pointless. Subsequently, the two police officers explained that when they pulled up the mans file, it stated that he has received a diagnosis of schizoid-paranoia. Darryl lets the police officers know that the individual will from this moment on be barred from entering the shelter. The police officers reply by saying that he has already been barred from others. The rest of the hour was spent doing paperwork, terminating the stay of the man at the shelter. Darryl explained to me that it was his discretion to terminate the clients stay, for the security of the staff.

When I asked Darryl how he felt about the personal attack against him, he responded by saying, "I have become desensitized. I know its not good. I know it can be to the detriment of other workers here. That's why I have to be mindful, to reflect on how my own experiences may impact other colleagues here". He then opened a nearby door and pulled out a plastic bag full of shanks, "we always check them. We have to. One resident got stabbed here once. One time, it came close to getting one of our staff." Apart from the everyday tensions of shelter work, workers had to be aware of their subjective positioning, that is to ay, the taken-for-granted motives and realities of their lives and to reflect critically on their own actions, feelings and choices as they relate to their work and others. It was Darryl's discretion to bar the client from the shelter, due primarily to concerns for personal safety of the staff:

> That's what happens. Is it really his fault? He suffers from a mental illness. Now he is kicked out of most probably all shelters. Where is he going to go? That's the difficulty. You have to balance the personal safety of the staff with the difficult needs and demands

of clients. Sometimes it works out. Sometimes it doesn't. Now he has nowhere to go. What have we done to help him? (Darryl, frontline caseworker).

CHAPTER 6

DOING THE *DIRTY WORK*

Frontline case workers deal with multiple, intersecting types of taint. Shelter workers deal with high turnover, burnout, issues in scheduling and budgeting. They deal with clients who live with no housing, illness, substance abuse, addiction, depression (and other mental illnesses), and trauma. They are exposed to danger and infectious diseases. Social taint also emanates from the guilt and sadness associated with working with homeless people as well as from working with 'tainted' populations. Many people view such relationships as depressing or sad, thus dirty. They must accompany clients to doctors when sick, empathetically emote and care to feelings of sadness, loneliness; witness and manage overdoses, aggression and at times, talk clients out of suicidal ideations. In addition to handling the everyday work of maintaining the hygienic order of the shelter, frontline case workers must also clean bodily fluids. To many outsiders, it is repellent work, in the words of one informant:

> The work of a garbage man is grimy enough. I mean, don't get me wrong, there are a lot of decent people here. But I am speaking more in terms of what others would think. The public thinks this as doubly worse … I know it from the responses of friends and family (Mark, frontline caseworker).

They see people at their worst. A combination of diseased, drunk, high, and frightened. They may smell bad for various reasons. They are hurt. Broken and angry. They need care. Some are present or past criminals. Others are (ex) sex-offenders. Not only must frontline caseworkers be around these individuals, but they must build and sustain relationships with them that many others may

view as socially and morally repugnant. Not only is the shelter regarded as a tainted space, but homeless bodies, are commonly perceived of as contaminated bodies. Most informants remarked on how many people asked them why they would want to do what they do? The shelter can also be understood not only as an accommodative response to the housing needs of homeless people (Snow and Anderson, 1993), but also as "total institutions" that are driven by "economic self-sufficiency" (Snow and Anderson, 1993; Stark, 1994: 553). For these reasons, members of this occupation qualify as 'dirty workers'. Such work can be regarded as noble or heroic – such as the work done by police officers, veterinarians, and firefighters. Although people may praise the work of frontline shelter staff, for doing "God's good work," they are glad someone else is doing it (Ashforth and Kreiner, 1999), "You must be a saint to do this type of work because I would hell not do it! That's the common word" (Riley, Frontline Shelter Worker).

Frontline case workers experience physical taint in that they must handle or be in proximity to bodies that the public deems as 'contaminated,' 'undesirable,' 'diseased' and 'infectious'. 'Homeless' bodies are 'dirty' in both a material and a symbolic sense. Even though persons experiencing homelessness are regarded as struggling and in emphatic need of compassion and care (Kidd, 2004; Shier et al., 2011; Benbow et al., 2011), there is also evidence that individuals experiencing homelessness are not perceived as fully human (Harris and Fiske, 2006). In other words, individuals labelled as 'homeless' are dehumanized. Homeless people as a group "are seen as neither competent nor warm, and thus form "the lowest of the low" (Fiske et al., 2002), which "elicits the worst kind of prejudice – disgust and contempt – and can make people functionally equivalent to objects" (Johnstone et al., 2015: 2). This legitimizes the discriminatory treatment of homeless bodies and ritual practices that make invisible homeless lives. People who are homeless are often discriminated against because of their housing status, but also encounter stigma for other

reasons. Specifically, these persons commonly experience mental illness, HIV or drug addictions, conditions which are subject to high levels of stigma in society (Barry et al., 2014). Many individuals who enter the shelter system have been recently incarcerated (Gaetz and Grady, 2009; Galea and Vlahov, 2002; Omura et al., 2014; Saddichha et al., 2014; Metraux and Culhane, 2004; Metraux and Roman, 2007). The shelter is generally perceived of as a tainted space because it manages, insulates and attempts to contain and ameliorate the 'homeless' body as a matter out of place, in its placeness and sustains the moral boundaries between dirty and clean. In other words, it designates, separates and places the 'taint' of stigmatized bodies in a designated locality. The premise is that the 'homeless' body is an unpleasant sight, infectious and contaminated. Due to poor body management, the pubic needs protection from this 'unpleasant' sight, the notion being that homeless shelters, have the function of 'cleaning up,' 'containing,' or 'controlling'. The poor and the homeless are constructed as dangerous, erratic, polluting, polluted and that society needs protection from these 'dirty' bodies. The perception that it is ignominious, infectious and contaminating; the homeless body is perceived as underserving of public space. Its presence is interpreted by the public as transgression. These discourses not only seek to construct and reconstruct our understandings of 'dirt', but they also have the function of criminalizing homelessness (Amster, 2003). Douglas (1966) argues that disorder is generally seen as dirty and dangerous, whereas order is seen as clean and safe. She writes:

> There is no such thing as absolute dirt; it exists in the eye of the beholder. If we shut dirt, it is not because of craven fear, still less dread or holy terror. Nor do our ideas about disease account or the range of our behaviour in cleaning or avoiding dirt. dirt offends against order. eliminating it is not a negative movement, but a positive effort to organize the environment. (2).

Douglas suggests that 'dirt' is genuinely a matter of disorder, of something being out-of-place. Hair caught in a drain, soil on hands, disruptive behaviour, addiction, lack of an abode and torn clothing are matters out of place because they do not meet the normative expectations of society or orderly conduct, whether economically, morally, socially, physically, or even aesthetically. A thing, or person, becomes 'dirty' by virtue of being designated as out of place. Dirty or dangerous things or persons are made secure, in the case of homelessness, through ritual avoidance (Douglas, 1966: 30) and interaction rituals (Goffman, 1967). Dirt, associated with 'homelessness' and urban poverty, therefore, is both material and symbolic. Being deemed unclean or immoral is affiliated with sanctions, including ostracism, exclusion and the re-imposition of the social order. Processes of estrangement, social distancing, invisibility, and abjection render the bodies and lifestyles of homeless people unsanitary and as a matter-out-of-place. These bodies are frequently portrayed as being socially, physically, morally dirty, and as requiring regulation to compel compliance with social norms and regulations of decency (Hodgetts et al., 2008).

Working with clients who are suffering from complex needs and experiencing homelessness may be considered 'dirty work' because it involves contact and relations with stigmatized members of society (Hughes, 1958; Ashforth et al., 2007; Phelan et al., 1997; Pauly, 2014). Moreover, Makkawy and Scott (2017) classify "homeless shelter operators" (674) and their related job tasks as dirty work. Yet, the paucity of research looking into the 'dirty work' of homeless shelter operators, or homeless shelter caseworkers makes this research pertinent. In other words, those who work with the 'homeless', in this case, frontline shelter workers, fit the definition of dirty workers in that the 'homeless', or those suffering from distress, poverty, addiction and other complex needs, exude a social taint that gets attached to those who associate with them. Shelter workers do the 'dirty work' of maintaining the orderliness of the shelter, handling the 'hard

to house' and therefore contribute to the reproduction of moral distinctions between clean and dirty. Their work involves servile relationships to others, including interactions with socially stigmatized people (dealing with addiction, poverty, mental illness, etc.). But most importantly, they do the 'dirty work' of helping these individuals with complex and multiple needs treat and reform the self and accessing housing (Lyon-Callo, 2004) and working with social undesirables. In this precise sense, one can think of homeless shelters as a sort of 'dirty work' done by certain members of society, a necessary work that needs to be carried out, but that is not particularly pleasant or glorious.

Individuals experiencing homelessness, poverty and addiction are stigmatized for various reasons: they are perceived as irresponsible, unworthy of help, mentally ill, addicts, manipulative, undisciplined, and diseased. That is to say, Snow and Anderson (1987) tell us: "their tattered and soiled clothes function as an ever-present and readily perceivable "role-sign" (Banton 1965) or "stigma symbol" (Goffman 1963) that immediately draws attention to them and sets them apart from others" (1340). Goffman describes how, in social interaction, we come to understand others through a series of typified generalizations. These generalizations are social constructions. Individuals who are somehow different from us and non-conforming to the appropriate normative expectations, they can be "reduced in our minds from a whole and usual person to a tainted, discounted one" (Woolford, 2001). The process of stigmatization categorizes certain individuals into groups, such as the "homeless", "underclass" or "lumpenproletariat" (Marx and Engels, 2000), each defined by the discredited or devalued characteristic shared among them. Stigmatization homogenizes and eradicates the unique particularities of individuals. The 'homeless' become other, undesirable and potentially dangerous. We must keep in mind that what is perceived as 'dirty' about the "homeless" shapes the dirty work contexts of frontline shelter workers. In other

words, the stigmatizing discourses or 'talk' about the homeless exacerbate or aggravate dirty work contexts. The attribute of 'dirty' to frontline shelter work is 'dirty' insofar as the socially constructed generalizations about 'homelessness' persists in structuring the moral order between clean and dirty. Dirty work contexts, therefore, are socially and morally designated as dirty. They are not dirty in themselves. The definition of the situation, that is, the interpretations and perceptions of the reality of shelter work, from the perspective of frontline workers, is therefore essential to acquiring a more concrete, negotiated, albeit constructed and contested understanding of 'deviant occupations'. The social signifier 'homeless' takes on a dehumanizing quality that has negative connotations attached to it, such as threatening, non-productive, and personally responsible (Takahashi, 1987). They are perceived as rootless, lonely, helpless, isolated; those abandoned that need to be either eliminated, contained or managed; deviant subculture of outsiders or that of a signifier that symbolically represents the unwanted and disordered in society (Hopper, 2003). According to Belcher and Deforge (2012):

> People who are homeless represent a failure within a capitalist society. To view them as failures allows society to shed societal blame and turn it toward the individuals own flaws. Also, there is the belief that "homeless" could spread ("contagion") if left unchecked, to other people (933).

Being in proximity to stigmatized bodies can carry with it a social taint:

> Actual or threatened proximity to them not only engenders fear and enmity in other citizens but also frequently invites the most visceral kinds of responses, ranging from shouts of invective to organized neighborhood opposition to proposed shelter locations to "trollbusting" campaigns aimed at terrorization (Snow and Anderson, 1987: 1340).

Hazards, Danger and Disgust

The work of frontline shelter workers is physically tainting to the degree that it involves an element of danger, as well as dealing with bodily fluids and the threat of contagious diseases. Clients show up drunk or high, display aggression, engage in verbal abuse, and relapse. Employees must clean dirty rooms, and deal with late night crying and verbally violent clients. Further, they are exposed to occupational safety risks, hazards and dangers. Their work is centered around encounters with unpleasant odors given off by vomit, excrement and other bodily excretions. These tasks carry with them a "visceral repugnance" (Ashforth and Kreiner, 1999: 415). As two workers indicated:

> We've got to scrub the puke out of bed sheets before washing them, circle the shelter premises for used-up syringes, which can make their way to the nearby school-yard, transfer their belongings, sometimes full of garbage, to what we call the 'dumpster room'. Its some of the more unpleasant things we do here. (Damien, frontline caseworker).

> One time, I put on my rubber gloves, pulled plastic bags over my shoes, and pinched a clothes pin on my nose … the bathroom was disgusting … I wanted to gag … So, I plunged the sinks and clogged toilet, dumped bleach on the floor and shoveled away some faeces. There was some soap and other products piled under the toilet seat. (Silvia, frontline shelter worker).

Most informants said that they had merely come to get used to unpleasant odors, cleaning bathrooms, dirty rooms and contact with other bodily fluids as distasteful, but necessary to the "running of the shelter", the greater goal of "keeping things going" and making sacrifices for their clients and their organizations. As one worker said, "we get little funding … its not enough to hire full time cleaners, so we do it. In the end, someone's got to do it … you are keeping the shelter

running which is important for our clients, otherwise they would have nowhere to go". Another informant talked and compared the dirty aspects of their work to what other workers have to deal with routinely:

> We do some nasty stuff here that will make your gut turn inside out. But I see it as more of a side thing. Its not the central part of my job. I don't see it really as a part of me or what I do, just a thing we have to do to keep things going. A friend of mine is a sewage worker. He tells me stories sometimes of all the filth. Nothing compares to that, at least not this kind of work. But here, you do it and you move on. You laugh about it too, when you can, but you keep in mind that it is a part of the job, not the whole job (Haider, frontline caseworker).

Excrement and other body fluids produce unpleasant odours and tend to both repulse those who contact them and cause them to be physically and socially contaminated (Weinberg and Williams, 2005). Accepting these dirty tasks as part of the process of maintaining the shelter allowed frontline caseworkers to recalibrate their contact with physical taint. Dealing with the distasteful aspects of 'dirt' was typically defined as something one got used to. For these workers learned to adapt to these tasks, accepting them, laughing about them and moving on out of necessity. Bodily fluids and foul smells have symbolic significance and can be said to mediate the realm between the sacred and the profane. Kristeva (1982) speaks of the proximity to the materiality of dirt as the abject or the "visions of the abject". Stains and marks relate to cleaning and atonement, namely what is clean is relationally defined by what is dirty. Thus, to be stained is to be marked. Douglas's (1966) thesis on purity and danger contends the inseparability of purity and impurity, helping us to conceptualize 'marking'. Dirty work can be considered as sites in which the abject, or the abject body, in this case, the homeless body and informants relationship to that other, coincide. Bodily

fluids become visible and a matter out of place (Douglas, 1966). Informants reframed their contact

with physical dirt by reframing ideologically of "making them feel welcomed" and recognizing

their humanity, as well as noting their commitment to their organizations:

> What keeps me motivated is my strong commitment to the organization. I completely understand. I identify with the organization. There was a family that came a couple of months ago, the smell was horrible. I said, "I have to forget about the smell, I have to see the person, right?" Its not pleasant, I don't like it. But they are people. I opened the window and I forgot about it. I made them feel welcomed. That is a person standing in front of me … (Cecilia, frontline caseworker).

Some informants, on the other hand experienced role-conflict in doing dirtier tasks, perceiving

these tasks as "illegitimate" and outside of their designated work-roles:

> I don't like to clean the units. When they leave the apartment, sometimes the units are crazy dirty. I don't think we should be doing this because we need to spend more time supporting and connecting with them [the clients], that is the part that I like. That's what I am, a case worker. The cleaning is something I do here because I have to. But in no way is it why I came into this kind of work (Fatimah, frontline caseworker).

> I really dislike cleaning. I hate it. When a family leaves the shelter, we ask the family to clean as much as possible, but when they don't, I resent cleaning [laughs]. I feel so overwhelmed with work, all the time. There is so much to do with every client for their caseload. There have been rare days when I could sit down and breathe. I've never been able to eat my lunch without being interrupted. Overwhelming workload with respect to the case management piece. I resent being taken away from that side of things … that direct frontline piece to do this whole other side that I am not very good at or comfortable with. it is sort of embarrassing. I really dislike that. This shelter has apartments, so the cleaning process is more intense. My role is as a support worker, not a cleaner (Colleen, frontline caseworker).

> Unclogging toilets … it can be embarrassing and inappropriate. Also, physically moving someone into an apartment, moving all their belongings … I ask sometimes if this is the best use of my time, doing these mundane things. It is not what I signed up for and just adds so much stress to an already stressful job. Resources are very limited, so you can't get

movers for free and all the fund go to first and last months rent. Its been a question, should we be doing this or not? (Christina, frontline caseworker).

These dirty tasks were deemed by informants as falling outside the range of their work-roles. further, they were perceived as being at odds with specific aspects of their role, in terms of experience and expertise. These tasks were framed as illegitimate because workers did not expect to perform them. These are perceived as illegitimate because of the social label of disrespect attached to it. These secondary tasks, they believed, compounded to create role frustrations with their primary tasks, namely what they saw as their core tasks of providing casework support. These perceived contradictory work-role expectations between primary and secondary tasks induced role-conflict as an added stressor. Informants also described the 'tougher' and more 'risky' parts of their work:

> The biggest fear is catching a disease like HIV or Hepatitis B. That's a hazard without question. So, there are really serious safety issues. I always wear protective gear. You can catch something very fast, a needle prick. We are at the highest risk (Conor, frontline caseworker).

> We encounter some hard stuff here, like hazards, needles, disease … you have to be cautious. We clean beds on a nightly basis – sometimes, I'll be honest, I want to puke … there are faeces and dirty syringes all over. But there are other issues like contagious skin problems that they carry into the shelter. You have to be very mindful. I had a co-worker here who got pricked… (Mark, frontline caseworker).

The day to day routines frontline shelter work and its operation are physically dirty not only because of close contact with material dirt and disgust, but also because of the dangers on the job, a crucial factor in work that is physically tainted (Ashforth and Kreiner, 1999). Violence can also be a problem for workers in homeless shelters. Violence and aggression seem to be related to a

series of connected factors. Sometimes working with clients who have mental health or substance use problems means that violence and aggression seem like an inevitable and even acceptable part of the job. An informant reports:

> I've been in some physically and verbally uncomfortable situations. I've been four feet away from somebody who was schizophrenic, freaking out and as high as a kite. I've experienced that more times then I'd like to. Still, it is your job. Do your job. He needs someplace to stay, show him where his bed is, you just gotta do it (Conor, frontline caseworker).

One study (Javaratne et al., 2004) found that social workers were much more likely to encounter violence when working in non-profit or public agencies versus private practice. While physical assaults were rare, verbal abuse was often common. As in this study, many informants experienced verbal abuse. Violence can also be associated to organizational structures and broader systemic factors. Baines (2004), found that changes in the non-profit, NGO social service sector rendered the development of bond-building with clients more difficult, thus straining relations and contributing to more violence and aggression in the workplace. The lack of resources, supports, training and strict guidelines on how to de-escalate situations and how to deal with difficult clients creates problems for NGO shelter workers, as well as funding cuts and poor funding for infrastructure. Most informants addressed elements of their job that they considered dangerous, risky or threatening. The defined the risks and dangers they encountered on the job as something that comes with the territory of working with troubled clients:

I had a client who experienced a big spike in paranoid delusional symptoms. The individual was housed – had an apartment – but had a spike in these symptoms. The paranoid thoughts became more violent and more physical and this client had been exhibiting some behaviours that were dangerous. I found myself at the apartment by myself with him between me and the door and a big kitchen knife in his hand and a ton of stab marks in the 96 ceiling because they thought that someone living above him was trying to get them and was after them, so he was stabbing the ceiling. Not understanding where that client was at the time, I felt very unsafe. So, coming back to the table we discussed doing this in pairs from now on. It protects us in terms of liability. There are job hazards, like hypodermic needles in people's apartments and spread in the shelter. We need to be aware of and we are trained to look out for. But that's part of the job, that's what you sign up for. So, I couldn't see me as having an issue with because its an inevitable part of the job. I can't simply wish it away (Jason, frontline caseworker).

Informants, therefore, normalized the threat of danger on the job by recognizing its structural

inevitability. Another informant reported that, although cognizant of the "possibility of danger,"

that she viewed an "element of danger everywhere," thereby downplaying any real existing threat:

There is definitely the possibility of danger in the shelters. But I tend to think that there is an element of danger everywhere. It is a safety concern in our job. When you go to your client's house to check up on them, you never know who is going to be there. Nobody is supposed to be there. But a man shows up, and that's a little unsettling. Threats have been made to me and my staff members because the problem is the woman knows he is not supposed to be there. We tell him to leave and he takes his frustrations out on us. A woman we know was beaten up badly because she did not tell the man who her worker was. He was making threats and saying he was going to stab her [the worker]. I hate to say it, but its what you sign up for (Riley, frontline caseworker).

Something that we have consistently seen and have experienced among our staff are safety concerns. So, you are going to peoples houses that you do not know that well and are often involved in high risk situations. That's a concern for safety of course, should we be going to these places? You never know who could be there, who could answer the door … but it comes with the territory, if you know what I mean … (Jessica, frontline caseworker).

Sometimes the unpredictability an unexpectedness of the work can make it dangerous and

challenging for informants. Informants reported that their work could be dangerous if they had not

or could not anticipate, or where unfamiliar with, the people they were supporting. In other words, if they did not fully get where their clients were at, which left them unprepared. Despite workplace dangers and its challenging work environment, informants also framed danger threats as "real work", because, in certain scenarios, being in real contact with the troubled client "was the only way you could help" and infused the dirty particulars of the job with positive value:

> The presence of danger is undoubtedly there, but that challenge is accepted, on my part because it's the only way you can help. I've had things thrown at me. I've had to physically restrain someone when he tried to attack me. What you think communicating with them via email is going to help? You have to be involved every step of the way. Its physically risky, but I like that about this job. I enjoy it … it would be a risk for me to sit in front of a computer all day. We all have a part to play (Silvia, frontline caseworker).

Frontline case workers experience physical taint when they put themselves and their bodies in harms way or tending to the wounded as first responders, whether that be providing naloxone to an overdosing client, cleaning up a bloody accident, or trying to diffuse a fight between two clients. The growth of fentanyl within the black market has created a more overwhelming work environment for frontline shelter workers. Changing contexts modify and modulate the dirtiness of work. Inhaling or touching even small amounts of fentanyl can be lethal:

> When fentanyl and carfentanyl started hitting the streets, there was a lot of chit chat about that here, especially among co-workers. I told one co-worker that it was flat-out scary … some of this stuff you just touch it and you are going into overdose. That's scary. Just knowing that there are guys staying here who are doing that stuff makes you think twice. I remember when they were making everyone aware, that was a real eye opener for me. I told myself, "Your job has a level of danger to it" (Conor, frontline caseworker).

Many, however, do not regard frontline case workers as "first-responders". As one informant reported, "police officers and paramedics do a great job. They see some rough stuff to digest every

day. At the same time, the work we do seems to be forgotten, too" (Damien, frontline caseworker). Informants felt that their work as first-responders was overlooked, despite its emotional and physical strains that witnessing overdose and death cause, "we are the ones keeping them alive, breathing for them, administering naloxone, dong chest compressions until the paramedics get here. We are the first ones there with them". Many informants, when asked about the toughest and most frustrating parts of their work mentioned non-engaging clients. The next section examines the demoralizing effects of working with clients who are non-engaging. Such interactions, according to informants, were designated as dirty work.

"What's the Point?"

Frontline caseworkers, as we have seen, see people who are down on their luck, dealing with families without homeless, illness, trauma, addiction and a range of other emotionally intense activities which require a high degree of emotion work. The physically tainted features of frontline case management ranges from cleaning vomit to feces, dirty apartments, bodily fluids, managing emergency overdoses, exposure to danger, infectious diseases, doing laundry, to picking up used syringes. Although these hazards are unpleasant, they are a central feature to the daily work activities of keeping the shelter in order. The purpose of frontline work, however, is to get as many clients as possible their own apartment so that they can get another chance at normal living. However, due to the complex client base of shelter residents, such as addiction, history of trauma, violence, mental illness and other structural contexts such as the lack of affordable housing stocks and resources, informants expend much of their time and effort mitigating troublesome conflicts

between residents and staff. Further, these workers attempt to introduce stable living, routines and habits into the lives of clients and make efforts to get them to keep their appointments and promises with various governmental agencies whether it is reapplying for social insurance, acquiring documents to reobtain identification cards or secure welfare, all under city time pressures. Informants frequently distinguished between what they deemed as the "Good" clients and the "Difficult" clients. Good clients, although to a degree experiencing troubled backgrounds, comply with the demands and processes of the shelter and its individualized casework plans. "Difficult" clients, on the other hand, are non-engaging clients. Clients who case trouble, do not comply with shelter norms and rules, exhaust the compassion of workers, do not demonstrate honesty and transparency, or seek to abuse the services they provide. Non-engaging clients are perceived as either willfully non-engaging or incapable of proper engagement due primarily to psychiatric problems. Difficult clients are categorized as chronically homeless and are the most difficult to house because of their ingrained lifestyle and other complex issues, such as psychiatric illness and addiction, which compound axially, rendering effective engagement problematic. Difficult clients were also unappreciative clients:

> When you see the same clients regularly, the frequent flyers, who have put zero effort into bettering themselves … its hard to give a shit. But you can't show that because you have to be respectful and non-judgemental, especially when there are clients who do care to help themselves and appreciate our efforts (Omar, frontline caseworker).

