HEARTS ON FIRE: AN ETHNOGRAPHIC EXPLORATION OF THE EMOTIONAL WORLD OF FIREFIGHTERS

by

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ABSTRACT

The focus of this study was to examine the emotions of firefighters working in emergency situations, how they managed those emotions during their emergency service delivery task performance and what resources they utilized in post on scene emergency work.

This study was undertaken to examine the apparent resiliency within this population and whether or not such resiliency was a product of a firefighters' experiential continuum.

The current stress intervention and mitigation, critical incident stress debriefing model was examined in conjunction with both refereed and trade journals in an effort to examine existing empirical research regarding the stress reactions of firefighters.

The literature review examined the social and psychological aspects of secondary trauma victimization, organizational stressors, sociology of emotions, and coping skills and strategies.

In depth interviews were conducted with firefighters across the United States to ascertain their views regarding emergency scene situations that brought out intense emotions, how they felt about those emotions, what values drive these emotions, and what personal coping strategies they employ.

The results of the study indicated that firefighters are an emotionally resilient population and that the very essence of emergency services work creates and nourishes this resiliency. The results called for a greater focus on the firefighters' inherent or experientially garnered coping skills and demonstrated the importance of the firefighter grounding him/herself within the support systems that they presently possessed and the role that organizational development plays when determining an overall holistic approach to stress management and mitigation within the fire service.
DEDICATION

Captain's Eulogy
Delivered
In Loving Memory of
Fire Fighter John Foster Valentine
Ladder Company 193 B Shift
Born Wednesday June 10, 1964
Died Sunday August 25, 1996

It is my duty and privilege to speak on behalf of Johnny's crew members; Engineer Dave Dubois, and Firefighter Stacy Irvine of Ladder 193 B shift, Engine 193 B shift, and our fellow Peoria Fire Department brothers and sisters as we honor Firefighter John Valentine today.

There was a time in most of our lives in which becoming a professional firefighter represented the highest honor that we could possibly receive. However, life, and in particular, life as a firefighter has a way of building perspective.

As we grow through our life experiences, and through our experiences in the fire service, we realize that the true honors we receive go much deeper, and the rewards are much greater than those that the fire service can bestow.

The true honors we receive are friendship, our parents, our brothers and sisters, our wives and husbands, and of course our children.

In fact, these core honors are truly the reason Johnny and others like Johnny choose to become firefighters. These people--friends, family, parents, brothers, sisters, husbands, wives, and children—are the very people we serve and protect every time we go out. They represent the very essence of our job.

Johnny loved his job, but more importantly Johnny loved and honored his friends, family, and Monica and Erin each day. During the vigil at the hospital, those of us that worked with Johnny received a glimpse of just how deep the love of this family extends.
It was truly moving to see how closely knit they are and to see their deep love for Johnny so caringly demonstrated.

The fire service correctly characterizes itself as a family. This is because we recognize the power, love, and cohesiveness of the family unit. We share in each other's triumphs and tragedies as family. We work, play, eat, and sleep together (not necessarily in that order). Our lives at Fire Station 193 are typified across this nation on a daily basis. Our jobs and our lives together are truly special.

We had a special member in Johnny Valentine. Johnny taught us to never take anything for granted--savor each day, loving life along the way. I can honestly say that I never heard Johnny V. speak harshly of anyone. He never criticized or belittled another. I will always have great respect and admiration for those qualities.

Truckies like tools and Johnny was our tool man. Tools were a natural extension of his body. There was nothing that he could not operate or repair. As a firefighter and rescue technician he was comfortable and adept in any hazardous environment. Whether fighting fire, hanging from a helicopter 500 feet up, in swift water, rappelling from a cliff, or in a confined space.

He was an truly an asset to our crew and our department. An asset that we will sorely miss. But mostly we'll miss him as a friend and brother.

We are here to honor Firefighter John Valentine today, as it should be. However, it is the fire service that is honored today. We are honored to have had Johnny serve with us for too short a time. We are honored that we meant so much to him. We are honored that his job meant so much to him. And now we are honored that his family has allowed us to share in their time of tremendous loss.

Our tribute to Johnny V. today includes honoring him as a firefighter. A high honor he deservedly earned. But to all of us that knew and worked with him it was
markedly obvious that he possessed many greater honors.

It is with great respect and admiration that we offer our condolences, love, and support. We are here to honor Firefighter Johnny Valentine but we humbly submit that the honor is ours.

Captain S. Joseph Woodall
August 29th, 1996

Delivered in honor of Firefighter John Foster Valentine by his Captain, S. Joseph Woodall, Ladder Company 193, B shift, at Our Lady of Perpetual Help, August 29th, 1996.
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CHAPTER 1
THE PROBLEM

Introduction

Firefighters generally exhibit extremely resilient and effective emotional coping mechanisms when dealing with the stresses and strains of long-term, continuous exposure to traumatic events. From a layperson's perspective, these coping skills are often interpreted as callous, distant, and even uncaring. This uninformed interpretation can only serve to widen the emotional gap between the firefighter (helper) and the citizens they so bravely protect, serve, and save, leading to a potential decrease in service delivery effectiveness due to the degradation of the customer/server relationship.

As the fire service has moved from the single enterprise of fire suppression to a customer service based industry where customer contact is extremely intimate; i.e., the delivery of babies, and interventions into medical emergencies such as auto accidents, heart attacks, and drownings, it is imperative that research be directed at enhancing the public's understanding of the persona of these helpers, what they feel, how they manifest those feelings, how they cope with the inherently high levels of stress in their chosen profession, and most importantly, how these lessons and skills can be applied to the daily lives of the public at large.

This study was the culmination of many years of formal education and experiential immersion into the world and culture of professional and volunteer fire fighting. It was, in fact, a specific incident (an incident in which the researcher served as the incident commander involving the traumatic death of a fellow firefighter's son) and the subsequent emotional reactions to this call that led this researcher/professional firefighter to graduate
school and eventually to thesis. This incident, in particular, represented a test in resiliency to the research, serving as the Fire Chief at the time, as well as to the members of our small and relatively inexperienced department, to our Fire Board, to the fellow fire fighter and his family, and to the community at large. Even though the incident has long passed, questions remained. How did the organization survive? Why did the organization survive? What worked individually and collectively?

**Development of the Problem**

Gist and Woodall (1995) pointed out that the recognition of stress as a significant factor affecting firefighter health and safety no longer meets "macho" resistance within the industry; no longer do stress management programs encounter denial so intense as to demand or justify missionary zeal to secure endorsement and adoption. To the contrary, references to stress and stress management have increased in little more than a decade's time from an avant garde rarity in fire service