Kelly and May (1982) contended that the role of the caring professional is viable only with reference to an appropriately responding patient. Good clients therefore affirm the legitimacy of the frontline caseworker's professional role. whereas difficult clients undermine their helping potential, delegitimizing their role and their capacity to help. Such moral judgements about who

is deserving of help also constitutes exclusionary practices. Attending to the needs of "difficult" clients was designated as dirty for two reasons, (1) workers were not well-equipped to handle and manage their complex problems, which (2) to demoralizing effects affecting their positive role definitions as caring and compassionate workers. Namely, these clients made the carrying out of shelter work practice more difficult, thereby undermining their moral sense of self. When their self-identities as caring and compassionate was strained and challenged by difficult clients, informants expressed demoralization. Many also expressed the lack of managerial support in this regard. Management compelled informants to continue when nothing could be done and when all alternative strategies were exhausted. They expressed continuing with some clients as "pointless" or a "waste of time":

> There are some clients who are very disruptive and do not even try in the slightest to help themselves (Christina, frontline caseworker).

> The downfall is working with clients that are not engaging … that's really hard and disappointing when you are constantly being told [by management] to just keep trying, just keep trying … that's fine, no problem, I will try a million different things, but when there is a point of non-engagement after you've tried a, b, c, d, e, f, g, you have also had other staff try to connect and there is just no engagement. I think that's a huge barrier. It's really frustrating and just goes nowhere (Harley, frontline caseworker).

> Many of the clients just want you to do things for them, "I want more food, I want you to call the landlords. I want you to deal with this problem". But it takes two to tango. We both need to participate equally in this (Noah, frontline caseworker).

When the ideal of mutual engagement and reciprocity between client and staff was undermined, informants expressed frustration and dejection. According to another informant, "there is one client. She is so tough to deal with. I am treating her as non-judgementally as I can in the hope that she will respond better to me" (Lorrie, frontline caseworker). Although informants adhered to their

101

moral roles of being compassionate, humane, empathetic and non-judgemental, frustration and demoralization did, in some cases, fester under the surface when engaging with unresponsive clients. Difficult clients were being constantly passed down from shift to shift, sometimes even removed from the housing pile to the bottom to maintain landlord-worker relationships, another indicator that the client is being regarded at the level of dirty work (Hughes, 1971; Strong, 1980). Hard to reach clients were treated dismissively, "quite honestly, we do not even engage with some of them anymore. Here is your food, come when you are ready. Now its more like, "look whose back" and we just look at each other" (Noah, frontline caseworker). Although informants do their best to do their job and derive satisfaction from it, the increasing demands and strains of nonengaging clients are perceived as pointless and emotionally draining. Nonetheless, informants maintained a hope for success:

> We have a recurring client that is very hard to deal with. These are the 'hard-to-reach' clients. She is very demanding, mean … we are trying to do something with these clients … like I am trying to help you. If we don't try, who will? Clients have major demands and needs – addiction, psychiatric illnesses, that need to be addressed before. Some just break the rules. How will they be when they are housed? That's not good behaviour for the landlord and that's not good for us (Lorrie, frontline caseworker).

> I have one client who is depressed. It makes things difficult and he drinks all the time. He hardly shows up to his appointments. Am I supposed to just write him off? They do come back eventually. And we start all over again. I can't just push them away. Yes, they are not an easy group to help … they are difficult clients. Its like they don't know how to help themselves. They have caved in and that makes it hard to help them. So, you just get really frustrated by that, you know? I am non-judgemental and I want to be, but sometimes its like what's the point? Some days you are like, "what am I doing here?". In those moments, you feel like you are not achieving anything and that's a bummer. But then you recall the success with those good clients. I do my best to help with every opportunity I get, even if that's just having a friendly conversation. its just not that easy (Massimo, frontline caseworker).

Thus far, we have examined primarily the physically dirty work of frontline caseworkers in the homelessness sector. We have also looked at the various ways in which they manage the physically dirty aspects of their jobs, either as something to get used to, downplaying danger, as well as the role-conflicts that come with managing both casework and physically strenuous tasks such as cleaning. We have examined the demoralizing effects that 'difficult' clients can have on informants helping morale. However, informants also spoke of humour and venting to manage the dirtier parts of their work. Humour has received a rather marginal concern in the sociology of work. However, it is important to mention that it is a core part of work life and social relations at work. Sociologists of work and organizations have studied the existence of joking relationships in different types of work environments, from call centres Taylor and Bain (2003) to hospitals to correctional officers (Tracy and Scott, 2006). For difficult and demanding jobs, humour is essential for success. For instance, medical professionals (Sullivan, 2000; Sayre, 2001) use 'gallows humour' in organizational contexts that are highly unpredictable and demanding. Through humour, informants in this study were able to redefine their work in a more positive light.

Learning to Laugh

The choice becomes to laugh or not to laugh. Not laughing, you may cry, you may also burnout. Laughing about 'dirty work contexts' can redefine such situations as less threatening (Tracy, Myre, Scott, 2006). Taking a dirty task or encounter seriously and recognizing one's literal proximity with tainted tasks, can risk producing a sense of low work self-esteem. Laughing can enact a form of role-distancing by interpreting dirty contexts and tasks in more humorous light,

thereby separating workers from that tasks, symbolically. The way that one organizes the 'frame' of their experiences of dirty work and contexts is essential to understanding identity work.

Laughter is one such way to frame the experience of dirty contexts rather than directly acknowledging it as part of the job. Taking an ironic and humorous perspective on their dirty work-roles creates a distancing effect and bolsters positive self-definitions. It allows them to interpretively look down upon these tasks or their own experiences of doing this, while shining a greater perspective. Humour and laughter, therefore, provides informants with an interactional instance of framing, defining, and enacting their situation by selecting a preferable and identity-enhancing interpretation that affirms their occupational identities and reframes their experiences of dirty work and contexts by creating interpersonal moments among each other of laughter, letting off steam and good times. As one informant said, "You've got to have a good sense of humour. If you take cleaning shit seriously, good luck!". For another informant, one needs an "easy-going sense of humour".

Humour was also used as a crucial discursive tool to manage informants sense-making of threatening clients, tasks and situation in a way that affirmed identity. One male informant opened up about a case of sexual harassment, emphasizing the way he redefined this threatening situation by refocusing on the more humorous aspects of the incident. The following excerpt demonstrates how the equivocal, uncertain and absurd aspects of homeless shelter work help to reframe the experience of more tainting encounters of the job:

> I was once cornered in an elevator by a homosexual man with HIV, without a single tooth in his mouth! He kept laughing, pointing his finger at my junk and saying "Milk, milk, milk," … the hardest thing was keeping a serious face on, I just wanted to burst out laughing (Damien, frontline caseworker).

The informants story allowed him to rely on humour to subtly clarify and select a meaning that affirms one's sense of self, transforming identity and the meaning of threatening situations and downplaying the dangers of physical dirt and focusing on the less threatening parts of the incident. Similarly, for another informant:

> We were in the kitchen serving the homeless meals. One man suddenly got up and started humming the song 'free falling,' while dancing, doing these really interesting twirls. He then proceeded to vomit all over the floor. He drank too much [laughs]. We just looked at each other, knowing we'd have to clean it up. One co-worker of mine looked at me and said, "What a loco!" and we both laughed (Mark, frontline caseworker).

These incidences of "making fun of" or "funny" stories were constantly told and retold among regular staff and newcomers, "we tell all the newbies these stories, so they get a sense of what's going on but also to keep things lively and fun" (Damien, frontline caseworker). Haider remarked that, "the guys are just too funny here. They keep things interesting. When we clean poop, for example, we just talk about how funny some of the clients are". Humour and stories of their clients and how "funny they are" helped informants to make sense of their dirty work contexts. Analyzing their dirty work through the frame of funny stories and laughter allowed them to interpret their work in more positive ways. Laughter and joke-telling was acted as a coping mechanism. For another informant, "these guys are fun to be around, you get to know them, they are not what you think". By refocusing onto the relational parts of their work, informants were able to infuse their work with importance, purpose and excitement. Humour was a way to make sense of the more unpleasant parts of their work. It allowed them to distance themselves symbolically from allowing dirty contexts to define them Namely, it allowed them to both simultaneously distance themselves from their physically dirty work while simultaneously remaining engaged. The way they came to define and interact with others about these dirty tasks were important to how they related to their

work. Laughing because a sense-making practice that is both social and interactional. What was especially important, if one were to last work in a shelter, was learning to laugh:

> I would say that I am more relaxed now – a steady pass, not too serious. You can't be too serious! Humour is a crutch. If we took it too seriously we would burn out. So, we laugh with the guys. During my placement, I've had issues with burnout. Balance comes with understanding and the ability to look at things from the perspective of comedy (Andrew, frontline caseworker).

Humorous self-deprecation also functioned to manage the taint of cleaning and managing the order of the shelter, "you gotta be somewhat nut to work here":

> Jake [a co-worker] is half-crazy. For some reason, he doesn't mind doing the laundry. I try to avoid it at all cost. When he goes to the basement with a hefty, smelly load [laughs] and comes back up, we poke fun at him, "Had fun Jake?".

Dogging tasks, joking with each other or "poking fun" at the one doing the dirty tasks, apart from constituting a level of positive social interaction, helped some workers to distance themselves physically and emotionally from doing the dirty work. These humorous exchanges and joking rituals did not prevent informants from being conscious of the dirty work in front of them, but it did allow them to create a distance between themselves and perceived dirt either in strongly affirming their undesire to do it or through forms of joking, thereby negotiating their moral status between clean and dirty. In other words, such reframing allowed informants to redefine the situation of dirty contexts. The mechanism of role-distance, which is defined by Goffman as conduct, "that falls between role obligations on one hand and actual role performance on the other," he notes these roles which, "place an individual in an occupational setting he feels is beneath him are bound to give rise to much role distance" (Goffman, 1961: 108). In other words, it acts to separate oneself from the physically dirtier elements of their work. Reproaching Jake

jokingly also acted as a means of self-distancing from associated dirt, by designating Jake as odd, strange and "half-crazy". Such designations had an important function. Work that is satisfying to an individual can be a source of self-identification and an expression of identity. Work that is perceived as 'dirty' and 'low', therefore stigmatizing, acts as a threat to occupational dignity and self-esteem. Whereas many tactics can be used to dis-identify with potentially threatening tasks to one's preferred identity, in this case, role-distance through reproaching and joking, allowed workers to perform such duties while preventing themselves from being defined by them. In other words, role-distancing helped to produce a refusal to identify with these tasks. Role-distance, as a defensive mechanism, becomes an integral part to the role performance of frontline shelter workers, for "joking about the crappy things we do here helps us get by" (Conor, frontline caseworker):

> Another time, a client Larry puked in the bathroom downstairs, Tom was walking back towards us, "Vomiting Larry did it again", and then we bitch and complain about it – other times we laugh stuff off – sometimes we open up co-worker to co-worker and just like talk about some of the things that have bothered us, like cleaning puke and pee. For example, I remember one co-worker who had to do the laundry. Yes, we do their laundry. Lots of the clothes had puke and other bodily fluids on them. He jokingly said, "Yuck, we are doing the work that the homeless don't even want to do!". I mean, that's one of the best things. We have little bitching moments to help us cope. Venting about all that disgusting stuff helps. We have each other to understand each other. You don't get that from people who aren't doing this line of work (Conor, frontline caseworker).

Revulsion sounds can also express an attitude of role distance (Goffman, 1981; Chriss, 1999; Scott, 2016). According to Goffman (1981):

> At other times, our voice performs what our physical behaviour can't, as when our hands must keep busy cleaning a fish, leaving only the auditory and other unrequired channels to correct the picture – to show that indelicate, dirty work need not define the person who is besmeared by it (104).

Moments of laugher, humorous interactions and most importantly, learning to laugh, created shared experienced that diffused dirty work contexts and encounters. It also helped to produce a sense of cohesion among frontline caseworkers. Through laughter, dirty work becomes more manageable, allowing workers to maintain a higher sense of self-esteem. Apart from the more physically dirty parts of the work, informants had to deal with the emotional stresses of their compassionate, non-judgemental and caring roles. We now investigate more depth at their experiences with the occupational strains of caring.

CHAPTER 7

THE OCCUPATIONAL STRAINS OF CARING

Frontline caseworkers suffer much heartbreak and emotional strain for little money. These workers are constantly exposed to distressing human events and experiences, which means that they are more susceptible to increased occupational stress and burnout (Gabassi et al., 2002). Over time, these accumulated stresses can lead to burnout (Ratliff, 1988). Burnout is described as a "prolonged response to chronic emotional and interpersonal stressors on the job," (Maslach, 2003; Maslach, Schaufeli, and Leiter, 2001: 397) which has negative consequences for the worker, their interactions with clients and the wider setting of the work environment. Compassion fatigue and burnout can lead to coldness, exhaustion, or perceived lack of purpose (Maslach et al., 2001; Haslam and Reicher, 2006; Reicher and Haslam, 2006). The work of frontline caseworkers can be properly viewed as burnout prone. They are overloaded. Overloaded by heavy caseloads. Whether it is emotional or physical work, the burden exceeds the workers ability to manage their work is an indictor of work stress. Too much information is entering, too many demands are being made, and it is all occurring at once. For workers in the helping professions, too many people, in distress and with little time and resources to help them sufficiently, creates a ripe case for burnout. Workers engaged in service interactions, therefore, are highly vulnerable to emotional exhaustion, which can have deleterious effects on the health and well-being of workers.

Emotional Fatigue, Organizational Contexts and Systemic Pressures

The daily emotion work of providing compassion and companionship to unfortunate and disenfranchised clients took, to an extent, an emotional toll on workers that needed to be properly managed. Emotion work, it has been argued, can have detrimental effects and consequences on workers, primarily those who work in the helping professions. Emotion work can also encourage workers to surface act (Hochschild, 1979) in a way that contradicts the authentic emotional states of workers. Such a contradictory state can produce inner emotional tension and exhaustion, which can affect various areas of the workers life. Surface-acting, therefore, can produce what Hochschild calls "emotional dissonance," (Hochschild, 2012; Leidner, 1999: Ashforth and Humphrey, 1993). Workers in the helping professions are also at increased risk of overinvesting themselves in the emotional states, well-being and lives of their clients (Hochschild, 2012).

Surface-acting, on the job, can produce emotional and psychological states of fatigue and burnout. Informants in this study varied in this regard. Some engaged in surface-acting more than others, whereas others suffered the unintended consequences of overidentification and the difficulties of delicately balancing a professionally interested face with a caring and compassionate performance. Informants also experienced the psychological and emotional injuries of having to deal with the death of close clients, many on the brink of housing success and recovery from addiction. Some described the internal difficulties of managing their emotions and curbing possibilities of losing themselves in client support. Remaining emotionally strong for their clients was essential. Positive relationships with clients produces a degree of emotional exhaustion that inevitably comes from the relational work of listening, supporting, validating and emoting. As we will come to see, informants were bound by a contradictory state: helping clients was

simultaneously emotionally draining and the most positive aspects of their work. An informant
Fsums up the emotional difficulties at work in this way:

> I have to listen to the trauma stories – so it takes a toll one me. All that listening and trying to relate emotionally. Some stories are very traumatic. So, its emotionally draining (Harley, frontline caseworker).

One client who had expressed suicidal ideations which were out-of-place for the frontline worker
because they did not perceive themselves as counsellors, but believed they had no choice "but to
listen and to be there for the client".

> One client was saying how he wanted to hurt himself. He opened about his history of suicide, "I just want to die, I just want to die" ... I just didn't know what to say. I was not prepared for this. Its scary to be in such a position (Lorrie, frontline caseworker).

Being stressed and feeling overwhelmed, mixed with being exposed to suffering and traumatic
events of clients, led to effects that impacted the informant's lives and experiences with burnout.
The following two interview excerpts highlight the reality of burnout among informants:

> I dropped out of this field a few years back because the burnout was at that point getting to me. I couldn't sleep yet was so exhausted. I lost all energy (Noah, frontline caseworker).
>
> We are exposed to pretty high levels of crisis and trauma … therefore higher levels of burnout. I find that after two years, once you settle in and learn it all, the experience is less frequent. I've burnt out many times. What it looks like: high levels of adrenaline and then … a total collapse. It takes time to come down … eventually you dump. Then its fight or flight (Jason, frontline caseworker).

One informant spoke to the difficulties of working with clients with severe mental health problems:

> It can be exhausting working with someone who has mental health problems, or certain behaviours that are draining – a woman was manipulating the situation to get something to

her advantage – I couldn't tell if she was lying. It was draining. I couldn't get anywhere with her (Jessica, frontline caseworker).

Some major challenges facing this sector, and therefore for informants, did not always have to do with client problems. They lack the resources and opportunities to develop and provide adequate services for their clients. Further, the lack of affordable housing stocks and tenuous relationships with landlords acted as barriers. The lack of systemic supports for their target population and the feeling that their services could do little to address the structural origins of their client's experiences of marginality contributed to the emotional stress of informants. They therefore expressed frustration with the system. According to one informant:

I mean you start collapsing, not because of the clients. You have good and bad clients. Some are unresponsive to the services, which is hard. Sometimes, we don't have the supports they need. The burnout comes from the system … its so big, complicated and you feel stuck (Patricia, frontline caseworker).

Most frontline staff spoke about the lack of time and unreasonable demands put on them as sources of stress, frustration and exhaustion. They described workplace demands and contexts that decreased the quality of care they could give to their clients. This produced in them strong feelings of guilt and sadness. Institutional demands and limited resources created a scenario in which frontline workers at times felt guilty, overworked and burdened and frustrated, "When you have so many clients with time pressures from the city, add lack of resources and funding, you are put in a place where you can't really help. You can only do the bare minimum. But the bare minimum is not enough. I don't think it should be this way" (Jason, frontline caseworker). Experiencing shifts in their ability to be compassionate created tensions and frustrations. Informants mainly spoke about how the lack of time and resources undermined the ideal of social work that they were taught about in their training. As a worker recounts:

> There as so many demands and you're pulled left and right. You want to do everything that you can for your clients but there is just no time … All of the things that we learned about in school and in training that we had to do for our clients, there is just no way in the real world that we can do that. I think that effects your understanding of what you are doing (Silvia, frontline caseworker).

Due primarily to institutional complexes and client stressors, frontline workers struggled to achieve a sense of accomplishment, with a grave concern for the dearth of resources within their work contexts. Notwithstanding these institutional problematics, frontline workers nonetheless can construct a sense of meaning in their work. An informant spoke to the systematic limitations that make her work difficult while, despite these challenges, finding her work deeply fulfilling:

> There are too many clients coming in and I am not fully prepared for it. Plus, a lack of resources. I want to and need to … the hospitality and the values get stripped away, not because I want to, but because when I have many clients, you have to do the bear bones – I hate that … because I want to do the best I can do. I feel like I am throwing scraps sometimes to these clients because that is all I can give. We work with limitations. But that makes me frustrated with the system. Nonetheless, despite the challenges its hard not to find it rewarding (Colleen, frontline caseworker).

System constraints within the landscape of Housing First (HF), such as measuring housing performance and accumulating statistical data for the city through the Homelessness and Family Information System (HIFIS) acted as bureaucratic pressures that created "institutional frustrations" for frontline workers and feelings of helplessness, due to the overburdened nature of meeting performance goals. Certainly, the computer age has revolutionized the way organizations process and use information. For frontline staff, this means several things. Most prominently, it means increased attention to record-keeping and data collection on 'homelessness,' one of the more tedious and therefore dirty parts of their work. Many frontline shelter workers see filling out-papers as frustrating, time-consuming and distractive from the casework component of their jobs. Any

extra time to spend making shelter rounds and listening to clients is more useful than doing the city paperwork to contribute to the creation of a national portrait of homelessness. The Homeless Individual and Families Information System (HIFIS), as a way to access, share and disperse information regarding the background details of 'homeless' clients has made the shelter system more time-efficient. These technological changes, within the shelter, can be regarded as a bureaucratizing process.

HIFIS has increased the efficiency of information-sharing among shelter organizations and city partners, it has also acted as an added burden to the job of frontline work. Although it allows these workers to utilize multiple resources, keep tabs on circulating or revolving-door clients, and creating organizational efficiency, it has contributed to the dirtiness of frontline shelter work. As one worker complained, "I just can't do it leisurely. I am so busy attending to client needs that I don't have the time to do the paperwork". One worker described such paperwork as "boring and mundane". It has also got in the way of their ideal of client-centered practice:

> Measuring performance is an institutional frustration. It seems to take priority. We are maybe client-centered and by all means I follow this full-heartedly, but the background reality is that you have to meet the performance goals. Quite frankly, I think its unreasonable (Jason, frontline caseworker).

Such burdens and time-pressures contributed to their already existing emotional stresses and burdens. Organizational demands, government policy, according to frontline workers, can take precedence over client needs, perhaps unintentionally so. The organizational structure of Housing First and shelter program relations to government institutions create a framework in which homeless care must be exercised. Clients must be housed within a ninety-day period. However, strict structures and performance measures do not account for the unpredictability of work

contexts. The city's ultimate aim is, in the form of a question, according to one worker, "are you

getting people housed or not?". Yet, as he continues, once clients become effectively housed, the

expectation becomes "how quickly are you getting people housed, right?". These institutional

time-pressures created a context of emergency frontline work that set workers up for feelings of

hopelessness and demoralization because they did not account for the diversity of client's life-

situations. What lies in between, whether it is the demands of government institutions or the biases

of landlords, makes work more difficult and therefore exacerbates the dirty work of frontline

workers. The responsibility from the city "to get clients housed more quickly and in accordance to

its policies" is placed onto the program to house clients. For one worker:

> But it's a cooperative and collaborative relationship with those clients, it involves just as
> much commitment from them to engage with our program to be housed as it those for us.
> So why I say that is because I can do an intake with someone that needs our program … I
> enter them into our system, the clock starts ticking … then that person disappears for three
> months, but that clock is still ticking (Jason, frontline caseworker).

Most workers made strikingly similar statements and expressed their dissatisfaction with such

systemic, organizational pressures. Such systemic constraints, according to most frontline workers,

do not account for the unpredictable behaviour of clients:

> I don't see them, I don't know where they are. I try to make multiple contacts with them,
> I've called the shelters for them … maybe I do see them on the street, but they are not
> engaging with me. Well, that three-month period to get them housed is still on clock and I
> have done nothing to get them housed. But its my responsibility. When the city starts
> looking at the numbers they ask, "why haven't you gotten this guy housed?", "Well, its
> because he wasn't engaging with my program, not because I wasn't engaging with him,
> right?". So, you bear the responsibility of all of housing first as a frontline case manager
> because it sort of trickles all the way down … people who are actually working in the
> trenches doing all the work – we are proving the concept of housing first. We have to be
> efficient at housing people and also balance clients needs with the efficiency of housing
> people quickly. I could house some quickly but its not going to be a good fit. So yeah, time

pressures ignore the bigger picture, which sucks. It's a frustrating challenge (Haider, frontline caseworker).

Some difficult aspects of being a frontline caseworker range from the lack of beds in shelters, their own lack of knowledge about certain laws and bureaucratic workings, the unavailability of affordable housing in the context of a Housing First (HF) program and being "shouted at" and "demeaned" by private landlords. Dirty work, therefore can be increased or decreased by different organizational conditions. Since work is done in structural contexts, it follows that organizational arrangements may make some task easier or more difficult. These difficult aspects dealt primarily with the systemic pressure of trying to coordinate for the benefit of their clients, when there was insufficient solidarity across agencies:

> Do I like what is happening now? Not really. You have limited space here in the shelter, which means you have to turn people away, which sucks. You've got no housing … with landlords shouting at you and being rude. Those pressures are tough (Riley, frontline caseworker).

Another informant spoke to the interagency time-constraints placed on frontline workers as well as the lack of knowledge regarding the reality of 'homelessness'.

> We spend so much time and energy negotiating with landlords and finding housing. Trying to convince landlords of why they should rent to this person (client). It is frustrating because they don't want them really. They think they are all a bunch of dirty junkies. Untrustworthy and blameworthy. They are vilified. But, in order to meet our monthly quotas to the city, sometimes you just have to take the easiest client, which, is sort of contrary to the whole Housing First policy because priorities should be for the chronically homeless, those with the highest acuity and the highest needs. But most of these clients have mental health problems, addictions and an ingrained lifestyle which makes it more difficult. We end up neglecting the needs of the chronically homeless because they are too difficult to manage with the time constraints the city offers. We are burdened by the pressure of time (Harley, frontline caseworker).

Another informant also spoke openly about her frustration with landlords:

> Some landlords will straight up say, when you call them, what do you do for a living? "Well, I am not calling for myself, I am calling on behalf of a client" – and they are like "Oh, well what does your client do for a living?", and I say, "they are on Ontario Works (OW) or ODSP". Right away, they snap saying "we don't take welfare scum," many have made these sorts of remarks to me on the phone and hung up immediately. I hate it, don't they understand? I have also had somebody say, "they are all drug addicts!". So, that stigmatization makes our work very difficult. Its illegal too. It takes a lot of time and energy to deal with the bureaucracy of the human rights commission or to file a claim. Most clients don't even want to, they are scared or don't have the means to do so. This problem is with small private landlords. The bigger ones rarely reject. Nonetheless, housing is shrinking. How can you have a housing first policy without homes? Some have disabilities too, which prevents them from working. The government has granted them with this because they recognized their disability. How can you hold that against them?

These systemic pressures make being a frontline caseworker difficult. Many of these elements were designated as dirty by frontline caseworkers. Dealing with unresponsive and "rude" landlords was also perceived by informants as 'dirty'. The lack of beds, landlord knowledge about the Homelessness Partnering Strategy (HPS) as well as their stigmatizing perceptions of their clients, made forming relations with landlords difficult, 'dirty' work. Informants spoke to all of these elements as contributing to the systemic pressures of coordinating the success of Housing First (HF). It is the case workers role to coordinate the on-the-ground workings of Housing First. It is these systemic pressures, along with a lack of comprehension from important agencies and actors, such as landlords and the lack of interagency collaboration (organizations working in 'silo,' that makes frontline case work difficult, that is, 'dirty work'. Caseworkers also cautioned to simply handing their clients to 'slumlords', "We'd be feeding them to all these slumlords …Over here, at the shelter, at least they can retain their dignity".

Exposure to death in the workplace has been discovered to be a highly traumatic experience for workers (Kinder and Cooper, 2009) and people who help survivors may themselves

be severely affected in the process (Sabin-Farrell and Turpin, 2003). Many health professionals are regularly exposed to death and human suffering. The "emotional labour" of health professionals has been explored in connection to self and others (Stayt, 2009) and posttraumatic stress responses (Jonsson and Segesten, 2004). The experience of death-client-encounters of welfare workers and non-health professionals in the non-profit service sector has received very little attention (Lakeman, 2011). Frontline caseworkers in the homeless sector are constantly placed in situations filled with high levels of uncertainty and risk. Many workers in this study felt shattered by the death of their clients, especially clients who were on the verge of program success and exiting the 'system'. Many informants expressed despondency and anger, not at the deceased, but mainly at the failings of their services and the service sector more broadly. They believed that the "shelter is not a place to die". Death happens in hospitals. Such encounters therefore undermined their caring ideals of the shelter as a place of care and hope, a space of recovery and transition.

"The Shelter is Not a Place to Die"

Witnessing the death of clients, especially clients with whom workers got close with can be emotionally distressing. Many frontline support workers were formerly service users. They all experienced diverse personal issues, ranging from addiction, to homelessness and family violence. In other words, when working in the shelter, frontline workers had to manage the tension between their former selves and their present selves. Dealing with sickness, trauma, and burnout while simultaneously attempting to navigate supports all at once can create an overwhelming sense of

hopelessness. Additionally, witnessing, experiencing and managing death work as first-responders can be emotionally taxing. Frontline shelter workers often deal and work with death and bereavement. They need to cope with the challenges on self in working and dealing with death, and the death of clients, such as managing their own emotions and occupational identities. Such exposure to death and dying can act as an emotional weight and mental-health hazard. These experiences can also be regarded as traumatic. These workers lose many of their clients as a result of overdose. According to one worker, "the case is pretty much this way … you know … they get clean, then they relapse, get clean, relapse, they overdose … and they're dead and you are there with them along the way". Another worker reported how experiencing the death of a client who was succeeding through an addictions recovery program was "Very difficult. Very emotional". These experiences themselves are a part of the emotion work that frontline workers must perform as first-responders. Watching close clients die from overdose can be an emotionally intense and difficult experience, which many workers viewed as directly linked to their experience of burnout:

> One guy was puking blood, he was shaking and saying gibberish. I was shaking also; my nerves were shot. No matter how much training, you are just so scared. It affects you. I've also had a guy who had a seizure because he used. I gave him CPR … you gotta do it, you are praying and praying for the paramedics to come as soon as possible. It is not an easy thing to cope with. It was hard to see … I've worked closely with a bunch of clients who passed away. It really bothered me because they just finished their recovery program and relapsed. It breaks your heart (Omar, frontline caseworker).

Informants did not see the "shelter as a place to die," but rather as a place of care and healing. They perceived their clients as being in dire need of care and describe themselves as places that can provide such care, whether that be physical or emotional. In the interviews, informants stressed that the cultivation of trust-based connections between worker and client are what makes the necessary changes in the clients possible, "without a doubt, building a trusting relationship is so

important if a client is going to be willing to move passed their former habits and lifestyle. You need something to lean on". Frontline support workers, however, did not simply befriend their clients, nor did they seek to thoroughly identify with them or worked to keep their distance, rather, they sought to accomplish a delicate balance between expressing concern, empathy and care for the client while also maintaining a professional face. In other words, they worked to manage their professional roles with their caring selves, or roles, for a variety of reasons discussed below. Therefore, frontline support workers must sustain themselves through composure, be patient and avoid taking control of or speaking for clients, even when they are slow with the program. They can bring meaning by putting into practice their ideals of client-centered care, which means that they are prepared to let the client define the situation in a way that makes them feel more comfortable and take their cues from what their clients tell them. Despite these care practices, death and dying, according to data analysis, are prevalent and distressing events and part of shelter work. According to one informant, "I've known so many of my clients that have died that I've started to forget their names". Witnessing death contradicted their understandings of what the purpose of a shelter was for, evoking a sense of emotional strain and, at times, despondency:

> I've watched people come here and I've watched people leave, but not in the fashion you would expect. Were talking like body bags, because people die from overdose or other physical ailments. Now, its worse off with the fentanyl crisis. We have overdoses and we witness these overdoses. I have found persons. I have known clients because of substance use and misuse, with fentanyl. I've heard of other clients pass. It got to a point that last year we had seen so many people leaving the system because of that, because of the crisis, that we ended up, instead of doing an individual memorial, that we had to host a single day memorial, because there were just so many people (Jason, frontline caseworker).

> I remember, it was in February. A super cold night and the shelter was packed. We were running out of space … crowded, having to turn people away – man that sucks. It was noisy, and I was so stressed. A client of mine, we got close and he was on a recovery program and we were working towards housing together. But he relapsed … it was the

same night. He was overdosing … I remember this white foam pouring from his mouth, his eyes looking blank. He was done before I got to him to provide him with naloxone. That image sticks with you. You can't rub it out of your head. I had him in my arms when I felt his heart stop … like a thump. I spent the whole night in tears. I couldn't hold it in … I thought about quitting on the spot … its just too much sometimes, you see these guys get well and then suddenly fall back … but then you see others recover and succeed, so your torn. That shit gets to you … you can only do so much until you are like no enough. But then you remember the time that guy called you and said, "Thank you for everything," so you keep going (Andrew, frontline caseworker).

Based on informant's reports, it is evident, as I have tried to demonstrate, that emotional fatigue, strain and burnout is a regular, almost commonplace, occupational hazard associated with frontline support work. Managing emotions and self-care, became necessary coping strategies to adopt to protect, normalize, and buttress workers sense of well-being, despite these existing hazards. All in all, workers did report a high level of job satisfaction. Such satisfaction derived primarily from the occupational rewards that informants were able to derive from their work. The final section of this thesis makes that clear. Despite these emotions and 'dirty' strains, workers redirected their attention to the relational elements of their work as a source of fulfillment, honour and meaning. How workers managed emotions at work and with their clients is important to discuss. The following section examines the emotion work of frontline caseworkers.

CHAPTER 8

MANAGING EMOTIONS

Working in the non-profit homeless care sector is deeply emotional work. However, Hochschild's theories and insights are seldom applied to the work of frontline caseworkers in homeless shelters, who deal with deeply troublesome emotions. The relationship between the worker and client, the cultivation of an emotional bond of trust and compassion, is an explicit aim of this type of work. Supposed nonjudgementality, egalitarianism, attachment and comfort form the groundwork from which the client may be accessed emotionally, reveal their stories, and therefore helped. Such are the concerns of empathy, care and compassion. Yet, at the same time, professionalism calls for a more regulated emotional involvement and professional distance, where emotions are managed for select purposes. Relational work makes specific emotional demands on frontline staff. They are expected to be genuinely empathetic and compassionate or to embody such performances through deep acting while cultivating a fine professional distance, thus managing the tension in their performance.

Emotion work is integral to relational work and its outcomes but can become burdensome and overwhelming to workers (Mann, 2004), yet, as we have discussed very little is understood about the specific effects of emotion work on frontline staff. In this section a discussion about emotion-management tactics are discussed. Deep and surface acting is more prominent among relational workers than in other service work and that surface acting is more associated with compassion fatigue than with deep acting (Brotheridge and Grandey, 2002). It is also thought to be important that a worker identify strongly with the organization to avoid the detrimental

consequences of emotion work (Ashforth and Humphrey, 1993). This process of identification with work and value, so to speak, is known as work-value congruence. Workers rely predominantly on a series of coping strategies that include venting techniques, either through bitching or humour (as was discussed earlier), to cope with physical taint, receiving professional counselling provided by their work organization, taking time out, among others (Mann, 2004), which in turn depends on open communication between frontline staff and management (Kahn, 1993). Workers engaged in various ways the aforementioned list of coping strategies. However, they also engaged more commonly in other strategies that are particularly important. Open communication between workers themselves and forms of solidarity among co-workers created informal networks of emotional monitoring, albeit understood as a collective activity among co-workers. When dealing with aggression and other tainted emotions, such as the social and emotional taint of working with ex sex offenders, criminals and domestic abusers, workers engaged in a series of emotional taint-management techniques or surface acting, namely creating a conscious effort to project a façade that was different from their inner dialogue and feelings. To manage heavy emotions or traumatic experiences, workers engaged in emotional distancing and empathic mindfulness. A fine balance between expressing care and concern with professional demeanour was essential to providing a sense of emotional control for clients.

Professional Distancing as a Coping Strategy

> We can't make this about yourself, it is not about you. Don't overexpose, not a good idea. You gotta be neutral, you've got to be professional. You are the worker, this is your client. Show the compassion, main thing, but don't be over-compassionate about certain things

and about you. Work with the client to get them out of the shelter. You can't be friends in this field (Conor, frontline caseworker).

For informants, acting professionally meant managing and performing a kind of appropriate emotional display. They relied on various forms of emotion work to streamline their own feelings and maintain their professionalism. The professional role was used as a means of creating distance from certain clients and to mask feelings of embarrassment, frustration and anger. It acted as a protective shield to withdraw behind, but also as a tactic to de-escalate the tension of a crisis, for instance. Informants also adopted the role when they did not connect well with clients, some who are defined as "difficult clients" and "shit-disturbers," or when they experienced proximity to 'dirty' emotions. It demonstrates a form of surface-acting:

> You have to have a type of personality to work here. But you also have to be ready to take on a professional distance even when it is at odds with who you are. You can't be aggressive or lash back even if that's what you feel, I mean, I've certainly wanted to at times. Some clients will say the worst things to you, they will call you every name in the book. When they don't get what they want, they revert to name-calling. I get called bird and goof all the time. I mean, deep down I wanted to explode … because it eventually gets to you. But you have to maintain professionalism and be calm. It takes a lot of self-control. They are looking for a reaction – stay calm, "I understand you are frustrated…but". You can't be upset. At first it was hell. I am good at maintaining composure now. Rapport takes precedence, not you (Jason, frontline caseworker).

> You have your days. When I am dealing with certain clients its just not working out at all, and you say to yourself, "maybe I can't do this job anymore". Some shit-disturbers just avoid you and swear at you, "screw this, I don't deserve too be called names". That's the beginning stage, once you get used to it you just let it behind you. I can understand that I may come off as steely or sulky with the worse clients, but its either that or I will lose my cool (Mark, frontline caseworker).

> I've been racially insulted. Its hard to show empathy in those moments. I have to remain composed. Its probably my role as a non-judgemental service workers that tells me firing back won't get you anywhere. Obviously, I am hurt, and that person is totally out of wack, but I have to separate myself from that moment (Fatimah, frontline caseworker).

Taking on a detached role was the only way informants could offer care or service to clients who evoked charged emotions. Thus, appearing detached, "steely" or "sulky" was all some informants could manage. Distancing was not necessarily a refusal to serve, help or care, but rather it acted as a self-protective mechanism for the worker who is required to suppress brimming emotions of anger, frustration and embarrassment, while simultaneously meeting the requirements established by organizational feeling-rules to remain non-judgemental, egalitarian, hospitable, calm and composed. It demonstrates a level of emotional dissonance between personal feelings and their expected work-role performances, namely how they are supposed to act and feel in their work-roles. For another informant:

> Sometimes you get frustrated by certain clients … so for example, somebody, a client of mine moved into a new unit and suddenly they have two buddies from the streets hanging there and the place gets thrashed and there are parties, drug-dealing and all the things they said they weren't going to do they have done in the first two weeks of moving in. They promised you up and down that it wasn't going to happen, but it happens, and they come back to you. Your gut reaction to that is to be annoyed … you can't show them that you are frustrated and annoyed. You have to remain calm and try to understand what's happening. You have to put it aside, look at it objectively and figure out how we can find a solution. Keep your personal emotions out of it, with a grain of salt mentality. Body language is really important too, they have to match, be congruent. If you look super bored, or annoyed, they will notice, and they will want our meeting to end (Noah, frontline caseworker).

Professionalism indicated removing personal emotions and feelings from the interaction. Maintaining a professional face, although necessary, can be overwhelming in that workers are regulating their emotions in accordance to organizational values that may create a stretch between their personal feelings of the situation and how organizations have defined how frontline caseworkers ought to act in that situation. Informants therefore had to behave in accordance to definition of the situation established by their organizations and its expected behaviour. Despite

managing appropriate presentations before their clients, in the form of a professional front-state,

informants used back-stage laughing (as we have previously discussed) and venting among

themselves as a way to cope with embracing the work-role that organizational feeling-rules dictate.

Micro-solidarity among teammates provided a space to let off steam:

> It can be extremely draining. That is the best word for it – drained. In order to cope with it I rely on my teammates. We are a very close group, so simply talking things out with my co-workers is huge for me. Our team, in fact, our program, share strong progressive values. That is definitely huge. Trusting each other is important. We have to be a certain way with our clients and I think its good and healthy to go back with co-workers and let it all out! It really helps. We have to maintain face in front of our clients – serious, sombre, professional, balanced, but also concerned and compassionate – but sometimes its overwhelming and we just let it out and talk about how we really feel with co-workers. We open up more with co-workers. We feel freer to speak among each other (Adam, frontline caseworker).

Although most informants I spoke to were successful in altering their outward demeanour and the

presentation of what they see as their detached and calm face, for others, at least initially, entirely

masking feelings of frustration, anger, exhaustion or embarrassment, and at times, feelings of

resentment leaked through the professionally prescribed performance and the result was either

nervousness or aggression:

> At first, I didn't really know how to handle it, so I would come off as impatient and I'd have a trembling nervous voice (Massimo, frontline caseworker).

Informants also reported that their purely professional face disinclined clients to engage with them.

This, a careful balance between expressing concern and care with their professional masks was

indispensable. The emotion work done by informants was a crucial part of the relational

dimensions of their work. It also demonstrates how effectively they have become in presenting the

professional role. Goffman (1961) describes this as "embracing the role". In dealing with emotionally troubling experiences, informants retreated to professional feeling-rules. What we notice here is how informants calibrate their performances in accordance to a professional frame of action and as a stable resource to hand situations and their relational work. Frames in which they feel comfortable and in which action takes place. Their organizations have its own explicitly and implicitly understood feeling-rules and acts to frame social interactions. When front-stage interaction with clients became strenuous and evoked unwanted emotions, workers pulled back into their professional roles primarily in order to manage their personal feelings with their caring and compassionate work-roles. As we have seen with managing physical 'dirt', back-stage laughter acted as a necessary crutch among co-workers to distance and therefore manage their experiences of dirt, "you gotta laugh at things that you don't really like doing. Laughing and joking is what keeps us going. We would go crazy without shooting a joke amongst each other here and there". Back-stage laughing helped to alleviate the tensions, frustrations and embarrassments experienced during the taking-of-the professional role and in dealing with "difficult clients". Humour also supplemented the strains that professional feeling-rules carry:

> The shit-disturbers are the worst. A lot of them are smart, very clever. They know how to get what they want. I don't really like dealing with them, but I have too. I remain strictly professional. But I find that it creates a lot of tension within me, dealing with the difficult clients. We call them shit-disturbers, you know, because they do things that they are not supposed to do in the shelter. After dealing with them I am just so tense. Going to the guys afterwards and just saying "what a shit-disturber!" or "what an idiot" to hear them all laugh eases things out. Its kind of a release (Lorrie, frontline caseworker).

Humorous moments allowed informants to reframe the definition of an emotionally strenuous situation, allowing them to carry on and do their jobs (Goffman, 1961; Leiber 1986). The professional feeling-rules that accompany the professional role, which dictates that negative

emotion should not be expressly shown during worker-client interactions, although performed, the implicit, back-stage ritual of humour allowed informants to support each other in diffusing and alleviating what came with embracing front-stage professional behaviour. Emotional distancing, as a coping strategy, was also essential to the emotion work of witnessing and managing a client overdose:

> Overdose and seizures, not pleasant to have to witness … you don't feel it much on the surface, its emergency time. I need to help him now. It effects you after and you are administering Narcan. Fucked. That is troubling stuff. Once the emergency situation is over – fights, overdoses, seizures – then you can go and think about how it made you feel. But in the moment, you gotta be mindful, put all your worries and anxieties behind and just do it. You are first-responder. Its kind of like being on autopilot (Conor, frontline caseworker).

Some informants also disengaged themselves emotionally to protect themselves and their wellbeing from the effects of being overexposed to client suffering and trauma, "we see a lot of stuff here, the seedy underworld. But also, a lot of pain, addiction and trauma. It can weigh you down, so I just remind myself that I am a professional, I'm here to do my job" (Catherine, frontline caseworker). Another informant reported that they had to be extremely wary of boundaries and confidentiality of clients at all times, outside of work. Emotional distancing became particularly salient when dealing with client crisis. Embracing a professional role and performance became particularly important with crisis intervention, creating a distance between their own personal feelings about the situation and their professional conduct. This allowed informants to deal properly with the situation, "without becoming swamped" (Silvia, frontline caseworker). Although they expressed care and concern, when client's stories became too much to bear, informants retreated and put their professional "hats on". Namely, they detached themselves from empathizing to directly and intensely with their client. It became a way to manage the negative feelings of

128

burnout and emotional exhaustion: "Of course I care, I really do. But at a certain point, you become desensitized, not because you want to, but because you have to for your own health". For another informant, "especially in crisis situations … if I let myself go, I would be so overwhelmed". Another informant reported that:

> Sometimes its just too much to deal with … if I connect too intensely and emotionally with all of my clients I would have the heaviest heart. I wouldn't even be able to come into work … and at home their tragic stories would be constantly on my mind. I would fall to pieces (Daniella, frontline caseworker).

Informants described being empathetically mindful as a matter of cultivating empathy with wisdom. Having sympathy, that is to say, "feeling sorry" for clients, was, according to most informants, a problematic approach to frontline care:

> With empathy you have to use wisdom, because if you empathize with everything they ask, you want to give, because you "feel sorry" … you are going to drain yourself. Empathy is being able to understand where they are coming from but working within the confines of the policy of the organization and remaining professional. Its not about becoming friends. There are times when boundaries are crossed with clients … you face those challenges … its never cut and dry with people. They are all different (Catherine, frontline caseworker).

> Empathy works within reason. If you work this job and don't apply any empathy, then you come across as very jaded and you shouldn't be doing this. If you don't have that general empathy, you shouldn't be working here. Yet, you gotta be careful … this is a helping profession, but too much, that can affect your job. I started off that way and I learnt my lesson. Now I keep a balance (Conor, frontline caseworker).

Careful balance between expressing care and maintaining professionalism was about being emotionally in control of the situation in order to provide clients with the effective support needed. This careful balance was undertaken by frontline workers in different ways. One could not help if he or she was falling apart. Thus, a level of professional detachment was necessary to effectively

care and support their clients. Managing these contradictory elements of being caring while at the same time embracing a professionally-distant role indicates a level of boundary work that frontline workers engaged in. Remaining 'professional' aided workers to remain in control of the situation and to construct and maintain clear boundaries, a form of "benign detachment" (Fineman, 1993: 19) that works in good faith of the betterment of their clients. At times, appearing as hard was not intended as coldness, but rather, as one worker makes clear below, to be a strength for clients. Managing the contradictory positions of compassion (or empathy) and professionalism is linked profoundly with client-centered practice. An approach that accounts for both care and professionalism allowed workers to manage the detrimental effects of their emotion work while at the same time being able to do their work of caring:

> If they see that I am falling apart, they are going to think to themselves, "if she can't deal with these experiences, how can I?" (Catherine, frontline caseworker).

> I am good at not taking all this work stuff home and not letting it get to me personally. Sometimes that's scary because I think, "am I still a good, sensitive person?", because you hear over and over these horrible stories and situations and you remember how you initially felt – at first it was difficult – and you think, "I don't have that feeling anymore". So, you know, you worry … you worry because you see yourself changing. I don't want to be indifferent. I know I am not. But you need a certain level of … not indifference … but hardness. I don't equate this hardness with coldness, but with strength. I think it's a good thing because if I let all those stories affect me personally, I probably wouldn't be here (Jessica, frontline caseworker).

> No training prepares you for this work. You gotta discover what works for you, to find your own coping strategies. We have to remain professional, but offer the best possible compassion when clients are in need of it. We need to support clients through traumatic events and stories … we can't fall to pieces on a client, imagine, the whole workplace would go into emotional chaos – everybody crying (she laughs). We have all learned different ways to vent. I usually keep the mask on at work and go home to unwind, by being with my husband and my kids (Fatimah, frontline caseworker).

> We have a woman from Costa Rica who was here, and she was raped by four men. I wanted to cry, but I had to keep it in. It is hard to hear that. She could be my daughter. But I need

to be strong, professional and in one piece, otherwise I cannot help them (Cecilia, frontline caseworker).

They need to know that I am there to help, but we are not friends. There must be an emotional distance. They are vulnerable. I know them because they are here. Attachment is not good. I need to be able to empower them (Andrew, frontline caseworker).

I have to understand that in order to get things done, be there and validate – hurt with the person and understand them, but know that, if you are also in a state of emotional instability then both of you are not in a state to move forward (Colleen, frontline caseworker).

Being there in times when they need help, but not as much emotional because I had to cut myself from that. I was getting too involved with certain clients, realizing that I am not there to emotionally counsel them. If you are too involved, you lose your grips, you stop being a strength for them and that's a tricky thing (Noah, frontline case worker).

When informants dealt with clients who were rude or clients that they did not have much rapport with, they withdrew into their professional-roles or "business-like", "I have more rapport with some clients then with others. If I don't have much rapport with a them, then I will be more business with them, more professional":

There was one client who was really rude. He showed me no respect. Do I really like this client? He is rude and has no manners … but it is my job, so I think, "what are the expectations here and how must I act?" … I better find a way to bridge that because they asked for help … we never want to say No to people who have asked for help, but its not about me, its about the client. So, I find myself removing my feelings from the situation, completely detaching myself. I remain more professionally-oriented. I treat it like a business thing (Christina, frontline caseworker).

I think there is a certain level of professionalism and use of language that needs to happen in a hospital, versus here a woman will feel far more comfortable with you if just speak straight up as if you are a colleague or companion as opposed to a professional. Clinicians have a tendency to be a clinician. There is a power dynamic there and we try to overcome that. It doesn't mean we are not professional here. It has to be maintained of course, but we cultivate a balance – so we shift – we are professional when we have difficulty connecting. We hide behind that (Sarah, frontline caseworker).

Informants therefore managed their professional roles in the face of client aggression and verbal abuse. However, how did they make sense of such encounters?

"I am a Representative of the System": Making Sense of Client Aggression

Dirty work is a social construction, namely "it is not inherent in the work itself or the workers but is imputed by people, based on necessarily subjective standards of cleanliness and purity" (Ashforth and Kreiner, 1999: 415). Hughes (1958), originally divided dirty work into three categories (physical, social and moral dirt), McMurray and Ward (2014), however, have recently argued for a fourth category to account for the shifting landscape of employment and the rise of service work. Emotional 'dirty work' entails work:

> That requires engagement with the expressed feelings of others (customers, clients, callers) that threaten the preferred order of a given individual or group. We have in mind emotions that are deemed out of place, contextually inappropriate, burdensome or taboo (…} in the eye of the beholder rather than an objective state (Dick, 2005)" (McMurray and Ward, 2014: 27).

Such work may include occupations where the work and those who do it are spoiled, blemished, devalued, or flawed to various degrees as a consequence of the stigma that arises from their work. McMurray and Ward (2014) positioned their study around volunteers working for Samaritans but recognized that their definition was applicable to many other emotionally laden occupations (Mavin and Grandy, 2013). There is often the idea that with emotional 'dirty work', workers are required to perform emotional self-control where others would or could not and are doing the unpleasant jobs which others would rather not do. Emotional dirty work is work where people use

and interact with their emotions in their dealings with aspects of life that society may not want to know about or would rather didn't exist.

Whereas heeding to crisis and providing emotional care are central to frontline work and can be regarded as wanted or desired aspects of their jobs, most of the time, client aggression, expressed in the form of verbal abuse, is an unwanted emotional encounter, or haphazard consequence of such work. Hearing trauma stories, sadness, grief, intervening in crisis situations, are also forms of emotional 'dirty work' that informants must do. I have demonstrated previously how informants managed the strains that accompany these emotional burdens by either maintaining strict professionalism, distancing themselves emotionally from clients or maintaining a fine balance between professional demeanour and expression of care and concern.

Here I focus on informant's difficult encounters with client aggression and hostility as emotional 'dirty work'. Although, in action, whether dealing with 'shit-disturbers' or 'difficult clients', informants initialized a distance by withdrawing behind more professionally-detached roles, I was interested, nonetheless, to grasp how they made sense of such emotional encounters. Where previously I sought to understand what roles they embraced, in action, to manage such strenuous interactions, other informants engaged in a different sense-making practice. Informants downplayed their experiences with unwanted client aggression. Such aggression, it can be argued, violates expected normative boundaries and certainly the moral order of what is a matter of place and a matter out of place. Unwanted emotional outbursts, insults, and verbal abuse are matters out of place and as such, the more begrudging and dirty aspects of informant's emotion work.

Nonetheless, informants rationalized and made sense of their difficult emotional encounters primarily by reframing such aggression in a more positive light, or providing narratives that separated themselves, individually, from such abuse. By normalizing, informants diffused and

reframed unacceptable emotions, namely they sought to make sense of such encounters by providing themselves with a rational explanation for an emotion decision on the part of the client.

Certain narratives or rationalizations that informants made use of helped to make sense of their experience with the emotionally dirtier parts of their job. As a sense-making tool of 'dirtier' emotions, informants re-narrated encounters with aggressive or volatile service recipients to order sensibly transgressive and emotionally difficult encounters. Were outsiders to be asked about whether they would do such work, many would reply with a firm "no" or, at the very least, express begrudging reluctance.

Informant's reframe such emotionally difficult encounters in such a way as to allow them to not take such experiences in a personal fashion. This granted them with a kind of 'bolstering' of their sense of self and therefore, the carrying out of their normal work routines. By re-envisioning a problematic client as frightened about their situation or as 'upset with the system,' allowed informants to cultivate positive emotions about themselves by distancing themselves from the 'dirt' itself. Making sense of emotional dirt and on how informants defined the situation of client aggression and abuse and their experiences thereof, was indispensable to understanding how they constructed their experiences with emotional taint. Frontline workers are subjected to the emotional trauma experienced by their clients. In addition to rampant grief and sorrow, frontline workers must make sense of unwanted aggression. By downplaying difficult emotional encounters, informants maintained a separation between themselves as worker and the 'emotional dirt' itself, to reduce the taint or stigma associated with their occupational tasks. As such, the mechanisms of reframing are way for informants to manage taint by distancing themselves symbolically from it. Like Ward and McMurray's GP receptionists (2011), they are on the "receiving end of aggression" (69) and thus must learn to make sense of these encounters. Informants reframe the experience of

emotionally strenuous instances as client frustration of their own predicaments, frustrations with the system, their own flood of emotions, distrust of service workers, and so on. Some informants attempted to reframe their experiences with client aggression and verbal abuse by rationalizing client frustrations and learning to not take it personally. Client verbal abuse was not a personal attack on frontline workers, but rather, was perceived by informants as an unwanted consequence of being a representative of the system, that they believed, clients felt got in the way of their needs. It was not "me" that they were mad at, but the 'system'. Creating the separation between themselves and being part of the system allowed informants to distance themselves from verbal abuse and to redefine such incidences as manifestations of client frustrations with the broader social service sector. By being a part of the system implicated themselves, but this did not mean that such attacks were rendered as personal attacks. They are merely the expressions of individuals who are fed-up, ill, in crisis or venting anger at their unfortunate situations in life.

The ways in which caseworkers are supposed to perceive their role, act, feel and think are governed by a set of norms and rules that normalize the disruptive and abnormal situation of a caseworker being humiliated, berated, verbally and physically attacked, and by which they accept this as normal and therefore morally acceptable (Garfinkel, 2002), or that reframe what would normally be an unacceptable type of interaction situation (Goffman 1974, 1986, 2003), with social consequences, and allow the caseworker to save face and protect him or herself and retain their self-respect without offending their clients; that enable them to help maintain the moral order of this kind of organizational interaction without questioning the function of the rule that organizes cooperation when handling an urgent organizational objective (such as a crisis situation) with a view to accomplishing the institutions values and goals, namely to helping clients through their casework plans and saving lives. Thus, what is morally accountable under one context is morally

unaccountable in another. Say, we are promenading down James Street and suddenly a man walks by and shouts, "Move you dummy!" we would object, quite angrily, to such a comment as morally unacceptable, because, by the organizational urban logic of 'walking down a promenade, unbothered by the vociferous intrusion of the other' is deemed as matter out of place, namely as out-of-context.

Therefore, members of the shelter practically explained, albeit rationalized such actions as clients calling caseworkers insulting names like 'dummy' or 'idiot' or, most often, yelling at them, was to argue that the clients "did not mean it", that it was nothing personal against the caseworker. To comply with the norm, it was futile for caseworkers to take such acts as hostile or disrespectful. They were supposed, and had to "not take those things personally", keep their emotions at bay and, above all, refrain from any immediate reaction. The accounts of psychological stress during the initial adaptation to the organizational requirement to not experience emotion and to maintain a poker face make it clear that enduring by this feeling-rule and norm of professionalism is emotionally draining and frequently devastating. The unwritten norm organizing the course of workers actions, thoughts, and, above all, emotions in 'berating' situations commits front-line caseworkers to controlling their emotions. In certain circumstances, front-line caseworkers are 'expected' to maintain neutrality and are dissuaded from applying the otherwise appropriate release of negative emotions and defences. It restricts their emotional vocabulary and range of expressions in a situation where they feel intimidated, morally threated, discredited, offended and devalued.

As previously stated, front-line caseworkers neutralized client verbal abuse and hostility by rationalizing these incidences as an unwanted consequence of being a 'representative of the system':

They can be verbally abusive with me when they don't get their way … because I am a representative of a part of the system, so they might be upset with me because there is something I can't do … I can't give them food every week, I can't give them money, or pay rent … I don't take it personally, I don't internalize it at all. I know they are just venting. I am a representative of the system. I understand. At first, I used to take it personally, and it got to me honestly … emotionally. Some of them were really aggressive, even verbally. They might be in a crisis or they are being triggered by some old trauma. I am not in a crisis. I have to remember that that person is just not presenting their best today. They are in a crisis. I have to remind myself of that. By doing and thinking that, it's much easier for me to understand what's going on (Harley, frontline caseworker).

I remember when clients attacked me on a personal level. When they are in a bad place or feeling desperate. I think that's going to affect you anytime. But it used to really affect me. To the point where I didn't even want to come into work. Now I am able to understand that this isn't really about me, this is about a person who is frustrated, and I sort of represent one of the systems that they feel is holding them back. Not taking it personally but understanding where its coming from. There was a woman who was mocking me, laughing and ridiculing the clothes that I was wearing and calling out my walk, saying, "You walk in here everyday with your fancy clothes swinging your hips" saying it in front of a whole group of people … I was embarrassed. I don't think it had anything to do with me, but with the system. Its something you just learn. When something like that happens, I go to a colleague or talk to management. They say other things like, "you don't know what I am going through! You get to go home to your husband every day and family and you drive your car!" … rather than taking it personally all I said to her was, "is there something that you feel that I should be doing to you that I am not doing?". That was effective I thought (Patricia, frontline caseworker).

I know its not always me … in my personal life I am very sensitive and compassionate person. If we were close friends and I thought I had upset you I'd be devastated, but in a work situation I know its not me if I am being shouted at, our clients are just venting their situation and you are the first to hear it, so you become the target … but in no way do I take it personally, I just have to keep a hold on my emotions (Colleen, frontline caseworker).

Therefore, the emotional dirt that must be dealt with by informants is not received or framed as a personal attack on them but is instead redefined as an unwanted effect of dealing with clients who are frustrated with the social service system and who are mad at their own life situations, thereby downplayed by the worker. This helped informants to manage their own emotions, to know that

they should not take it personally, but also the emotions of their clients, thereby not letting it "get to them" or "hurt them". Informants then validated such downplaying when clients apologized for their transgression or that time they stepped out of line at a later date. By defining client aggression and verbal abuse as un-personal and simply the outpourings of frustrated individuals, informants enacted a line of action, namely, they remained 'thick-skinned' so as to not take it personally, but also to suppress their own feelings in such a context and therefore to manage their outward responses. Making sense of what was going on interpreting the actions of clients led to the enactment of a series of role-actions on the part of informants: remaining neutral, calm and detached despite client aggression and abuse by providing themselves a definition of why they acted as such. These emotional-management strategies also allowed informants to avoid any experience of emotional turmoil on their end, thereby mitigating the possible effects of burnout:

> What helps me is to remind myself that these guys are mad at the situation and you so happen to be what got in their way when they hare having a bad day – you are just the unlucky son of a bitch that they are going to dump their crap on … so you just stay calm. Honestly, you'd be surprised how many times that happen, and they eventually come around and say, "Sorry about being a dick last weekend" (Conor, frontline caseworker).

> Some interactions with clients really drain you. There are days when they will shout at you and call you every name in the book. You have to be thick-skinned and know that they are not speaking to you personally. They are venting their situation. You then learn to move on … or we would burnout. So being detached in those moments is so important … and neutral … because if you are treating them differently as a result, you are being judgemental … and anyways, they always come around to apologizing when I see them again, and the rapport goes right back on track (Fatimah, frontline caseworker).

Such personally distressing work situations, informants, apart from attempting to make sense of such situations, engaged in a detached performance. The lack of emotional display constitutes a performance on the part of informants to ensure that the situation is not exacerbated. The performances require a certain degree of neutrality. Such understandings, however, help them to

make sense of their performance and to be more at ease and comfortable with their role, knowing

that clients were not directing their frustrations at them personally. Nonetheless, workers were

proud to remain in emotional control for their clients, to be there for them in times of crises or to

create spaces that, despite their experience with difficult emotions, for the building of rapport.

Their abilities to remain professionally-calm, empathetic, and to effective control and manage the

emotions of their clients through de-escalation tactics surely made them proud, as they saw their

work as natural extensions of themselves or in line with their own self-identifications:

> Sure, they are freaking out, they are being aggressive and shouting. But my personal experiences shine out in crisis situations. Some are really anxious about losing their homes and they start yelling at you, "its all your fault you idiot, what the hell is wrong with you!", but you have to stay cool and understand that its not you, its everything that is happening to them and they need to let all of that emotion out. You are there, you work for them, so that service relationship always has tension. I've been there so I can identify with them and relate, "What would I want someone to say in this situation to me?". People want to connect with you. They don't want a spectacle, but they want to know its real. So being cool and professional doesn't mean you don't care. Its just a way to handle yourself so you can care … and I think that is a valuable part of this job, the fact that I can do that, that I can be in control to help (Lorrie, frontline caseworker).

> One client, a soon as I contacted her, she yelled on the phone at me, flat-out and abusing words and that would rattle me. For her to threaten me, however, I realized, its not about me, there is something going on there, I need to explore that and give her the space to come back (Catherine, frontline caseworker).

The norm of 'not taking it personally' blocks any normal response to expressions of hostility,

aggression and humiliation; it is justified by the practical logic that were a front-line caseworker

to respond to an attack from a client that would only escalate tensions and make the already

stressful situation worse. Contrarily, it is the front-line caseworker's role to mitigate tensions or

manifestations of that tension, in this case, the clients yelling. Negative emotions, insults and acts

of overt aggression are taken as a sign of "letting off steam", something that merely helps to "clear

the air", as some front-line caseworkers referred to it. By this organizational logic, the rules of action – the interaction rituals between front-line caseworker and client – can be understood as fully operative, neutral and impersonal, especially under straining circumstances. He or she, the caseworker, represents a mere target of displacement. Although generally understood as aggression or hostility, the act does not relate to the individual, that is, it is not "about" the caseworker. The affected caseworker is merely a bystander – a representative of the system – someone who "was at hand in stressful crisis situations when emotions simply came out":

> It didn't matter who was standing there at the moment. Remember, its not 'you'. The guests are calling everybody names … You can't take it personally. Our guests don't have it easy, so there were various insults. [Interviewer]: Would you call it yelling? Sure, they were, so why does that matter? (Catherine, front-line caseworker).

Caseworkers serve as a neutralizer, holding emotions, while they are not entitled to emotional expressions or outbursts under stressing circumstances. In such a situation, they suspend their subjectivity, their self-experience and their emotions. This is the only way they can play the important role of mitigating tension and deescalating crisis situations, therefore facilitating the common goal of helping others. Whether they like it or not, caseworkers are still human beings with human sensitivity. Therefore, it is in their best interest to learn how to completely separate themselves from potentially disrupting emotional effects, deny them, get over them, "not worry about them" or, in the worst case, suffer through them without displaying it. Moreover, as most caseworkers with this kind of experience recollect, they have to "get used to it". Catherine, for instance, had to learn how to draw a line between her personal and occupational identities. When she is capable of managing her emotions and expressions as a caseworker, then she does not feel humiliated, devalued or offended and does not raise any moral claim to retribution. She can be rightfully proud of the impressive ways in which she directs herself in such a demanding role and

overcomes it with professional virtuosity. Normative expectations thus dictate that a caseworker is not supposed to respond angrily to a client's aggressive affective expressions, which are simply displaced onto him or her. In their role, caseworkers are not allowed any reaction at all – such are expectations of the situated performance of their role, at least in this situational frame. They are merely supposed to "let go" of their feelings as they emerge, to feel no frustration, regret, or indignation. This represents, from an organizational perspective, the model of an superlatively adapted caseworker. The failure to 'manage' one's emotions under such circumstances is "fine" and "acceptable" among neophytes, who have yet to go through the adequate occupational socialization and learn from older, more experienced caseworkers on how to abide and cry their way through the "awful" beginnings. More experienced caseworkers instruct novices "compassionately" on how to cope with the unusual requirements of managing emotions on the job. A caseworker has to at times have a good cry, preferably alone, and, above all else, "get used to it" unless they want to exit their occupational roles:

> My colleagues told me: when we came here we cried for, like, six or seven months. You just have to get used to crying, too (Fatimah, front-line caseworker).

Although some caseworkers regard this regulation in the caseworker-client relationship as, in part, devaluing and at times demoralizing, especially considering etiquette demeanour, they regularly accept it in the context of the shelter establishment as natural, normal, structured by the emergency nature of their work and the organizational environment, namely situations with unpredictable outcomes, and frequently the only option. It is just "part of the job" in the shelter. It belongs to the occupation. This is just the way it is working in the shelter, informants often said. Catherine, amongst other informants, depersonalized and downplayed these situations thereby redefining

circumstances of emotional outbursts and aggression in the shelter as normal, not immoral. In another environment, the ordinary ritual and moral order of everyday interaction, with its rules of respect and civility, guides one to protect ones and others face; through the act of normalization, this is rejected and reframed along with its rules of interaction rituals.

As demonstrated by Goffman (1974, 1981), in the course of everyday ordinary interpersonal interaction and cooperation, people can resort to the norms of urgent situations: they can use contextualization 'keys' to fundamentally reframe a normal, ordinary situation as an abnormal, urgent situation. The actors in the drama 'rewrite the script' in the course of enacting it, by shifting it from an ordinary to an extraordinary situation (Goffman, 2003: 120-122). Sometimes this transforms the account of the social event, including the actor's positions, roles, relations, in fundamental ways. What is normally unacceptable for the actors in corresponding roles is reverted into something appropriate, natural or acceptable. It becomes normal. Particularly in the shelter's organizational culture, it is a constitutive feature of the normal order: it is something that happens and that the professionals must take into account. It becomes an 'accountable' (Garfinkel, 2002) *moyen* or rule of organizational life. With these logics, the norm becomes a commonplace, normal part of the occupational culture.

The above-explained neutralization, sense-making practices work as organizational practices of ordering such interactions and making sense of events. Such practices recode the ordinary meaning of conduct that is otherwise abnormal in normal life as cooperation between a caseworker and their client's partners on a common mission: an insult is no longer merely an insult, aggression no longer simply aggression. In this script, which would otherwise be a social situation of aggression, conflict, insult, is normalized.

Aside from remaining emotionally neutral and 'professional' in the face of verbal abuse, frontline caseworkers must work with (ex) criminals, some of which who have murdered and committed sexual offenses. They must aid these individuals in a variety of ways, work in a servile relationship to them, which means that they must sustain working relations with them. Sustaining such relations exudes a social and emotional taint whereby workers maintain a front by controlling and masking their emotional responses. Such work can evoke repulsion from outsiders. The work of frontline caseworkers includes listening to the feelings of socially and morally reviled people such as paedophiles and criminals, without condoning their actions. Informants in this study had to remain and appear as impartial, often concealing their own personal emotions of disgust and discomfort.

"They Are Still Persons Seeking Services from Me"

Working with sex offenders and (ex) criminals is not easy. As Blyth and Milner (1990: 197) state:

> In sociological terms child abuse is an excellent illustration of 'dirty work'. Hughes (1958) 'dirty work' includes those activities which have to be done but are nevertheless distasteful in the doing and those which ought not to be done but unfortunately seem unavoidable.

As Glaser and Frosh (1993) pointed out, each of the words 'child', 'sexual' and 'abuse' evoke strong emotional responses. Therefore, this work requires staff to examine and regulate their personal attitudes, behaviour and relationships to tainted clients. In addition, the work creates a tension, which Lea et al. (1999) term the "professional-personal dialectic", between the need to

keep a professional relationship with the sex offender, while at the same time negotiating the desire not to develop a relationship because of the offender's abhorrent criminal behaviour. This tension is made more difficult by the extremely negative media and public response to this group of offenders and criminals more generally. Thus, professionals, who must display tolerance and understanding of sex offenders, albeit trying to help them to find housing and acquire essential services. Frontline caseworkers, for instance, are required to exercise a non-judgemental egalitarianism (treating all clients equally and without judgement) which is an attitudinal context that is at odds with the intolerant, negative attitudes of society (and even of their colleagues, friends and family). Furthermore, they risk attracting a courtesy stigma (Goffman, 1961) or contact with socially dirty work, others may perceive them to have sympathy for sex offenders and criminals, by tolerating their acts and helping them. Despite this awareness, there have been only a few studies exploring the effects of this work on professionals. There is especially a paucity of research in relation to how frontline staff working with the homeless perceive this work, or the *contact with social 'dirt'* (that is, contact with stigmatized members of society).

Informants used surface-acting to disguise negative emotional responses to clients that, were they to reveal their true reactions, would have potentially shut down the interaction and caused the client to end his disclosure and terminate all effective communication. Although informants did want to hear it or had not anticipated in hearing vivid and candid accounts of deviant sexual behaviours and therefore were not prepared for their response them, they had to stifle their natural inclination to respond with incredulity and willful ignorance. Informants noted that they had to conceal from their clients their disgust and anger at the social, moral and emotional taint that comes through the casework office by offering an emotional performance that they do not feel. The management of emotions by frontline caseworkers is discernable as surface acting in that

the workers outward appearance is managed by pretending to feel what they do not such they deceive others about how they feel. Emotion-management became apparent when dealing with 'tainted' publics (such as sex offenders) to facilitate the delivery of their services and support and as an religiously-grounded organizational dictate to remain non-judgemental. Namely, all the shelters in this study grew out of the Catholic Church. Non-judgementality and hospitability are core values of the organizational mission that workers must adhere to if they are to remain frontline workers. Frontline caseworkers are expected to present a professional front and be non-judgemental, while remaining empathic to clients needs. In this sense, emotion work is being used to manage their exposure and performance to taint:

> I felt as though my face were a tight mask, without any expression of somehow giving a shit. I found myself just nodding… you know because you have to be non-judgemental, saying "Right. Sure". I didn't now what else to say. I recognized his humanity, I tried, that he is a person and not just a sex offender. But he was telling me what he did with boys … (Harley, frontline caseworker).

This informant demonstrated surface acting to consciously manage a façade that was different from her inner dialogue and feelings. As anyone who has ever tried to disguise a deeply felt emotion in an interpersonal interaction knows, this type of emotion work is difficult, draining and requires constant cognitive vigilance to pull off successfully. Also, evident in this following excerpt is the attempt on the part of the informant to try and recognize "his humanity". According to another informant:

> You have to be respectful, hospitable and compassionate. That's the mission, otherwise we are not doing our job. You have to respect confidentiality. If I don't like a client, I can't go throw them under the bus and say, "Well, do it on your own!". I have to treat everybody equally, so those are the main things, be respectful and non-judgemental. You get clients from many walks of life. Some very dark, some not so dark. You never know who can

show up to your office door. You have some who come out of the prison system and have done some really disturbing things – murder, rape, you name it – and you are required to service them like any other client. I had one paedophile. To tell you the truth, I wanted to punch that guy. But, I make sure to not intervene in what they have done. You know, they are human beings. It's also a way of remaining sane, you know? You can't play favourites. But I talk to them strictly about housing or what they need help with. If they recently needed medical services …. I treat their criminal act as separate from helping them as a client. (Mark, frontline caseworker).

Although Mark, like other frontline caseworkers, made it clear that he personally felt no embarrassment or sense of personal taint, they recognized that outsiders may not see it the same way. Working as a frontline caseworker in a homeless shelter puts them at risk of encountering matters-out-of-place. The sociological effects of being tainted by the encounter with emotional and social taint by the broader society and in interpersonal relations with individuals outside this line of work, still seek an answer to the question, "what you want to do that for?". For informants, the difficulty in respect of a continuing choice to either carry on being an appropriate frontline caseworker to be a human being as outsiders judge the social acceptability of contact with and willful ignorance or non-interference in the acts of those, such as sex offenders, paedophiles, criminals, and domestic abusers as morally, socially and emotionally objectionable. Informants therefore referred to organizational feeling-rules of remaining non-judgemental in their encounter with those that outsiders deemed as socially unacceptable. For this was the exact purpose of the mission: to breed hope and justice in a world that has forgotten the downtrodden and the sinful. But they also treated their 'criminal' act as separate from them as 'a client'. This separation allowed them to distance themselves from emotional, social and moral taint.

The mission of the organizations undoubtedly has religious roots, being forged by the Catholic Church. To help them is deplorable from the perspective of outsiders. Fundamentally, the dirty worker encounters the possibility of being held responsible for their activities by outsiders

who may disapprove of such acts. Many informants spoke to the reactions of outsiders. Nonetheless, many informants emphasized the importance of remaining non-judgemental, despite their own personal disapprovals of their actions. In some ways, informants presumed not to know or interfere to dissociate themselves from such acts, while simultaneously servicing them in accordance to humanistic and non-judgemental egalitarian values: "they are human beings too" (Jessica, frontline caseworker):

> We get criminals, HIV persons, and sometimes they start talking about the things they've done – murder, drug-selling … some have offended in ways you cannot imagine. Look, I don't like it, I am quite disgusted, but you gotta help em, you gotta take all your personal feelings out of it. Its our job, our organization demands that we service them non-judgementally … and I like to think, "Okay, they have done X Y Z, but don't they still deserve help? If he or she chooses to repent, don't they deserve forgiveness?". Now, I don't go too deep with them if I know their background more or less. I don't want to know. I am here to help you with things now. Not to discuss their past. So, I set a boundary. They don't have to tell me. They are my client nonetheless and we have that worker-client relationship (Haider, frontline caseworker).

> I never show that I am in agreement with them, they have their views and they have their past. We don't pass judgement here. Yes, criminals come in, they have done bad things, but those that mean that we should cast them a shadow? I think its fulfilling to help the hardest, because … that's the point of this work, to help them change. One of my clients murdered. But that is what I love about this organization and its mission, that we continue to remain sensitive and non-judgemental. For me, that's the way towards change (Daniella, frontline caseworker).

> I think … it mostly works [Housing First]. But there are times when clients want to focus on their addictions first, so we will do that, because we are client-centered … we are not going to say No to them … you must do this or that first. We work according to their piece. I have had a client who was here at the shelter for almost 200 days. I referred him to Transitions to Housing. The court case would, as it seemed, lead to a jail sentence. So, he would lose his housing. So, Transitions to Housing wouldn't house him. He is from Toronto. He can't go to another shelter because that is where the incident happened … he got involved in a violent altercation, stabbing a man … so our organization will have him here. We are fair, forgiving and non-judgemental … we take them where they are and try to breathe hope in their life. He has been following the rules and we have had no problem with him (Christina, frontline caseworker).

According to Ashforth and Kreiner (1999), reframing entails a process whereby the "dirty particulars are wrapped in more abstract and uplifting values associated with the larger purpose" (191). In so doing, informants sought to neutralize their responsibility for the effects of the emotionally dirty task and courtesy stigma of servicing and handling emotions and clients which and who were out of place through the process of reframing or referring to espoused organizational values of equality of service, hospitability, and non-judgementality, among others. By asserting "you never know who can show up to your office," informants neutralized such encounters by referring to the inevitability of such encounters in frontline work, the unavoidability of act and outcome, and that the "systems imperative" and their organizations demand that their duty to perform such a role. In such an instance, informants engaged in a denial of responsibility and reframed their association with tainted emotions and socially tainted clients as an unexpected and inevitable part of the job, "you can't control your clientele, so its not really my responsibility who shows up and who doesn't. I don't pick the clients" (Noah, frontline caseworker).

Although all informants had encountered, in some shape or form, dirty emotions which were out-of-place and troublesome, they all strongly disagreed with the emotions and associated acts of their clients. Informants made sense of such work by referring to their organizational commitment and mission discourse to remain non-judgemental, not to presume to know, intervene in the lives of others or separating their past acts and criminal histories with 'issues of housing'. A boundary was therefore established between 'who they were and what they had done' as a separate issue from 'housing'. Unless necessary, informants did not overlap these two elements. This allowed informants to distance themselves symbolically from the emotional and social taint.

Informants and their organizations respected the self-determination and autonomy of their clients and therefore, believed that they were not entirely responsible for their client's choices and actions. Informants interactions with the taboo and out-of-place emotions of some of their clients were therefore explained and rationalized in terms of adhering to organizational feeling-rules of non-judgemental egalitarianism and doing one's job loyally, in accordance to the values of the mission discourse. Accountability for the acts and thoughts of the client are therefore, drawing from Skyes and Matza (1952), neutralized by appealing to higher loyalties, namely through reference to higher organizational values and discourses of being outwardly non-judgemental and hospitable despite their actual feelings. Adherence to their organizational mission was justified, according to frontline caseworkers, because it was what made them different from other institutions and organizations. By examining emotions and thoughts that were matters out-of-place through the lens of their organizational discourses, informants reconstructed and reframed associated emotional and social taint as "persons still seeking services" and as "human beings," who despite their acts, deserved housing:

> I had two clients last month. They were sex offenders. Now, my job for someone who is a sex offender, it's a natural, guttural reaction to feel surprised, disgusted and adversed to them … you just want to get up and leave, not even give them your ear, your empathy, your time. I mean, they don't deserve it, you feel that. Especially towards children. However, they are still person seeking services from me and their ex-crime has nothing to do with their housing. They become related when things like bail conditions … so I don't need to know the nature of the crime, unless it is related to housing. That is where my boundary is. I won't lie to you that it is on your mind every time you work with that person. It just is. You have to separate the fact that you have that knowledge with the fact that you are servicing this client the way you are servicing all other clients. You have to have special considerations, perhaps, for that client, maybe deep down – set aside your own shit – at the end of the day you have to service this person. You bite your tongue. If you feel that individual is a risk then you do everything in your power to ensure that those things are addressed to become an issue. I won't bring the sex offense up. I don't want to be associated with it (Jason, frontline caseworker).

Returning to the sociological implications of frontline casework, so far this study suggests that performing emotion work with respect to emotional taint is to invite a visceral response from those outside the occupation. The experience of such a response speaks to a suspicion that the worker is somehow blemished or spoiled (Kreiner et al., 2006) by their proximity to emotional and social dirt. It invokes the question, "Why would you want to do that?". Informants believed that only those in their line of work, namely other emotionally and socially dirty workers, understood why they wanted to do what they do. As we will come to see, this shared understanding among coworkers was a positive source of their work. They appreciate that while working with the socially stigmatized, emotional burdens and dirty emotions can be very tough work it is also satisfying work.

As Hochschild's theories on emotion work indicate, workers who encounter the taxing demands of "handling people well" and managing their internal emotions of agitation, frustration or anger, which requires suppressing certain emotional displays, tends to point to the fact that they had to fake how thy really felt at work more often than workers who do not work in the service economy (Erickson and Ritter, 2001; Erickson and Wharton, 1997). Emotions in the workplace is central to the sociology of work. Although emotion-management initially appears as an intrapersonal process, it is not entirely. Workers may develop their own unique coping strategies, what works particularly well for them, but nonetheless, what data analysis revealed were the existence of informal, unwritten networks of micro-solidarity and emotion support co-workers created amongst themselves to deal with workplace stresses and burnout. Such 'interpersonal processes' do not simply form out of thin-air but emerge specifically from how co-workers come to define their situations. Organizations can also define situations and produce a work-value

congruence among workers. Organizations also define, as we have seen with the case of frontline workers, professional feeling-rules and displays of non-judgement, hospitality and respect. Nonetheless, apart from organizational feeling-rules and the ways in which they steer worker's lines of action in accordance to a specific understanding of "what is going on" and "what should be done," informants in this study also produced their own relations of care amongst each other.

"We Are in This Together": Managing Emotions Together

Interpersonal processes of emotion-management allow workers to influence other's emotions (Francis, 1997; Lively 2006). Co-workers play a crucial role in an individuals ability to manage their own emotions or engage in emotion work (Lively, 2000: Lively an Powell, 2006; Lively and Weed, 2014; Thoits, 1996). Such practices of micro-solidarity were created to help workers manage each other's emotions. Such mutual support is regarded as reciprocal emotional management. Lively (2000) discovered that paralegals manage their emotions by venting and blowing off steam together to control their anger toward the attorneys. Such 'venting' spaces provide opportunities for workers to express themselves authentically – their negative emotions of anger and frustration, for instance – using each other as safety supports. Venting, therefore, can help workers redefine their situations together. In other words, stressful situations are negotiated according to their definitional attributions.

Participants must agree on a definition of the situation if interaction is to proceed. This proposition is at the heart of the interactionist tradition. When people turn to others for support, as in the case of co-worker interpersonal support, the supporters then must be able to define the stress-causing situation themselves. In other words, both parties must be aware of "what is going on?" in

order to proceed. They must share similarly detailed information about the circumstances. The reason why informal support comes from those who have had similar experiences can be a case in point. support-worker must cooperate to build a definition of the situation from which they can work. Lively (2000) defines reciprocal emotion management as the "interpersonal management of others' emotions (for the benefit of that other) done with the experience of or expectation of reciprocity" (34). Informants reported that turning to one another to acquire emotional support management for themselves and to provide it for others with the expectation it will one day be returned was defined by many as a moral imperative in this line of work. They were better able to manage their own and each other negative emotional reactions to the emotional strains and task-related demands of their work. These reciprocal exchanges occurred in post hoc back-stage scenes, away from the view of clients.

The elements of emotional support among co-workers helped to minimize the negative consequence of their emotion work. Emotional support was strongly prioritized and frequently mentioned among all informants within all organizations. Every informant commented positively on the impact of emotional support among co-workers. One informant, by the name of Amanda clarified thus by claiming that when a stressful incident occurs, with even the slightest experience of embarrassment or emotional tick, "they are constantly on shift with you … by your side. They are your main support, you become each others rock". The immediacy of interpersonal emotional support is collectively felt among informants. Interpersonal support was identified as a central factor in both managing and preventing burnout among informants. Informants were able to access an open space to express their emotional reactions, frustrations and apprehensions to events or experiences with difficult clients. They were permitted to vent their immediate emotional reaction amongst each other. According to Silvia:

> We are all in this together … we are doing things together, we face the same predicament and therefore in a way we are all the same. We all know that we do get stressed at times, and the colleagues here, as well as the management, allow us to talk about it at any point in time. You don't have to hide the fat that you might be a bit stressed or apprehensive. Nobody sees that as a weakness here, because we are all strongly aware that it comes with working in this field … so the more you know it, the more its embraced, and the more you talk about it. Its there, we deal with it as we go along (Silvia, frontline caseworker).

Virtually all informants emphasized the importance of being aware of their own emotional wellbeing and reaching out for support when defined as necessary. However, "reaching us for support," was regarded positively as opposed to a weakness. It was perceived as integral to the management of their own emotional well-being, as a "strength in is if we recognize that something is affecting us because it takes a while to build up that self-awareness". One informant said that, "no matter how long you've been on the job or how experienced you are after so many years, we are all susceptible to emotional burnout". Being open about emotions at work was defined positively. By defining emotional communication as work as appropriate, workers felt more comfortable with being candid one-to-one with each other and managers. Other informants spoke to the impacts of witnessing incidences over the years – noting its emotional cumulative effect:

> Its not good for you. I don't recommend it. Its not good. It hardens you. If you are not extremely dedicated or have a set of values that aligns with the organization (Jessica, frontline caseworker).

Data analysis revealed a symbiotic relationship that informants believed they collectively shared with their co-workers. This shared collective experience and understanding of emotions at work allowed informants to relate to each other in a proactive way, by acknowledging the impact of emotionally burdensome situations and in return providing strong emotional support to each other.

These interpersonal emotional support systems, sustained themselves because of the way in which workers inter-subjectively defined their situation, therefore, providing a basis for action:

> I think it's very important to say what happened was a stressful situation. My co-worker, who was dealing with the incident with me, she was also very stressed by all of it. And I think that it was fantastic that I was able to support her in that. The way I supported her was to tell her, "You look very stressed about this, you don't look great, and if its any consolation to you, I feel the same way. I am with you on this." She smiled and seemed glad to hear that (Catherine, frontline caseworker).

The informant was able to console her co-worker by providing her with a sense of comforting reassurance that, "we are in this together", what Lively (2000) would equate to caretaking in reciprocal emotion management. Another informant reiterated this point by expressing that, "we are caring about others, so we are caring about each other". Emotion management, therefore, is also an interpersonal, reciprocal and collaborative effort. Informants expressed the expectation that their co-workers should, and they believed, would "watch out for them," namely, to monitor them for apparent signs of stress and burnout and to ensure acts of reciprocal caretaking and comforting when these signs were detected. They regarded this expectation as a moral duty because it was defined reciprocally, or as an informal expectation amongst each other. This constituted an emotional feedback loop, a circuit of interactive monitoring among co-workers to stay, "strong and resilient for their clients". This helped to produce, also what Goffman called interaction coherency, by having an agreed upon definition of the situation in each peer-to-peer interactional work context:

> I would allow my coworkers … you know, if they said I am going to do that because … let me do that because its important to let them help you as well (Adam, frontline caseworker).

That's the helping connections we need to build, we need to be able to pick each other up, you know … be careful there! (Riley, frontline caseworker).

Neither life events nor chronic strains are in and of themselves stressful. They are simply situations in which the likelihood of a stressful response is augmented. It is the perception of these events and their interpretation, what an individual believes the implications of the events, stresses or strains to be, that is stressful. It is the perceived world, whether it is perceived accurately or not, that becomes the basis for a response. Strong interpersonal support can increase work identification and diminish the threatening reality of these stressors. Strong emotional bonds at work can also factor into reducing emotional stress:

We had an individual here who was struggling with substance abuse and ended up beating his wife and child. They left the family shelter, mom went somewhere else and the child was apprehended from the family centre. That put Dad in a very serious crisis mode. He began hearing things and seeing things and asking where his daughter was although he knew what happened to her. In that situation, when somebody is not in their most stable mind-frame, something that I do is to make sure that I have someone with me at all times, if I am connecting with that individual. In that situation what I did was – and I had my coworker stand in front of the door to ensure that we had a way out, and I just sat next to him and we didn't say a word. I just sat with him. I let him feel what he was feeling and say what he had to say, and I just listened. I told him, "vent to me, whatever your problems are, just put it on me", I just say out loud, let it out in the open. I bagged his belongings and he went to another centre. Now the child was apprehended due to a lot of different concerns, but I was the one that had to call Children's Aid Society and they said, "get ready, we are apprehending". So, I felt that that was on me, that I was the reason the child was being pried from their parent's hands. It was very hard. I was emotionally drained and after connecting with my team and manager, I was able to take the rest of the day off to clear my mind. My manager was fantastic about it. I sat with my co-worker, I kicked the garbage, because I was both frustrated and feeling guilty, and I let it all out. Amanda, my co-worker, just put her arms around me, then we went for a drink. After I let all the tears fall, I felt much better, I felt like, "I am good, I am ready to work again!" and that's when we went for a drink and talked about other things. Another time, Jessica was having a tough time and I did the same thing to her (Christina, frontline caseworker).

As considered elsewhere in the wide literature on 'dirty work,' tainted and tough work can also be rewarding work insofar as it affords satisfaction, interest, pride, purpose and worthwhileness (Meara, 1974; Ackroyd and Crowdy, 1990; Tyler, 2012; Chiappetta Swanson 2005; Sanders, 2010; Stacy, 2005). To this end, frontline caseworkers speak of various rewards as part of their dirty work. Although thus far we have in some way demonstrated the various ways in which informants negotiate meaning and purpose in their work, the following section focuses more specifically on the ways in which informants constructed dignity in their work by redirecting to those non-stigmatizing aspects of the work that made it meaningful, fulfilling and rewarding. For instance, many informants spoke of helping others and providing them with an empathetic environment as a privilege. They also pointed to the development of skills as a source of satisfaction and spoke to how their own self-conceptions identified with their work-roles. They also spoke to the positive and reciprocal connections they cultivated with clients.

There are always limits of what might or can be done for a client such that the experience of emotion work and the capacity to help is heavily reliant on the broader organizational and systemic context of frontline work. Client non-engagement was also identified by informants as carrying a demoralizing quality and therefore designated as a dirtier aspect of their work for it made 'helping' very difficult to near impossible. The intra-occupational relational effect and shared experience of having to perform difficult work tasks created a strong sense of social solidarity among coworkers. Informants referred to their sense of solidarity with coworkers as being based on a sense of occupational belonging and collective understanding of the value and challenge of the work they do, one that amounted to dignifying the suffering of others, namely to validating experiences that have remained, across institutions, a source of neglect and disregard, with the aim of ending homelessness. This shared, collective purpose, allowed informants to forge a collective identity

that brought meaning and purpose to their so-called 'dirty work'. We now turn to the occupational

rewards that frontline caseworkers derived from their work and their organizations.

CHAPTER 9

OCCUPATIONAL REWARDS: CONSTRUCTING DIGNITY IN FRONT-LINE WORK

"I Know Where I Belong": Collective Esteem and Identity

When one's work is to an extent, physically unpleasant, dangerous, socially tainted, stressful, low-paying, monotonous or otherwise, in some ways, unappealing, the worker must discover other meanings of making the time spent on the job worthwhile (Garson, 1994). Frontline work, is considered by outsiders, to be unattractive work for little compensation. While many frontline positions are regarded by those outside the occupation as 'bad jobs' with low pay, few benefits, a lack of job security and little opportunity for advancement, the intrinsic nature of frontline work can also be profoundly rewarding. Specifically speaking, the inherent nature of frontline work, as well as the intrinsic relational nature of care work, can be extremely fulfilling and may even meet the expectations and values held by workers in these jobs (Berg and Frost, 2005; Decker et al., 2009; Stacey, 2005). However, despite these drawbacks, it was typical for frontline caseworkers to emphasize the relational and affectional rewards of the job as compensation for its low pay, dirty particulars and other disadvantages. In other words, the relational aspects of the work outstripped the importance of money. As one informant noted:

> When you are joking and laughing with some of the guys [clients] and it doesn't feel like you are in a shelter anymore … it just feels like two guys in a building joking about stuff. Conversely, when its 3:00 am in the morning, you are the first person this person is seeing moments when their life has just fallen apart … they can't go back home and see their kids and they open up and the flood gates come out and huge amounts of emotions, and all you can do is just listen and care. People can detect when you are actually caring and when that guy is done and walks out with a smile, joking and laughing, that's one of those, "Okay, I

did my job, everything makes up for that moment". That two-hour period there, I really earned money. I was really doing my job. That's one of the really rewarding things (Conor, frontline caseworker).

The occupational culture of the shelter, namely the relational, informational and narrative-based social structure in which frontline caseworkers were socialized, provided definitions of work activity, purpose, self and the occupational situation "what are we doing and why?" that enhanced the job experience and made it meaningful. Furthermore, the convergence between personal values and organizational values allowed informants to identify more closely with their occupations. Coworkers also shared a strong sense of solidarity amongst each other. Strong cultures and their "dignifying rationalizations" (Emerson and Pollner, 1976) are typical within dirty work settings. Informants defined the interaction and the relationships that surround them as a major compensating and motivating factor. Such a culture helped informants to enhance their sense of self-esteem by providing them with a collective resource to ascertain that they were doing good work.

The hardships and struggles of helping found deeper meaning and greater purpose when informants viewed themselves collectively as a culture fighting against homelessness, stigmatization of their clients, bringing an end to poverty and seeing positive change. The moral and virtuous nature of the organizational ideology was evident in informants understanding of their client's issues and how informants perceived themselves in solving them. Many informants spoke passionately about their work as a battle against homelessness, poverty and addiction. They also spoke of their work as sustaining hope in an unjust world, ending the cycle of poverty, caring when nobody cared. Some informants also drew on the religiously-grounded discourses of hope, mercy and justice proffered by their organizations to make sense of their work:

> To keep them alive long enough for them to want to make the change, even if its just providing the basics. This kind of work started in the Church. They started by saying, as followers of Christ, to shed hope. Our job, how I see my job, is to show that there is hope, to keep hope alive, that being part of the society, that there is justice here (Massimo, frontline caseworker).

Other informants, again reframing their actions according to religious discourse, sought to define themselves as Good Samaritans, therefore constructing an identity which was caring, compassionate and hospitable. In the following excerpt, an informant responds to identity threats that have been made by outsiders. The informant fuses the meaning of his work with religious connotation, reframing the dirty work of helping:

> I think this is the point. This goes back to the biblical parable of the Good Samaritan. All the "holier than thou," people just claimed these people weren't their neighbours. It took someone who was already a social outcast to come and clean up the victim and give him a place to recover before he could get his life back on track. If you don't take accountability because a homeless person wont, what really separates you from them other than a home? (Damien, frontline caseworker).

According to two other informants:

> I think the organizational values are dead on. I think the idea is to head directly into the struggle ready to help, show mercy and get our hands dirty if we have to (Haider, frontline caseworker).

> …should we be like every other person who passes by homeless people on a day to day basis looking straight head? We can be silent spectators afraid to involve ourselves and dirty our hands. Compassion demands that we get out of ourselves as we reach out to others in need. It means that you are not afraid to get your hands and even your reputation dirty. That's the story of the Samaritan, right? That ethic drives us (Andrew, frontline caseworker).

Remaining egalitarian, merciful, hospitable and non-judgemental of stigmatized others were ethics, schemas and scripts that encoded work obligations – scripts that encode service to others, non-judgementally, hospitably and with humility – which can be viewed as an important

ideological lens through which dirty work is both understood, interpreted and performed (Ashforth and Vaidyanath, 2002). Religious schema and scripts provided informants with the reframing necessary to overcome threats to their identities through physical, social and moral taint, as well as demeaning interactions with outsiders. It was a means by which informants made sense of the tainting features of dirt. In other words, they enabled informants to maintain relatively positive self-schemas and positive work esteems while performing dirty work. According to this context, informants regarded themselves and their organizations as playing an overwhelmingly crucial and vital role in helping vulnerable persons. In other words, they reframed such struggles collectively and attached to higher values of eliminating human suffering and caring for the other. Their own personal values aligning with their organizations values created a greater impetus to work and provided informants with greater job satisfaction. The discourse of their organization resonated core values that bound informants together. This shared emotional, relational and value-oriented experience, goals and common vision provided the foundation for a cohesive and positive collective identity. The following informants describe the quality of their on the job relationships:

> I love working and helping the people here and the managers, my coworkers, everybody, I like working with all of them. They are just people that share the same, how could I say … feelings, background, the same interests as I do …. you have a close-knit group of people all working together that have a common interest, you know, ending homelessness … we're not just in it for the money, although there isn't much money [laughs], but who really want to help and have a vision of a better world where everybody is housed and cared for. They want to help people who are down on their luck. To show love. That is actually like the point that just brings everyone together (Jessica, frontline caseworker).

> Everyone has that common interest or common goal, so everyone seems to really get along here. We may have different strengths, but we use those to the benefit of that vision (Lorrie, frontline caseworker).

Our positivity. Our team is very cohesive because we come into work smiling everyday, knowing we don't know what we are walking into sometimes … were positive people and we like to see positive change, our motto is, "Small spark, big change" (Silvia, frontline caseworker).

I value the fact that I am respected as an equal voice at this table, every single person at this table has an equal voice. I don't feel like I am trying to balance on a high-wire all the time. I feel like there is a net there if I fall. That really helps with all the challenges we face. We are a collectivist culture here, we work collaboratively to solve problems, sustained by a common vision: the end of homelessness, to care, to support vulnerable individuals and to work client-centered. We work as a community and we rely on the community to help solve its own problems. That is what we are doing. And in the mainstream organizations, the bureaucracy can interfere with that client-centered approach because you are always trying to fit the parameters of the box that the program exists in (Jason, frontline caseworker).

Our diversity works well. As a team we all want to end homelessness to eliminate suffering. But we also believe in being non-oppressive, which means validating suffering. That is a big part, dignity. Treat clients with dignity. That drives us. Our personal interest and experiences come together and that forms our style. If, for instance, I am having difficulty connecting with this person, I can ask a colleague who has greater rapport with them. We are helping each other out. It's a puzzle with different edges and it all fits together (Harley, frontline caseworker).

Recognizing that outsiders do not always understand the value of what they do, informants often turned to each other for mutual support and understanding, creating a sense of occupational belonging:

Sometimes it comes up, that "Ahh, I was so exhausted from work yesterday," but its really great to be able to connect with people who understand what you do, what you are talking about. So, I think we share very strong bonds and values and a common vision … and we don't always need to talk about it, we just understand one another (Sarah, frontline caseworker).

I was really happy that I ended up here at the shelter. I knew I wanted to work with addictions and mental health. The values here align with mine. A friend of mine, she knew I was an empathetic person and approachable. So, I took her advice, she saw it in me, I agree with the mission. The coworkers just get it, we all share some pretty horrid pasts …

> well, not all of us. Despite what other people think, I know that I can rely on my coworkers … I know that they understand why what we do is important. It all just makes sense to me, I know where I belong (Conor, frontline caseworker).

> I believe that our mission and values are very progressive. The idea that hope and offering value to someone is very important. I started here by really looking at how the values of the organization lined up with my own personal values. That's where I really felt a connection. I think everybody feels that belonging here (Omar, frontline caseworker).

Therefore, in dirty work occupations often report increased identification and collective esteem. Frontline caseworkers share a remarkably strong sense of collective identity. These team-based work practices, grounded in a common vision of the meaning of the work, engenders a strong occupational culture based on camaraderie and a sensitivity to the suffering of others provides some defence against threats on identity, both from the public and emanating from the dirty work status of the occupation.

Framing Client Success

The frontline caseworker's role is in helping the homeless achieve success in independent living. Many outside perceptions were that the homeless will never change and are a hopeless case. When asked what aspects of the job informants enjoyed, many of the workers discuss the successes of their clients as providing them with a sense of accomplishment. Their occupation, designed to deal with vulnerable clients who are socially stigmatized, incorporates opportunities for their clients to change. The workers are looking for change, the success they strive to see and communicate, regardless of how success is defined. The sense of directly connecting with clients

on an equal level and witnessing success stories allowed workers to define their work as valuable, namely work that made a difference and affected change:

> The organizations visions and values are really what brought me and drew me into it … being flexible, adaptable, hospitable and understanding, and just working from a client-centered approach, how can we achieve your goals together? It is a really refreshing feeling to have and the work that I do here and the work that the rest of the team does it makes a difference because you are directly connecting with that client and there is at the end of the day a success story (Patricia, frontline caseworker).

> Seeing the successes of my clients are the main reasons I like working with them (Fatimah, frontline caseworker).

The emphasis lay on the recognition that their clients can and do change, despite the public messages that frontline caseworkers have received. Success can be defined in multiple ways and can have varying influences on occupational members. For my informants, their efforts do produce success and motivation to continue their work. Informants reframed their work in terms of their success in helping the homeless achieve goals and accomplishments that share some resemblance to what is considered normal in terms of achieving socially appropriate aims such as acquiring a home and cultivating basic life skills. This success comes to define their work and is the positive value that they infuse in their so called dirty work (Ashforth and Kreiner, 1999). In other words, caseworkers came to redefine shelter residents as once characterized by a stigma, but is normal again (Goffman, 1963). By infusing positive value with their jobs and the clients they work with, caseworkers minimized social taint and successfully redefined their work in a positive light, as helping others and saving lives. This highlights a symbolic repositioning that demonstrates how the negative associations to dirty work can be neutralized by drawing discursively on occupational ideologies that allow workers to reframe their work with positive value, either by presenting it as a badge of honour or a mission.

Informants viewed themselves as catalysts for change and were quick, during the interview, to share success stories from their perspective, as well as successes shared to them by their clients. Many regarded the interpersonal communication of success as moments of reciprocal exchange. Such moments of gratitude and reciprocity, informants pointed out, were what made the work worthwhile but also what made them recognize that they are doing good work. Therefore, through the lens of success, informants reframed the negatives that are attributed to their work by emphasizing their work as effective, moral and good, thereby shedding their work in a more positive light. Emphasizing how much their clients have progressed and changed from the moment they met them allowed informants to highlight their effectiveness as frontline workers, but also evoking feelings of modest pride and satisfaction, that you've done something good:

> I love connecting and just having conversations with my clients and working towards goals, so that really is a cool thing for me is when I look back on somebody we've gotten housed, so maybe they have been housed for over a year and we've seen amazing progress and change … you don't see it while you are doing it, but when you take that step back and you look at where they were when you first met them as opposed to where they are now, that's incredibly satisfying. it makes you feel really good. That you've done something good. You became very proud of that person … you become very proud of these people, they had every reason in the world not to, and yet they still fight and do good things for themselves (Jason, frontline caseworker).

> So, people look down on these situations and on us for helping these bums, but you know what … I thought that these guys at first were just here to collect money, but there is more to it. You know. It opens your eyes more. The same goes with volunteers here, they see it. When I first started I pretty much had the same view, this guy always asking for money, same guy, go find a job! And when I saw him here and I found out his story, I was like damn I am an asshole! I shouldn't have that mentality. It changes you for the better. And once you learn that, the reality of their situations, you know, you do your best to help them, you get into their past, its fulfilling. You feel like you are doing something good (Haider, frontline caseworker).

Informants stressed that they entered this line of work to bring a "positive change in peoples lives", one of many illustrations of the positive elements of the work. This also demonstrates the process

of reframing. Workers displayed a sense of excitement, accomplishment and satisfaction while

discussing the positive experiences of their work and the positive experiences of their clients. They

also emphasized the autonomy of the job as a major source of compensation:

> I like meeting clients who have incredible stories and who show incredible resilience and strength. The autonomy of the job is rewarding. There is nothing more exciting then having a hand in getting a client housed whose been living on the street unstably for a long time. Its very exciting. Its an instant gratification. When you get that call saying they have been accepted in the apartment … its an accomplishment, the simple things we take for granted, having your own bed to sleep on, some clients will say that, "I've never had m own bed, I've always had to share a bed with someone else," that is an important part of why I am here (Fatimah, frontline caseworker).

> Knowing that you are making a difference. There is a lot of gratitude here … I used to be a teacher, you don't get that kind of gratitude. When they start to trust you with their stories, you see a difference, I find that extremely rewarding – that I was able to provide comfort to them to open up. I don't think everyone can do that (Jessica, frontline caseworker).

> I see a positive result. If I was in a situation that didn't know what happened afterwards, I think I would have a hard time with that or if it was unsuccessful or become more entrenched in the homelessness system – so I am happy that I play an active role in this process, that I am effecting change (Daniella, frontline caseworker).

> I feel like there is a definite impact in what we do here, it is palpable. It is very rewarding in that sense. Knowing where to get the support is important. Having comfort-levels to work with the client is important. That can be a challenge for someone who is a little green, in that they have a hard time trusting people right away or being aggressive or something a little scary about their situation that coming from a middle-class background might not be something you are used to or interact with (Colleen, frontline caseworker).

Informants were proud about using their interpersonal skills to help clients open up about their

past and share their stories. For Silvia, an informant, and other frontline caseworkers like her, pride

and dignity came primarily from being able to affect positively the emotional state of clients, by

maintaining positive and personal interactions and by providing for their daily physical and

emotional needs. As one informant noted, "it's the fuel that keeps you going, that keeps you working hard for the client". For Silvia, job satisfaction also derives from the positive outcomes that she sees. However, like McMurray and Wards Samaritans (2015), informants were much more diffident to accept praise and expressed a modest self-worth. In other words, despite the enormous satisfaction they received, informants remained humble:

> When you see a positive change and they express appreciation … it's a big motivating factor, a feel good story and a sense of accomplishment. But don't give me credit, you made all these changes, I showed you the way, but you made the change yourself. Its one in every hundred, but its expected, it's a challenge of course. I am not going to say, "Ah that's it! I am done with the job!" Cause for us, we are here to show them the way, we are not going to hold their hand. That's my job, but we are always here to give an ear, to help, even with trauma Even if I don't get those feel-good stories, you have to remember that you have good days and bad days. Because I know how difficult it is to change (Adam, frontline caseworker).

> When someone gets into a new housing situation, or if they are okay to stay where they are and find a solution. For instance, simple things. I took someone to the foodbank and they were so grateful, they expressed profound appreciation. They really recognized the importance of what we do. Just the fact that they saw it as such a big thing, even if it is a small thing. Anytime someone tells me that an experience we had together made them change, how they felt bout something and helped them to arrive at a decision. Its not about me, its not a vanity thing, its not like "I helped them", maybe I opened up a difficult discussion. I challenged myself to go there with the client, and later they tell you, "Thank you" for allowing me to vent. I love hearing that. That is my goal. To help people feel comfortable and to raise confidence of their life situation. To help build somebody up, to help them believe in themselves again. I asked somebody once, "what do you want to do with your life or want for your life?". Nobody had ever asked her "What's your dream?". She didn't have an answer, but it made her think about it. We turned it around to shine a light on perspective, to help them see things differently (Harley, frontline caseworker).

Dignity in frontline case work was interactionally constituted between client and staff. In other words, informants redirected attention to the relational and affectual rewards of their job. But most important, having a positive emotional effect on clients playing a role in changing their emotional states, was deemed as one of the most rewarding elements of the work. Informants took pride in

the fact that they possessed a set of interpersonal skills which they viewed as indispensable to the relational emotion work necessary on the frontline:

> I was once, before this job, working as a dental assistant. The clients would be so scared, shaky, before an operation and they would tell me their whole life story. I noticed that there was something here. People are telling me their stories without even asking. They felt comfortable to tell me and some people were telling me things that had nothing to do with their teeth! Disclosing really personal stuff and like 'wow', that's really interesting that she could. So, I thought, I've been through many things in life, so I know how I would want to be treated. I think I could bring those skills. I do have that confidence. Oh, and the blood, I couldn't handle that. I decided to go into social work. I am so glad (Silvia, frontline caseworker).

Silvia continues:

> …and I think it comes back to this job. Yes, we deal with stigmatized clients – drug addicts, criminals, the homeless – you know, people we generally pass by on the street without looking twice. But not everybody can sit down and listen to them. It takes a skill, it takes patience, time and a sense of empathetic understanding. You are building those skills all the time. And you need to make them feel comfortable to gain their trust. I can do that. Maintaining comfort-levels is my specialty. It is important in our interactions and I am really happy that I can do that. I mean, not many can (Silvia, frontline caseworker).

The perception of comfort-giving and skills-building or taking pride in one's skill set is crucial to the way that frontline caseworkers construct dignity on the job, countering misperceptions that working in a shelter is work that anyone can do. However, also, taking pride in themselves as natural carers and compassionate people created a more profound source of self-identification in their work. Taking pride in one's interpersonal skills and capacity to do relational work, despite its dirty and tainted features was a fundamental source of self-identification and value in their work. Most informants had identified positively and meaningfully with their work, seeing their occupation as a solid reflection of themselves and therefore as a central means to positive self-definition.

Their skill sets, and attributes were regarded by themselves as a natural extension of who they were. Some believed that you just understood the nature of the work and that no training could properly provide you with the right guidance if you lacked the practical and emotional sense that this work required. As one worker noted, "Special training? No, its on the fly. You have to bring your skills and put them to the test". You either 'got it' or 'had it' in you. This element of 'having it in you' became a source of pride and self-esteem. For instance, informants had remarked how some of their clients disclosed to them that they did not "like the way a worker made them feel". As one informant claimed, "it is not about whether the worker did the necessary paperwork or not, it is never about a purely administrative thing, it is about how they made them feel, or the fact that the worker appears not to care." Many frontline caseworkers recounted how their clients, while visiting other professional agencies, had complained about how these workers treated them coldly. For informants, being a past service user provided them with insight into how it is like to feel brushed off by bureaucratized institutions, "I've been a service user and it helped me, so I know I could pass that on". In other words, frontline caseworkers also used emotions to construct dignity in their work, "if you keep going at it, building that trust, they'll let you in". Informants felt skilled, competent and special to be that rare person who was able to open clients past. Encouraging and helping clients to be more sociable, independent, seek a counsellor or acquire housing was more than simply a job. It was an important source of dignity that shaped their self-conception as a frontline caseworker. Informants internalized the occupations identity as a valid definition of self.

Many informants also noted how they were prepared for this line of work predominantly because of their past experiences with poverty, addiction and mental health. They believed that these biographical and social experiences provided them with levers that others did not have or possess. This was viewed as an asset that gave them an edge when it came to interact with certain

types of clients that others did not have nor could not learn, in comparison to other professionals. Also, ways of speaking (being down-to-earth, real and situating themselves with clients) and interacting helped to create status-distinction. It also provided informants with a sensitivity to the interactional dynamics, clients real and embodied experiences and the ability to adapt one's interactional style situationally among different clients with diverse needs. Their biographical situations allowed informants to understand the personal contexts of the problems their clients faced and to approach sensitive topics (trauma, crime, addiction i.e.) non-judgementally, congruent with the organizational discourse of their workplace:

> Most of us who work in shelters have experienced poverty, addiction issues, mental health issues, all that stuff. From that personal experience, that's what points us in the direction of this career path and drives us to want to go down that path. My personal experience being with some poverty and addiction and mental health – the cookie jars a bit of all – and wanting to have a career that has some meaning to it, instead of some faceless bank job. A lot of people work jobs that they don't like, they don't care, there is not meaning to it, you just play with numbers or shuffle papers, its boring … it puts food on the table, but it doesn't have that kind of emotionally or spiritually fulfilling thing of helping (Conor, frontline caseworker).

That kind of emotionally and spiritually fulfilling thing of helping that Conor highlights are the non-material, relational and emotional gains of frontline case management. Conor also engaged in a level of selective comparison with other occupations (faceless bank job) where he can assert that his work has meaning beyond its more menial aspects, therefore positioning the self against others who carry out work that lacks meaning. The stories that informants shared were also embodiments of their successes as workers. Many informants expressed both exhilaration and elation in sharing to family and friends the stories of the clients they work with. This also became relevant to negotiating taint with outsiders through proactive educational strategies. Educating family, friends and other outsiders was also underlining the success stories and the reciprocity they shared with

their clients. These success stories served as a badge of honour for the informants who, they believed, played a crucial, albeit indispensable community role in their client's transition to success. When asked explicitly about what parts of the work that they liked the most, many informants discussed talking with clients who are doing well, and re-sharing stories and memories conveyed to them during phone calls or spontaneous show-ups to the shelter:

> I got a call the other week from an excited voice, which said, "Do you remember me? I stayed at the shelter after being taken in from the streets. Well, I now work in a clinic office and I am soon to become a nurse. I wanted to let you know how much I appreciated everything that was done on my behalf!" I mean, that is so rewarding (Massimo, frontline caseworker).

> One guy came back to the shelter and asked Finn [the Director] to speak to me. He came into my office with a wrapped gift, "Hi, I just wanted to say that I am so grateful for giving me your time, energy and care. I just wanted to say Thank you". And things weren't going well. There are success stories. They are rare, but when you encounter one, man, you can hardly hold in the joy (Noah, frontline caseworker).

> To have those interactions … making them a part of something rather than pushing them out, to be welcoming, to talk to someone who is not having a great day … the idea of supporting someone. One guy came back to the shelter and told me, "You know, I was having a really tough time and you helped me". That gratitude is so uplifting. Knowing that you were helpful and being a part of that (Andrew, frontline caseworker).

Reciprocal recognition from clients that frontline caseworkers were doing good work enhanced their self-esteem and allowed them to realize the vital services they were providing. Informants communicated a sense of urgency and necessity when it came to the work they were doing. They also described their organizations, not as dumping grounds, as some outsiders claimed, but as places of last resort, namely sanctuaries and caring spaces for clients who had no other place to go:

People need a space to feel healthy. Alone, if they remain alone, they will die. They need companionship and comradery. I see that as what we are doing, giving them a space … trying to give them a temporary home (Mark, frontline caseworker).

Many people think we are just managing, but no, we are caring and changing peoples lives … and that care is important to helping them uncover their own potential, to make them realize that they are human too. So, giving them that dignity is so important. It's the small things really. I love that about my job. That's what service means. Not just giving them a reference number (Patricia, frontline caseworker).

When the work of occupations attests to success stories, the dirty work of helping the homeless becomes less dirty in that it is reframed as effecting change and positively affecting the emotional states of clients. Although the stigma of the client may still be acknowledged, informants redirected focus on the positive elements of their work. The perception of the frontline caseworker as someone who works with socially tainted publics is reframed by demonstrating success stories and possibilities of societal reintegration and change. Aside for emphasizing the success stories of their work, informants also stressed the privileged aspects of working with clients. Like McMurray and Wards (2014) study of hotline workers, frontline caseworkers perceived their work with the homeless and the stories their shared, whether emotionally distressing or not, as a privilege.

"It's an Honour and It's a Privilege": Giving Dignity to Suffering

Frontline case management is not simply about getting down to the practical challenges of finding vulnerable people homes and access to services. It is complicated by responding to the immediate emotional needs of clients. This part of the work was deemed as the most professionally rewarding aspect of the job. It was also regarded as deeply fulfilling. One informant said that,

"with all the chaos at work, its exhausting. It is not going to be the best days work, but it is deeply fulfilling". Being emotional supports for their clients is fundamental to providing effective and caring service. Informants sought to provide sincere support and reassurance for their clients, meeting their emotional needs however clients defined them. This kind of supportive care requires empathetic care. Informants must establish bonds of trust to gather important kinds of information about their clients. Informants also perceived the connections that they established with their clients as one of the most important motivating factors of their work. They were proud of their commitment to their clients and their ability to make connections:

> I like talking to people, coming together … it makes me happy when I see that they got a home. I like to make good breakfast for them, so they feel loved and welcomed. I think I do this because I can see that it helps. Relieving them of their suffering, that's what we do here … they are so hurt (Cecilia, frontline caseworker).

> I love the connections that I have with the clients and I love the fact that they live here, and I can see them when I need to and want to. Also, I love that it challenges me. That there is ongoing learning for me. I love to be challenged, acquiring new experiences and going out into the community. So, I get a little piece of everything (Lorrie, frontline caseworker).

> Interacting with clients is the best thing. I mean, we are doing a lot of paperwork, I don't like that, you are just stuck, not doing much … sitting in front of the computer the whole time. But when clients come in and you have small conversations, it can lead to bigger things. It shows them that you care, you know … they think nobody gave a shit about me when I was growing up, so I don't expect you to give a shit, but we keep reinforcing the idea that we do care by showing them we care. I want to help you out, not because I want to get you out. Addiction, mental health, housing. I love that, interacting with the clients. Just talking to these guys, they need it, they need recognition. When people see them on the street, they probably think, "Ah, fuckin bum, they don't want to do anything". No man, ask that bum, is he really a bum or is he just down on his luck (Omar, frontline caseworker).

These positive feelings and interactions allowed informants to see and define themselves as caring, moral and compassionate. As such, it provided informants with a symbolic, as opposed to material,

compensation, making the occupation more salient. But most importantly, they could redefine socially tainting interactions as positive and satisfying interactions. They became predominantly listeners and comforters. This was for them one of the most valuable services they could provide: the relation of one human being to another. One informant described the purpose of the interaction eloquently as, "giving dignity to suffering" or as another informant remarked, "honouring their suffering" and to remain in emotional control:

> There are times when I have heard stories that have taken an emotional toll on me. In those moments, I had to separate myself in those moments because I can't think about how it is impacting me, I must focus more on how to support the person in front of me. So, I provide that support by recognizing and honouring what they are revealing to me. I am honouring their suffering (Fatimah, frontline caseworker).

Informants, while remaining strong and intact for their clients, attempted to put themselves in their client's places. As we have previously discussed, informants also recognized that clients sometimes need someone to lash out at. They accept it as a part of their work and adopt an increasingly forgiving attitude. Most importantly, despite the dirtier aspects of their work, as well as its compounding emotional difficulties, informants, nonetheless, felt privileged and honoured to hear the personal stories and emotional distress of their clients. They framed such encounters, not as dirty and saddening, but as opportunities to give dignity to suffering. Ward and McMurray (2014) noted that Samaritans saw the good call as a "source of satisfaction … allowing them to employ the listening skills which they have been trained: a simultaneous challenge and privilege" (26). Informants in this study saw their interactions with clients and the stories they shared as a privilege:

> I feel incredibly privileged to meet with clients and first and foremost to have them share their stories with me (Harley, frontline caseworker).

The also highlight the privilege of being there, in the presence and with their clients and deploying an ethic of hospitality to strangers. Any viewpoint at odds with our own can help us become aware of the perspectives we habitually and unthinkingly assume. The notion of hospitality demands a welcoming of whomever, or whatever, may need that hospitality. It involves relinquishing judgement and control regarding who will receive that hospitality. Inviting strangers in, namely strangers who are socially tainted and showing them hospitality rather than hostility. The moral imperative to show hospitality, especially to people in distress, allowed informants to construct definitions and images of themselves as compassionate and caring. It involved cultivating a culture of hospitality. Hospitality assumes the ability to provide a safe haven and defining place in an unsettled world. Dealing with the anxieties, despairs and pain of others, in this case, homeless clients, is considered an honour and a privilege by frontline caseworkers. In this way, dealing with darker and more 'dirty' and 'stigmatizing' aspects of emotion work and social taint is not always a negative experience. When one informant noted that her "skills shine out in crises situations" she demonstrated a pride in using her understanding of and skills in emotional labour to manage the emotions of others through de-escalation and empathetic care. Supposedly negative parts of emotional labour can be a positive experience. Most informants expressed an unassuming, more modest sense of pride and self-worth, reluctant to see themselves as praiseworthy. They demonstrated humility in the dirty work of caring for stigmatized publics. One informant underlined the privileging aspects of clients letting them into their lives and her interpersonal ability to "get there" with the client:

Every two months there is a meeting with all the workers in the program. We work like a knot. This helps me to learn. I am interested, always, in learning about their situation [the client]. I cross that bridge. I make the connection with them. This is a fulfilling experience for me. We are human … it's a privilege that they let me in and I am proud that I was able to get there (Daniella, frontline caseworker).

Informants framed their work as a privilege. Being a part of the process of helping individuals who need help was sufficiently rewarding for frontline caseworkers. But most importantly, as the previous excerpt indicates, being let into the emotional lives of their clients was profoundly rewarding and one of the most positive experiences of the job. However, informants did not see their clients as 'dirty' or 'tainted' per se, but rather individuals who need help and care and not to be avoided. However, they recognized and agreed that friends and outside others frequently questioned their choice of occupation, especially when they discovered the emotionally servile work of informants and their dealings with the heavily stigmatized. The occupation is both necessary, yet at the same time, stigmatizing because it involves contact with people that the rest of society does not want to know about, or as one informant put it, that the rest of society "walk by and avoid daily". The following informant highlights the privileging parts of her work, but also emphasizes her giving back, reciprocal:

Growing up I also had struggles of my own with my family and so being able to provide support to people that I wish that I had as a youth is fulfilling. You don't always get a thank you in this job, but I don't need one because the work I do is enough, and the clients are in crisis, in need and just seeing them accomplish their goals, learn, grow, be settled in the community that is more than enough for me. Being a part of that is so rewarding. I love connecting with our clients face-to-face, it's a privilege. Sometimes, even just being in the lobby playing cards or helping them to de-escalate from their anxious states about being in a shelter or their despairs about their situation. You learn a lot about that person and its great to share those experiences with them (Catherine, frontline caseworker).

Positive interactions allow satisfaction in the deployment of their empathetic skills and caring selves as well as possibilities to learn about their clients and about ways to help them through the community:

> I also get the great opportunity to hang out with the families and maybe in a more informal way – playing cards, making cupcakes, - and then I get to learn about where this family has come from and what they have been through, their experiences … for someone to be able to tell you their life that is an honour and a privilege on its own and for some that is a huge accomplishment. I have connected with people who have said "I have never told anybody my story" and I love that the family center is able to provide that opportunity as many times as a family wants to tell me their story. so, I get so many different experiences, connecting with different agencies, and connecting with families. I am learning what services for this or I need to go to the MPs office for that or what does the legal clinic help with, how do I navigate the immigration system, or what am I going to do when this family wants to leave tis city and go to a different one. I am constantly learning ... what's their budget, what can they afford … are they going to be able to survive on this … it is always a challenge and the challenge is always accepted, and I love it (Riley, frontline caseworker).

CONCLUSION

This thesis has examined the various ways in which frontline case workers experience their work as "dirty work" and at their responses to it. It has also examined the centrality of subjective self-understandings of work, and the ways in which difficult emotions are managed. Furthermore, the work of frontline caseworkers receives low priority. It is work that would prefer not to do or even to know about. Despite the 'dirty' elements of their work, informants have responded in a way that made their work not only more manageable, but for most part, more fulfilling and gratifying. Rather than dwelling on the dirty work aspects of their job, as this thesis has demonstrated, informants redefined their work in more rewarding ways. They focus primarily on their clients and in doing so, while managing a careful balance between professionalism and empathetic concern. Frontline caseworkers deal with the 'dirt' of maintaining the hygienic order of the shelter. They respond through micro-rituals of laugher and joke-making to redefine their work in more positive ways. Furthermore, they refocused primarily on the occupational rewards of the job as major compensatory factors and as a way to construct dignity in their work. But they must also handle the death of close clients, aggression and negative perceptions of outsiders.

Contribution of the Thesis

On a substantive level, this analysis contributes to knowledge on the work experiences of frontline caseworkers. Little attention of has been given to the work frontline workers do. In focusing on the work experiences of frontline caseworkers, their 'dirty work' and emotion work, this thesis sheds light on a neglected aspect of work in the homeless service sector. Furthermore,

it provides a glimpse of the reality of frontline work from the perspective of those who are most directly involved. It provides a qualitative analysis that places emphasis on experience and informant's subjective understandings of the work they do. Very little research has been written about this topic and virtually none concerning their responses to "dirty work" from their point of view. This thesis therefore adds the voice of a group of workers to the literature concerning frontline work in the 'homeless' non-profit sector. It presents a detailed picture of how this work is experienced by the workers who do it. It also seeks to highlight the unique dilemmas and challenges that these workers face on a routine basis. It also provides an understanding of how these workers see themselves and experience their work. But, also how they come to define themselves through their work. It uncovers a series of strategies that they have developed to cope and manage the emotional difficulties at work, as well as the dirtier parts of the job. What has been previously hidden behind the scenes, is now brought out into the open. In this sense, this thesis adds to the substantive literature in the sociology of work and the 'dirty work' literature.

This information is useful, more than simply for sociologists. There are many practical lessons and insights here about how frontline work ought and ought not to be done. The everyday realities of work are revealed. It is valuable information for anyone involved in providing support and care to individuals who are 'homeless'. Furthermore, it adds to the knowledge on professional burnout in this area of work and therefore to the sociology of health and illness. It provides insights on the intersections between work, self, society and burnout and the ways in which positive identification with work, occupation and organization can significantly reduces levels of burnout. It narrows in on the importance in how we define the work we do and how subjective meanings can impact the occupational stresses of work. This knowledge is therefore essential for anyone

involved in work, that is, in people and service work, that involves an emotionally strenuous and 'dirty' backdrop.

A central focus of this research is a focus on agency. Informants have resisted societal, interpersonal and institutional definitions of the work they do as "dirty". Through their active interpretation of the work they do, they have reconstituted it as both challenging and satisfying, albeit a privilege and honour, of giving dignity to suffering, implying a caring practice that allows them to see themselves not as dirty workers but as individuals in a privileged position of caring and providing emotional support to deprivileged others.

Despite the institutional and structural circumstances of their work, informants are, in their daily work activities, exercising agency. They act back against the structures, societal discourses and organizational limitations that circumscribe their work, whether that be the social control framework of organizational dictates or the discourses received from outsiders about the work they do. Though they are not able to change the objective conditions of their work, having to engage in the 'dirtier' aspects of their work or the everyday stresses of their occupations, they do have the power to subjectively redefine their work in a way that transforms it meaningfully and renders it as rewarding.

This thesis also contributes to the stigmatizing elements and understandings of "dirty work," highlighting what makes work "dirty" and how those who do it respond to it. While others may see frontline case work as dirty work, like other dirty workers, these workers always have the discretionary power to redefine their tasks and themselves in more positive and valued ways. This study shows that they will make every effort to do so and therefore, that work involves an important element of subjective interpretation.

Suggestions for Future Research

This research studied work from a micro-sociological perspective. This thesis had briefly referred to the more structured contexts of dirty work, but due to the methodological and theoretical nature of the research, could not infer on larger structures encompassing, influencing and impacting dirty work. Therefore, this research has little to say about the structural determinants of dirty work, however, stresses a needed focus on research that takes account of the larger political-economic and inter-organizational systems and structures shaping the ways in which dirty work is experienced. This would allow researchers to grasp the underlying processes of work in this sector. The larger, macro discourses about cleanliness and dirtiness should also be examined. This would amount to taking seriously the larger cultural and ideological factors that intersect with frontline caseworker's experiences of dirty work as well as the historical changes within this particular occupation. Are non-profit organizations becoming more professionalized? How do non-profits intersect with state actors?

Workers in this study also complained vehemently about new bureaucratic metrics of efficiency and information technologies that undercut their own ideals of the job and impact the quality of care provided. They felt threatened to at times abandon their caring self-conceptions, namely impressions of themselves and their ideals, for increased organizational efficiency. HIFIS, as an information system, directly connects non-profit organizations with the actions of the state. This suggests a change in organizational management, policy, ideology, and political economy, that is reshaping the nature of their mission. Therefore, understanding the dynamic cross-sections between organizational mission, state governance and the changing context and terrain of

Canadian political economy is a viable suggestion for future research and the understanding how structured contexts render frontline case work dirty. Thus, it is essential to examine frontline caseworker's larger complaints surrounding the structured inequalities and challenges they encounter and articulate the immediate structural obstacles to changing them. Hughes' aim (1958) was to converge both subjective and objective aspects into an understanding of work experiences and lived work trajectories. Subjective self-understanding goes hand in hand with the immediate contexts in which such understanding of work is accomplished. Such contexts, or 'fields' (Mayrhofer et al., 2004) allow us to grasp the historically situated social contexts by discerning the ways that sets of work practices are enabled, constrained, negotiated, redefined and how respective rules (organizational, societal) structure competing patterns of practices. The work of Pierre Bourdieu offers a promising avenue for future research in the understanding of 'dirty work,' albeit contextualized within its wider structural 'field', particularly the intersections between 'dirty work,' notions of care and habitus. Simpson, Hughes and Slutskaya (2016) for instance, have examined the embodied understandings of dirty work. Drawing heavily from the work of Bourdieu in their study of the butcher trade (2014), Simpson, Hughes and Slutskaya highlight the intersections between dirty work and working-class habitus. Yet, very little other studies have followed similar research trajectories in their adoption of more structural theories of dirty work, seeking to converge both micro and macro. This research has underlined some of the material conditions underlying the work processes of frontline caseworkers. However, it has not brought an adequate synthesis between how such conditions act to support and constrain the processes of frontline caseworkers constructions of work meanings and self-understandings. Like Goffman's (1974) frame analysis, structured definitions of the situation act as enabling or constraining frames for individual work trajectories while heeding to the ways in which work decisions reproduce the

stability of social structures, since they either conform or alter underlying frames. Certainly, routines and choices become naturalized, thereby allowing for certain actions to acquire a level of predictability. This does not undermine the results of this study. The social world must be experienced. This study focused on the level of experience, phenomenologically speaking. An examination of larger contexts would only reinforce, albeit complete, a more thorough understanding of the nature of this work. The focus here was on the interactional and the interpersonal. But work is not accomplished in a vacuum. It is always undertaken in structural contexts. Although in this thesis a focus was given to immediate work contexts, such contexts are also shaped by outside agencies and structures, whether that be the changing nature of capitalism, bureaucratic efficiency or technological change. Therefore, a micro and macro connection in the study of the dirty work and emotion management of frontline caseworkers needs to be more carefully brought together, which, due to the scope of this study, could not be accomplished. Structural explanations of occupational degradation, in other words, need to be articulated, especially as it relates to frontline case work in the 'homeless' sector. The question of agency should never be denigrated. The interactionist tradition provides us with a powerful explanation between agency and the social. Therefore, this research attended to the responses, definitions, reactions and constructions of frontline caseworkers to the work they do. An explanation of structural conditions provides the arc of work. In other words, the structural-organizational matrixes that encompasses the dirty work of frontline case management is indispensable. As stated previously, human agency occurs within a reality that is socially organized. Certainly, we would not argue against the structured social reality of time and its influence by larger historical process of rationalization and capitalism. In other words, the relationship between our subjective social experience of time needs to pay attention to the relationship between time and capitalism, that is,

to delineate some characteristics of capitalisms rationalization of social time and to assess how processes of capitalist value formation and appropriation influence and construct a historically particular relationship between abstract time forms, that is, clock-time, and situated times. The socially processed nature of time comes to regulate our everyday routines and actions. Doubtless, we can safely say that individual actions are influenced in varying degrees, by their situated context. Consequently, dirty work must conceptualize human action within its layered context. Individuals are actors and they do select, sort and define the meaning of what thy do. In this sense, they are constructing understandings of their work. Yet, their organizations and their missions also act as a value-rational system of action. However, without micro-level data on the subjective perceptions, actions and decisions of actors, we may be deceived by structural effects. Without a careful merging of subjective self-understanding and structural contexts, we remain torn between two extremes. Either it is manageable, or the Kantian antinomy pushes us into a sociological antinomy that remains both contradictory and irreconcilable.

BIBLIOGRAPHY

Ackroyd, S., & Crowdy, P. A. (1990). Can culture be managed? Working with "raw" material: The case of the English slaughtermen. *Personnel Review*, *19*(5), 3-13.

Amster, R. (2003). Patterns of exclusion: Sanitizing space, criminalizing homelessness. *Social Justice*, *30*(1 (91), 195-221.

Anderson, B. (2000). *Doing the dirty work?: The global politics of domestic labour*. Palgrave Macmillan.

Ashforth, B. E., Kreiner, G. E., Clark, M. A., & Fugate, M. (2007). Normalizing dirty work: Managerial tactics for countering occupational taint. *Academy of Management Journal*, *50*(1), 149-174.

Ashforth, B. E., & Kreiner, G. E. (1999). "How can you do it?": Dirty work and the challenge of constructing a positive identity. *Academy of management Review*, *24*(3), 413-434.

Ashforth, B. E., & Kreiner, G. E. (2014). Dirty Work and Dirtier Work: Differences in Countering Physical, Social, and Moral Stigma. *Management and Organization Review*, *10*(1), 81-108.

Ashforth, B. E., & Humphrey, R. H. (1993). Emotional labor in service roles: The influence of identity. *Academy of management review*, *18*(1), 88-115.

Ashforth, B. E., & Vaidyanath, D. (2002). Work organizations as secular religions. *Journal of management inquiry*, *11*(4), 359-370.

Aspers, P. (2009). Empirical phenomenology: A qualitative research approach (The Cologne Seminars). *Indo-Pacific Journal of Phenomenology*, *9*(2), 1-12.

Bachrach, L. L. (1984). *The homeless mentally ill and mental health services: An analytical review of the literature*.

Baines, D. (2004). Pro-market, non-market: The dual nature of organizational change in social services delivery. *Critical Social Policy*, *24*(1), 5-29.

Baran, B. E., Rogelberg, S. G., Carello Lopina, E., Allen, J. A., Spitzmüller, C., & Bergman, M. (2012). Shouldering a silent burden: The toll of dirty tasks. *human relations*, *65*(5), 597-626.

Barrow, S. M., Herman, D. B., Cordova, P., & Struening, E. L. (1999). Mortality among homeless shelter residents in New York City. American Journal of Public Health, 89(4), 529534.

Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatric Services*, *65*(10), 1269-1272.

Becker, H. S. (1996). The epistemology of qualitative research. *Ethnography and human development: Context and meaning in social inquiry*, *53*, 71.

Becker, H. S. (1973). Outsiders: Studies in the sociology of deviance. New York: Free Press.

Belcher, J. R., & DeForge, B. R. (2012). Social stigma and homelessness: The limits of social change. *Journal of Human Behavior in the Social Environment*, *22*(8), 929-946.

Belvedere, C. (2007). Phenomenology and the Social Sciences: a story with no beginning. *Sociedad (Buenos Aires)*, *2*(SE), 0-0.

Belvedere, C. (2013). What is Schutzian Phenomenology?. *Schutzian Research*, *5*, 65-80.

Benbow, S., Forchuk, C., & Ray, S. L. (2011). Mothers with mental illness experiencing homelessness: A critical analysis. *Journal of psychiatric and mental health nursing*, *18*(8), 687695.

Berg, P., & Frost, A. (2005). Dignity at work for low wage, low skill service workers. *Relations Industrielles/Industrial Relations*, *60*(4), 657-682.

Blyth, E., & Milner, J. (1990). The process of inter-agency work. *Violence Against Children Study Group (eds). Taking Child Abuse Seriously. London: Unwin Hyman*.

Bogdan, R., & Taylor, S. J. (1975). Introduction to qualitative methods: A phenomenological approach to the social sciences. New York, Wiley.

Bogdan, R., & Biklen, S. K. (1982). Qualitative research for education. *J. Wellington,(2000) Educational Research: Contemporary Issues and Practical Research, London: Continuum*.

Brown, R., Hinkle, S., Ely, P. G., Fox-Cardamone, L., Maras, P., & Taylor, L. A. (1992). Recognizing group diversity: Individualist-collectivist and autonomous-relational social orientations and their implications for intergroup processes. *British Journal of Social Psychology*, *31*(4), 327-342.

Brotheridge, C. M., & Grandey, A. A. (2002). Emotional labor and burnout: Comparing two perspectives of "people work". *Journal of vocational behavior*, *60*(1), 17-39.

Charmaz, K. (1980). *The social reality of death: Death in contemporary America*. Addison Wesley Publishing Company.

Charmaz, Kathy (2000). Grounded Theory: Objectivist and Constructivist Methods. In Norman K. Denzin & Yvonna S. Lincoln (Eds.), *Handbook of Qualitative Research*, 2nd edition (pp.509535). Thousand Oaks, Ca.: Sage.

Cherniss, C. (1993). Role of professional self-efficacy in the etiology and amelioration of burnout.

Chiappetta-Swanson, C. (2005). Dignity and dirty work: Nurses' experiences in managing genetic termination for fetal anomaly. *Qualitative Sociology*, *28*(1), 93-116.

Chriss, J. J. (1999). Role distance and the negational self. *Goffman and social organization. Studies in sociological legacy*, 64-80.

Ciaffa, J. A. (1998). *Max Weber and the problems of value-free social science: a critical examination of the Werturteilsstreit*. Bucknell University Press.

Coates, J., & McKenzie-Mohr, S. (2010). Out of the frying pan, into the fire: Trauma in the lives of homeless youth prior to and during homelessness. J. Soc. & Soc. Welfare, 37, 65.

Collins, S., & Long, A. (2003). Too tired to care? The psychological effects of working with trauma. *Journal of psychiatric and mental health nursing*, *10*(1), 17-27.

Corbin, J. M., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative sociology*, *13*(1), 3-21.

Cordes, C. L., & Dougherty, T. W. (1993). A review and an integration of research on job burnout. *Academy of management review*, *18*(4), 621-656.

Corrigan, P. W., & Miller, F. E. (2004). Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health*, *13*(6), 537-548.

Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological review*, *96*(4), 608.

Decker, F. H., Harris-Kojetin, L. D., & Bercovitz, A. (2009). Intrinsic job satisfaction, overall satisfaction, and intention to leave the job among nursing assistants in nursing homes. *The Gerontologist*, *49*(5), 596-610.

Denzin, N. K. (1978). The research act: A theoretical introduction to research methods. *New Brunswick, NJ: Aldine Transaction*.

Denzin, N. K. (1994). *On understanding emotion*. Transaction Publishers.

Dey, I. (1999). Grounding Grounded Theory. Guidelines for Qualitative Research. London, Academic Press.

Douglas, M. (1966). *Purity and danger* (Vol. 68). London.

Drew, S. K., Mills, M. B., & Gassaway, B. M. (2007). *Dirty work: The social construction of taint*. Baylor University Press.

Durkheim, E. (1995). The Elementary Forms of Religious Life. Karen E. Fields, trans. New York: The Free Press.

Eliaeson, S. (1990). Influences on Max Weber's methodology. *Acta Sociologica*, *33*(1), 15-30.

Emerson, R. M., & Pollner, M. (1976). Dirty work designations: Their features and consequences in a psychiatric setting. *Social Problems*, *23*(3), 243-254.

Erickson, R. J., & Wharton, A. S. (1997). Inauthenticity and depression: Assessing the consequences of interactive service work. *Work and occupations*, *24*(2), 188-213.

Erickson, R. J., & Ritter, C. (2001). Emotional labor, burnout, and inauthenticity: Does gender matter?. *Social Psychology Quarterly*, 146-163.

Fine, G. A. (1996). Justifying work: Occupational rhetorics as resources in restaurant kitchens. *Administrative Science Quarterly*, 90-115.

Fineman, S. (1993) Emotion in Organizations. London: Sage.

Fiske, S. T., Cuddy, A. J., Glick, P., & Xu, J. (2002). A model of (often mixed) stereotype content: competence and warmth respectively follow from perceived status and competition. *Journal of personality and social psychology*, *82*(6), 878.

Francis, L. E. (1997). Ideology and interpersonal emotion management: Redefining identity in two support groups. *Social Psychology Quarterly*, 153-171.

Frankish, C. J., Hwang, S. W., & Quantz, D. (2005). Homelessness and health in Canada: Research lessons and priorities (Commentary). Canadian Journal of Public Health, 96(Supplement 2).

Gabassi, P. G., Cervai, S., Rozbowsky, P., Semeraro, A., & Gregori, D. (2002). Burnout syndrome in the helping professions. *Psychological reports*, *90*(1), 309-314.

Gaetz, S., & O'Grady, B. I. L. L. (2009). Homelessness, incarceration and the challenge of effective discharge planning: A Canadian case. *Finding home: Policy options for addressing homelessness in Canada*, 672-693.

Galea, S., & Vlahov, D. (2002). Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. *Public health reports*, *117*(Suppl 1), S135.

Garfinkel, H. 2002. *Ethnomethodology's Program: Working Out Durkheim's Aphorism*. New York: Rowman and Littlefield Publishers

Garson, B. (1994). *All the livelong day: The meaning and demeaning of routine work*. Penguin Group USA.

Gecas, V. (1982). The self-concept. *Annual review of sociology*, *8*(1), 1-33.

Glaser, D., & Frosh, S. (1993). *Child sexual abuse*. University of Toronto Press.

Glaser, B. G., & Strauss, A. L. (1967). The discovery of grounded research: strategies for qualitative research. *New Brunswick (USA) and London (UK): Aldine Transaction*.

Goffman, E. (1961) Encounters. New York: The Bobbs-Merrill Company Ltd

Goffman, E. (1963). Stigma: Notes on a spoiled identity. *Jenkins, JH & Carpenter*.

Goffman, E. (1967) Interaction Ritual: Essays in Face-To-Face Behaviour. Chicago: Aldine Publishing Company.

Goffman, E. (1974). *Frame analysis: An essay on the organization of experience*. Cambridge, MA, US: Harvard University Press.

Goffman, E. (1981). Forms of talk. University of Pennsylvania Press.

Golembiewski, R. T., & Munzenrider, R. F. (1988). *Phases of burnout: Developments in concepts and applications*. Praeger Publishers.

Grandey, A. (1998, August). Emotional labor: A concept and its correlates. In *First Conference on Emotions in Organizational life, San Diego, CA*.

Gray, D. E. (2002). 'Everybody just freezes. Everybody is just embarrassed': Felt and enacted stigma among parents of children with high functioning autism. *Sociology of Health & Illness*, *24*(6), 734-749.

Green, S. E. (2003). "What do you mean 'what's wrong with her?'": stigma and the lives of families of children with disabilities. *Social Science & Medicine*, *57*(8), 1361-1374.

Green, S. E. (2004). The impact of stigma on maternal attitudes toward placement of children with disabilities in residential care facilities. *Social science & medicine*, *59*(4), 799-812.

Hammersley, M. (1992). Some reflections on ethnography and validity. *Qualitative studies in education*, *5*(3), 195-203.

Harris, L. H., Debbink, M., Martin, L., & Hassinger, J. (2011). Dynamics of stigma in abortion work: findings from a pilot study of the Providers Share Workshop. *Social Science & Medicine*, *73*(7), 1062-1070.

Harris, L. T., & Fiske, S. T. (2006). Dehumanizing the lowest of the low: Neuroimaging responses to extreme out-groups. *Psychological science*, *17*(10), 847-853.

Haslam, S. A., & Reicher, S. (2006). Stressing the group: social identity and the unfolding dynamics of responses to stress. *Journal of Applied Psychology*, *91*(5), 1037.

Hodgetts, D., Stolte, O., Chamberlain, K., Radley, A., Nikora, L., Nabalarua, E., & Groot, S. (2008). A trip to the library: Homelessness and social inclusion. *Social & Cultural Geography*, *9*(8), 933-953.

Holton, J. A. (2007). The coding process and its challenges. *The Sage handbook of grounded theory*, (Part III), 265-89.

Holroyd, C. (2001). Phenomenological research method, design and procedure: A phenomenological investigation of the phenomenon of being-in-community as experienced by two individuals who have participated in a community building workshop. *Indo-Pacific Journal of Phenomenology*, *1*(1).

Hochschild, A. R. (1979). Emotion work, feeling rules, and social structure. *American journal of sociology*, *85*(3), 551-575.

Hochschild, A. R. (2012). *The managed heart: Commercialization of human feeling*. University of California Press.

Holden, D. (1997). "On equal ground" sustaining virtue among volunteers in a homeless shelter. *Journal of Contemporary Ethnography*, *26*(2), 117-145.

Hopper, K. (2003). Reckoning with the Homeless. Cornell University Press.

Hwang, S. W. (2001). Homelessness and health. Canadian Medical Association Journal, 164(2), 229- 233.

Hughes, E. C. (1958). *Men and their work*. Free Press.

Hughes, E. C. (1984) *The sociological eye: Selected papers*. Transaction publishers.

Hughes, E. C. (1956). Social role and the division of labor. *The Midwest Sociologist*, *18*(2), 3-7.

Hughes, E. C. (1951). Mistakes at work. *Canadian Journal of Economics and Political Science/Revue canadienne de economiques et science politique*, *17*(3), 320-327.

Hughes, E. C. (1994). *On work, race, and the sociological imagination*. University of Chicago Press.

Jackson, S. E., Schwab, R. L., & Schuler, R. S. (1986). Toward an understanding of the burnout phenomenon. *Journal of applied psychology*, *71*(4), 630.

Johnstone, M., Jetten, J., Dingle, G. A., Parsell, C., & Walter, Z. C. (2015). Discrimination and well-being amongst the homeless: the role of multiple group membership. *Frontiers in psychology*, *6*, 739.

Jonsson, A., & Segesten, K. (2004). Guilt, shame and need for a container: a study of posttraumatic stress among ambulance personnel. *Accident and emergency nursing*, *12*(4), 215-223.

Kahn, W. A. (1993). Caring for the caregivers: Patterns of organizational caregiving. *Administrative science quarterly*, 539-563.

Karp, D. A., Stone, G. P., & Yoels, W. C. (1977). *Being urban: A social psychological view of city life*. Heath.

Kidd, S. A. (2007). Youth homelessness and social stigma. *Journal of youth and adolescence*, *36*(3), 291-299.

Kinder, A., & Cooper, C. L. (2009). The costs of suicide and sudden death within an organization. *Death studies*, *33*(5), 411-419.

Kitay, J., & Wright, C. (2007). From prophets to profits: The occupational rhetoric of management consultants. *Human Relations*, *60*(11), 1613-1640.

Kivett, D. D., & Warren, C. A. (2002). Social control in a group home for delinquent boys. *Journal of Contemporary Ethnography*, *31*(1), 3-32.

Kelly, M. P., & May, D. (1982). Good and bad patients: a review of the literature and a theoretical critique. *Journal of Advanced Nursing*, *7*(2), 147-156.

Kreiner, G. E., Ashforth, B. E., & Sluss, D. M. (2006). Identity dynamics in occupational dirty work: Integrating social identity and system justification perspectives. *Organization science*, *17*(5), 619-636.

Kristeva, J. (1982). Approaching abjection. *Oxford Literary Review*, *5*(1\2), 125-149.

Kulik, C. T., Bainbridge, H. T., & Cregan, C. (2008). Known by the company we keep: Stigmaby-association effects in the workplace. *Academy of Management Review*, *33*(1), 216-230.

Lakeman, R. (2011). How homeless sector workers deal with the death of service users: a grounded theory study. Death Studies, 35(10), 925-948.

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International journal of qualitative methods*, *2*(3), 21-35.

Lea, S., Auburn, T., & Kibblewhite, K. (1999). Working with sex offenders: The perceptions and experiences of professionals and paraprofessionals. *International Journal of Offender Therapy and Comparative Criminology*, *43*(1), 103-119.

Leiber, D.B. (1986) Laughter and humour in critical care, Dimensions of Critical Care Nursing, 5, 162-70.

Leidner, R. (1999). Emotional labor in service work. *The annals of the American academy of political and social science*, *561*(1), 81-95.

Leiter, M. P., & Maslach, C. (1988). The impact of interpersonal environment on burnout and organizational commitment. *Journal of organizational behavior*, *9*(4), 297-308.

Lewis, J. (1975). *Max Weber and value free sociology: a Marxist critique*. Lawrence and Wishart.

Liddick, D. (2013). Techniques of neutralization and animal rights activists. *Deviant Behavior*, *34*(8), 618-634.

Lively, K. J. (2000). Reciprocal emotion management: Working together to maintain stratification in private law firms. *Work and occupations*, *27*(1), 32-63.

Lively, K. J. (2006). Emotions in the workplace. In *Handbook of the Sociology of Emotions* (pp. 569-590). Springer, Boston, MA.

Lively, K. J., & Powell, B. (2006). Emotional expression at work and at home: Domain, status, or individual characteristics?. *Social Psychology Quarterly*, *69*(1), 17-38.

Lively, K. J., & Weed, E. A. (2014). Emotion management: Sociological insight into what, how, why, and to what end?. *Emotion Review*, *6*(3), 202-207.

Lyman, S. M., & Scott, M. B. (1989). *A Sociology of the Absurd*. Rowman & Littlefield.

Lyon-Callo, V. (2004). Inequality. *Poverty, and Neoliberal Governance: Activist Ethnography in the Homeless Sheltering Industry, Toronto: Broadview*.

Major, B., & O'brien, L. T. (2005). The social psychology of stigma. *Annu. Rev. Psychol.*, *56*, 393-421.

Makkawy, A., & Scott, C. (2017). Dirty Work. *The International Encyclopedia of Organizational Communication*.

Mann, S. (2004). 'People-work': emotion management, stress and coping. *British Journal of Guidance & Counselling*, *32*(2), 205-221.

Marx, K., & Engels, F. (2002). *The communist manifesto*. Penguin.

Maslach, C. (1982). *Burnout: The cost of caring*. Ishk.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of organizational behavior*, *2*(2), 99-113.

Maslach, C., Jackson, S. E., Leiter, M. P., Schaufeli, W. B., & Schwab, R. L. (1986). *Maslach burnout inventory* (Vol. 21, pp. 3463-3464). Palo Alto, CA: Consulting Psychologists Press.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual review of psychology*, *52*(1), 397-422.

Maslach, C. (2003). Job burnout: New directions in research and intervention. *Current directions in psychological science*, *12*(5), 189-192.

Mavin, S., & Grandy, G. (2013). Doing gender well and differently in dirty work: the case of exotic dancing. *Gender, Work & Organization*, *20*(3), 232-251.

Mayrhofer, W., Iellatchitch, A., Meyer, M., Steyrer, J., Schiffinger, M., & Strunk, G. (2004). Going beyond the individual: Some potential contributions from a career field and habitus perspective for global career research and practice. *Journal of Management Development*, *23*(9), 870-884.

McMurray, R., & Ward, J. (2014). 'Why would you want to do that?': Defining emotional dirty work. *Human relations*, *67*(9), 1123-1143.

Meara, H. (1974). Honor in dirty work: The case of American meat cutters and Turkish butchers. *Sociology of Work and Occupations*, *1*(3), 259-283.

Meltzer, B. N., Petras, J. W., & Reynolds, L. T. (1975). *Symbolic interactionism: Genesis, varieties and criticism*. Routledge.

Metraux, S., & Culhane, D. P. (2004). Homeless shelter use and reincarceration following prison release. *Criminology & Public Policy*, *3*(2), 139-160.

Metraux, S., Roman, C. G., & Cho, R. S. (2007, September). Incarceration and homelessness. In *National Symposium on Homelessness Research, Washington, DC. Retrieved rom the Department of Health & Human Services website: http://aspe. hhs. gov/hsp/homelessness/symposium07/metraux/report. pdf*.

Miall, C. E., Pawluch, D., & Shaffir, W. (Eds.). (2005). *Doing ethnography: Studying everyday life*. Canadian Scholars' Press.

Miller, S. M. (1952). The Participant Observer and" Over-Rapport". *American Sociological Review*, *17*(1), 97-99.

Miller, K., Birkholt, M., Scott, C., & Stage, C. (1995). Empathy and burnout in human service work an extension of a communication model. Communication Research, 22(2), 123-147.

Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2011). Burnout in mental health services: a review of the problem and its remediation. Administrative Policy in Mental Health, 39, 341 - 352.

Neisser, H. P. (1959). The phenomenological approach in social science. *Philosophy and Phenomenological Research*, *20*(2), 198-212.

Neuberg, S. L., Smith, D. M., Hoffman, J. C., & Russell, F. J. (1994). When we observe stigmatized and" normal" individuals interacting: Stigma by association. *Personality and Social Psychology Bulletin*, *20*(2), 196-209.

Omura, J. D., Wood, E., Nguyen, P., Kerr, T., & DeBeck, K. (2014). Incarceration among streetinvolved youth in a Canadian study: implications for health and policy interventions. *International Journal of Drug Policy*, *25*(2), 291-296.

Patton, M. Q. (1980). Qualitative evaluation methods. Beverly Hills. Sage.

Pauly, B. (2014). Close to the street: nursing practice with people marginalized by homelessness and substance use. *Homelessness and Health in Canada*, 211.

Perry, S. E., & Russell, R. (1998). *Collecting garbage: Dirty work, clean jobs, proud people*. Transaction Publishers.

Phelan, J., Link, B. G., Moore, R. E., & Stueve, A. (1997). The stigma of homelessness: The impact of the label" homeless" on attitudes toward poor persons. *Social psychology quarterly*, 323-337.

Phillips, R., Benoit, C., Hallgrimsdottir, H., & Vallance, K. (2012). Courtesy stigma: a hidden health concern among front-line service providers to sex workers. *Sociology of health & illness*, *34*(5), 681-696.

Pines, A., & Kafry, D. (1981). Tedium in the life and work of professional women as compared with men. *Sex roles*, *7*(10), 963-977.

Pines, A., & Aronson, E. (1988). *Career burnout: Causes and cures*. Free press.

Pugliesi, K. (1999). The consequences of emotional labor: Effects on work stress, job satisfaction, and well-being. *Motivation and emotion*, *23*(2), 125-154.

Ratliff, N. (1988). Stress and burnout in the helping professions. *Social Casework*, *69*(3), 147154.

Reicher, S. D., & Haslam, S. A. (2006). On the agency of individuals and groups: Lessons from the BBC Prison Study. *Individuality and the group: Advances in social identity*, 237-257.

Reynolds, L. T., & Herman-Kinney, N. J. (Eds.). (2003). *Handbook of symbolic interactionism*. Rowman Altamira.

Rehmann, J. (1997). Max Weber: Modernisierung als Antizipation des Fordismus. *ARGUMENTBERLIN-*, *39*, 613-629.

Ryerson, D., & Marks, N. (1981). Career burnout in the human services: Strategies for intervention. *The Burnout Syndrome. London House Press, Park Ridge, IL*, 151-164.

Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: implications for the mental health of health workers?. *Clinical psychology review*, *23*(3), 449-480.

Saddichha, S., Fliers, J. M., Frankish, J., Somers, J., Schuetz, C. G., & Krausz, M. R. (2014). Homeless and incarcerated: An epidemiological study from Canada. *International Journal of Social Psychiatry*, *60*(8), 795-800.

Sadow, D., Ryder, M., & Webster, D. (2002). Is education of health professionals encouraging stigma towards the mentally ill?. *Journal of Mental Health*, *11*(6), 657-665.

Sanders, C. R. (2010). Working out back: The veterinary technician and "dirty work". *Journal of Contemporary Ethnography*, *39*(3), 243-272.

Sayre, J. (2001). The use of aberrant medical humor by psychiatric unit staff. *Issues in Mental Health Nursing*, *22*(7), 669-689.

Seidman, S. (1983). Modernity, meaning, and cultural pessimism in Max Weber. *Sociological Analysis*, *44*(4), 267-278.

Selmi, G. (2012). Dirty talks and gender cleanliness: An account of identity management practices in phone sex work. In *Dirty Work* (pp. 113-125). Palgrave Macmillan, London.

Schubert, H. J. (2006). The foundation of pragmatic sociology: Charles Horton Cooley and George Herbert mead. *Journal of Classical Sociology*, *6*(1), 51-74.

Schutz, A. (1967). *The phenomenology of the social world*. Northwestern University Press.

Schutz, A. (1970). *Alfred Schutz on phenomenology and social relations* (Vol. 360). University of Chicago Press.

Schutz, A., & Luckmann, T. (1973). *The structures of the life-world* (Vol. 1). northwestern university press.

Schaufeli, W. B., Maslach, C., & Marek, T. (1993). Historical and conceptual development of burnout. *Professional burnout: Recent developments in theory and research*, 1-16.

Scott, S. (2016). *Negotiating identity: Symbolic interactionist approaches to social identity*. John Wiley & Sons.

Shaffir, W., Stebbins, R., & Turowetz, A. (1980). Fieldwork experience. *New York: St. Martin's*.

Shaffir, W. B. (1991). Managing a convincing self-presentation: Some personal reflections on entering the field. *Experiencing fieldwork: An inside view of qualitative research*, 72-81.

Shaffir, W. (1999). Doing ethnography: Reflections on finding your way. *Journal of Contemporary Ethnography*, *28*(6), 676-686.

Shaffir, W., & Stebbins, R. (1991). Experiencing Fieldwork: An Inside View of Qualitative Methods. Sage.

Shaffir, W., & Pawluch, D. (2003). Occupations and professions. *Handbook of symbolic interactionism*, 893-913.

Shaffir, W. (2011). Hassidim and the 'reasonable accommodation' debate in Quebec. *Jewish Journal of Sociology*, *50*(1).

Shier, M. L., Jones, M. E., & Graham, J. R. (2011). Sociocultural factors to consider when addressing the vulnerability of social service users: Insights from women experiencing homelessness. *Affilia*, *26*(4), 367-381.

Sigelman, C. K., Howell, J. L., Cornell, D. P., Cutright, J. D., & Dewey, J. C. (1991). Courtesy stigma: The social implications of associating with a gay person. *The Journal of social psychology*, *131*(1), 45-56.

Simpson, R., Hughes, J., Slutskaya, N., & Balta, M. (2014). Sacrifice and distinction in dirty work: Men's construction of meaning in the butcher trade. *Work, employment and society*, *28*(5), 754-770.

Simpson, R., Hughes, J., & Slutskaya, N. (2016). *Gender, Class and Occupation*. Palgrave Macmillan.

Sluss, D. M., & Ashforth, B. E. (2007). Relational identity and identification: Defining ourselves through work relationships. *Academy of Management Review*, *32*(1), 9-32.

Slutskaya, N., Simpson, R., Hughes, J., Simpson, A., & Uygur, S. (2016). Masculinity and class in the context of dirty work. *Gender, Work & Organization*, *23*(2), 165-182.

Snow, D. A., & Anderson, L. (1987). Identity work among the homeless: The verbal construction and avowal of personal identities. *American journal of sociology*, *92*(6), 1336-1371.

Snow, D. A., & Anderson, L. (1993). *Down on their luck: A study of homeless street people*. Univ of California Press.

Snyder, M., & Omoto, A. M. (2008). Volunteerism: Social issues perspectives and social policy implications. *Social Issues and Policy Review*, *2*(1), 1-36.

Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge University Press.

Song, J., Bartels, D. M., Ratner, E. R., Alderton, L., Hudson, B., & Ahluwalia, J. S. (2007). Dying on the streets: Homeless persons' concerns and desires about end of life care. Journal of General Internal Medicine, 22(4), 435-441.

Stacey, C. L. (2005). Finding dignity in dirty work: The constraints and rewards of low-wage home care labour. *Sociology of health & illness*, *27*(6), 831-854.

Stark, L. R. (1994). The Shelter as "Total Institution" An Organizational Barrier to Remedying Homelessness. *American Behavioral Scientist*, *37*(4), 553-562.

Stayt, L. C. (2009). Death, empathy and self preservation: the emotional labour of caring for families of the critically ill in adult intensive care. *Journal of clinical nursing*, *18*(9), 1267-1275.

Stewart, D. and Mickunas, A. (1974) Exploring Phenomenology. Chicago, IL: American Library Association .

Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge University Press.

Strauss, A., & Corbin, J. (1994). Grounded theory methodology. *Handbook of qualitative research*, *17*, 273-285.

Strauss, A., & Corbin, J. (1998). Basics of qualitative research. Thousands Oaks. *CA: Sage. Straus, EE (2009). Unequal pieces of a shrinking pie: The struggle between African Americans and Latinos over education, employment, and empowerment in Compton, California. History of Education Quarterly*, *49*(4), 507-529.

Strong, P. M. (1980). Doctors and dirty work—the case of alcoholism. *Sociology of health & illness*, *2*(1), 24-47.

Sullivan, W. M. (2000). Medicine under threat: professionalism and professional identity. *Canadian Medical Association Journal*, *162*(5), 673-675.

Sykes, G. M., & Matza, D. (1957). Techniques of neutralization: A theory of delinquency. *American sociological review*, *22*(6), 664-670.

Takahashi, L. M. (1997). The socio-spatial stigmatization of homelessness and HIV/AIDS: toward an explanation of the NIMBY syndrome. *Social science & medicine*, *45*(6), 903-914. Taylor, P., & Bain, P. (2003). 'Subterranean worksick blues': humour as subversion in two call centres. *Organization studies*, *24*(9), 1487-1509.

Thompson, W. E. (1991). Handling the stigma of handling the dead: Morticians and funeral directors. *Deviant Behavior*, *12*(4), 403-429.

Thoits, P. A. (1996). Managing the emotions of others. *Symbolic Interaction*, *19*(2), 85-109.

Tracy, S. J., & Scott, C. (2006). Sexuality, masculinity, and taint management among firefighters and correctional officers: Getting down and dirty with "America's heroes" and the "scum of law enforcement". *Management Communication Quarterly*, *20*(1), 6-38.

Tracy, S. J., Myers, K. K., & Scott, C. W. (2006). Cracking jokes and crafting selves: Sensemaking and identity management among human service workers. *Communication Monographs*, *73*(3), 283-308.

Tyler, M. (2012). 'Glamour Girls, Macho Men and Everything In Between': Un/doing Gender and Dirty Work in Soho's Sex Shops. In *Dirty Work* (pp. 65-90). Palgrave Macmillan, London.

Van Manen, M. (1990). Researching lived experiences. *State University of New York Press, Albany*.

Vogel, D. L., Bitman, R. L., Hammer, J. H., & Wade, N. G. (2013). Is stigma internalized? The longitudinal impact of public stigma on self-stigma. *Journal of counseling psychology*, *60*(2), 311.

Waller, W. (1961). The Sociology of Teaching. 1932. *Reprint. New York: John*.

Ward, J., & McMurray, R. (2011). The unspoken work of general practitioner receptionists: A re-examination of emotion management in primary care. *Social science & medicine*, *72*(10), 1583-1587.

Wax, R. H. (1971). *Doing fieldwork: Warning and advice*. University of Chicago Press.

Weinberg, M. S., & Williams, C. J. (2005). Fecal matters: Habitus, embodiments, and deviance. *Social Problems*, *52*(3), 315-336.

Wharton, A. S., & Erickson, R. J. (1995). The consequences of caring. *The Sociological Quarterly*, *36*(2), 273-296.

Wharton, A. S. (2009). The sociology of emotional labor. *Annual review of sociology*, *35*, 147165.

Wimpenny, P., & Gass, J. (2000). Interviewing in phenomenology and grounded theory: is there a difference?. *Journal of advanced nursing*, *31*(6), 1485-1492.

Willse, C. (2010). Neo-liberal biopolitics and the invention of chronic homelessness. *Economy and Society*, *39*(2), 155-184.

Woolford, A. (2001). Tainted space: Representation of injection drug-use and HIV/AIDS in Vancouver's downtown eastside. *BC Studies*, (129), 27.

Zapf, D., Seifert, C., Schmutte, B., Mertini, H., & Holz, M. (2001). Emotion work and job stressors and their effects on burnout. *Psychology & Health*, *16*(5), 527-545.

Zapf, D. (2002). Emotion work and psychological well-being: A review of the literature and some conceptual considerations. *Human resource management review*, *12*(2), 237-268.

Zapf, D., & Holz, M. (2006). On the positive and negative effects of emotion work in organizations. *European journal of work and organizational psychology*, *15*(1), 1-28.

APPENDIX A

(Appendix A – "Recruitment Email Script")

Julian Torelli BA,

Masters Candidate in Sociology

"Giving Dignity to Suffering": Dirty Work and Emotion-Management among Frontline Caseworkers

Dear Employees,

Julian Torelli, a McMaster University student has contacted Good Shepherds asking us to tell our employees about a study he is doing. This research is part of his Master of Arts program in Sociology.

If you are interested in getting more information about taking part in Julian's study please read the brief description below and or CONTACT JULIAN TORELLI DIRECTLY by using his McMaster telephone number or email address. Tel: (514) 947- 1170   torellij@mcmaster.ca. The researcher will not tell me or anyone at Good Shepherds' who participated or not. Taking part or not taking part in this study will not affect your status or any services you receive here at Good Shepherd.

The following is a brief description of his study.

I am inviting you to participate in forty-five minutes to one hour long interview. As part of the graduate program in Sociology at McMaster University, I am carrying out a study to gain a better understanding of frontline work-role experiences and perspectives in the homelessness sector in Hamilton, Ontario. I am interested in learning the subjective point of view of work from those who engage in it.

The risks to participating in this study are minimal. You might worry about what you say becoming known to your employer. I will treat all interviews confidentially and will not disclose what you say to your employers.

You can withdraw from the interview for whatever reason, even after signing the consent form or part-way through the study or up until approximately December 30th 2017. I have attached a copy of a letter of information about the study that provides you with full details. This study has been reviewed and cleared by the McMaster Research Ethics Board. If you have any concerns or questions about your rights as a participant or about the way the study is being conducted you can contact:

The McMaster Research Ethics Board

Secretariat Telephone: (95) 525-9140 ext.

23142

c/o Research Office for Administration, Development and Support

(Roads) E-mail: ethics office@mcmaster.ca

We would like to thank you in advance for your time and consideration. After a week, we will send you a one-time follow-up reminder.

Julian Torelli BA,

Masters Candidate in Sociology

Department of Sociology

McMaster University,

Hamilton Ontario Tel:

(514) 947 1170

torellij@mcmaster.ca

APPENDIX B

(Appendix B: "Information for Consent Form")

Student Investigator:

Julian Torelli

Department of Sociology

McMaster University

Hamilton, Ontario, Canada

(514) 947 11770

torellij@mcmaster.ca

Student's Supervisor:

Dr. Gregory Hooks

Department of Sociology

McMaster University

Hamilton,

Ontario,

Canada (905)

525-9140, ext.

24480

ghooks@mcma

ster.ca

Purpose of the Study: The purpose of this research is to understand the subjective dimensions of frontline work and the ways in which frontline workers construct meaning in their work. That is to say, this research will seek

to understand frontline work experiences, practices, client interaction and perspectives. I am interested in understanding work from the point-of-view of those who engage in it.

Procedures involved in the Research: You are being invited to be interviewed for a M.A. thesis project regarding frontline workers lived experiences and perspectives on work-role meanings and client interaction in the homelessness sector of Hamilton, Ontario. The interview will take approximately 45 minutes to one hour long at a location of your choosing. You do not need to answer questions that you do not want to answer or that make you feel uncomfortable.

Here are some examples of questions that I may be asking:

- What kind of level of emotional engagement does your work require? Can you give examples of specific situations?
- How would you describe the relationship between your work and your out-of-work life?
- How do you think the general public sees your job? Why do you think they see you this way?
  How do clients see you? Why?
- What are the greatest challenges and frustrations of your job? Why?

Potential Benefits The potential benefit to this study is a clearer understanding of the everyday realities of frontline work. By understanding these lived realities and the meanings frontline workers attach to their work, we can further understand the ways in which work-meanings are constituted at an everyday, interactional level as well as sources of self-identification. This research is beneficial to the social scientific community, because, despite burnouts and workstress present in this field, this study seeks to understand how frontline workers maintain a positive occupational work status and secure work self-esteem, despite emotional and institutional pressures. Drawing the link between work and the self within the homelessness sector can provide us with a better understanding of the social processes underlying work life.

Potential Risks of Harm: You might feel concerned or uncomfortable that what you say in the interview will come to the attention of your employer and cast you in a negative light. You don't have to answer any questions that you don't want to answer. You may also withdraw from the interview for whatever reason, at any time.

You also might feel uncomfortable while reflecting on some of the questions that I will be asking in the interview. If any questions during or after the interview has affected you in any way, I advise you to speak with a trusted counsellor or friend. Other professional support teams include Distress Centre Hamilton (905) 525-8611 and COAST (905) 972-8338.

Confidentiality There are a series of provisions which have been established to protect confidentiality of your responses. First, the only identifiable mark on this interview schedule is an identification number. Second, the data gathered will be treated with tremendous confidentiality and will be stored in a locked cabinet, to ensure the protection of the data. Third, the results of this study may be reported in academic journals. In these reports, no individual or institution will be identified, only pseudonyms will be used and the data will be presented in a non-identifying, summary form.

Participation and Withdrawal: Your participation in this study is voluntary. It is your choice to be part of the study or not. If you decide to be part of the study, you can stop (withdraw), from the interview for whatever reason, even after signing the consent form or part-way through the study or up until approximately December 30th, 2017, when I expect be completing the write-up of the thesis.

If you decide to withdraw, there will be no consequences to you. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions you do not have to, but you can still be in the study. To withdraw, contact Mr. Torelli by email or telephone, I will immediately remove your data from the study.

Questions about the Study: I expect to have this study completed by approximately April 1st, 2018. If you would like a brief summary of the results, please let me know how you would like it sent to you.

If you have questions or need more information about the study itself, please contact me at:

torellij@mcmaster.ca

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat

Telephone: (905) 525-9140 ext. 23142

C/o Research Office for Administrative Development and Support

E-mail:
ethicsoffice@mcmas
ter.ca

CONSENT

- I have read the information present in the information letter about a study being conducted by Julian Torelli of McMaster University.

- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until December 30th, 2017.
- I have been given a copy of this form.
- I agree to participate in the study

Signature: --------------------------------- Date: --------------------

Name of Participant (printed) ------------------------

1. I agree that the interview can be audio recorded. [ ] Yes

[ ] No

2. I agree to have my responses used for this project and for future related project

  [ ] Yes

[

]

N

o

3. *[] Yes, I would like to receive a summary of the stud results.*
   Please send them to me at this email address:
   _____
4. *Or to this mailing address:*
   _____
   _____

[ ] No, I do not want to receive a summary of the results of the study.

4. I agree to be contacted about a follow-up interview, and understand that I can always decline the request.

[ ] Yes, please contact me at:

[ ] No

APPENDIX C

(Appendix C – "Interview Guide")

<u>Work</u>

• Can you describe your current job (responsibilities, tasks, activities).

- What is your work task at the moment? What kind of clients do you work with?

- In what ways are you helping your clients?

- Do you think that the social work profession is an interesting job?

• Can you describe your role on the team. Has it changed over the years? How? Do you know what is expected from you? How do you know that?

• Did you struggle with your work in the early days? How did you come to get good at what you do?

• How would you describe the relationship between your work and your out-of-work life?

<u>Dirty work</u>

• What parts of the job do you like the most? Why? What parts do you dislike the most? Why?

• What are the greatest challenges and frustrations of your job? Why? • How do you think the general public sees your job? Why do you think they see you this way? How do clients   see you? Why?

• What does your spouse/family/friends think about this job? Why?

• Do you worry about what others think about this job? How do you deal with it?

Relationship with Clients

- Can you describe your relationship to clients?
- In your opinion, what role does empathy play in interactions with clients?
- In what ways do clients show their emotions, and how do you respond?
- What kind of level of emotional engagement does your work require? Can you give examples of specific situations?

APPENDIX D

(Appendix D: "Email Thank You Script")

Dear …

　　Please accept my deepest gratitude for your participation in my research on frontline work-roles, perspectives and experiences with vulnerable populations. The information and knowledge that you expressly shared with me were invaluable and contributed greatly to the final write-up of this study.

　　　　Attached will be a brief summation of the final study results. Please do not hesitate to contact me if you have any questions or comments.

　　　　Again, I wish to express my deepest appreciation for your participation in this study.
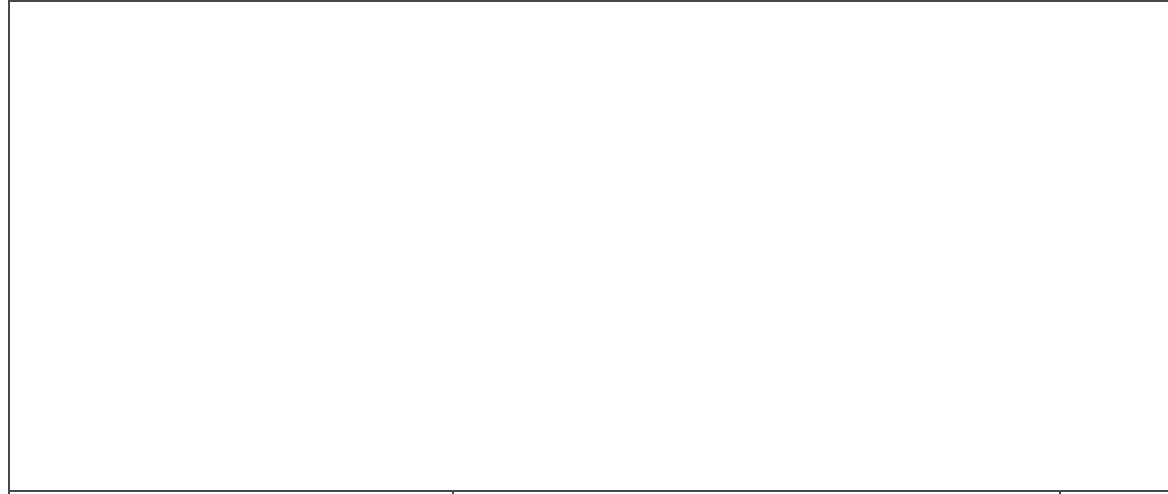
Sincerely

Julian Torelli

M.A. Candidate

APPENDIX E

(Appendix E: "Certificate of Ethics Clearance to Involve Human Participants in Research")

McMaster University Inspiring Innovation and Discovery	**McMaster University Research Ethics Board (MREB)** c/o Research Office for Administrative Development and Support, MREB Secretariat, GH-305, e-mail: ethicsoffice@mcmaster.ca

CERTIFICATE OF ETHICS CLEARANCE TO
INVOLVE HUMAN PARTICIPANTS IN RESEARCH

Application Status: New ☑ **Addendum** ☐ **Project Number:** _ _ _ _ _ _ _

TITLE OF RESEARCH PROJECT:

Dignifying Suffering: Dirty Work, Work-Role Stress and the Meaning of Caring

Faculty Investigator(s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
G. Hooks	Sociology	24480	ghooks@mcmaster.ca
Co-Investigators/ Students	**Dept./Address**	**Phone**	**E-Mail**
J. Torelli	Sociology	514-947-117	torellij@mcmaster.ca

The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:

☐ The application protocol is cleared as presented without questions or requests for modification.

☑ The application protocol is cleared as revised without questions or requests for modification.

☐ The application protocol is cleared subject to clarification and/or modification as appended or identified below:

COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.

Reporting Frequency:		Annual:	Aug-11-2018	Other:

Date: Aug-11-2017   Vice Chair, Dr. S. Watt   Susan Watt.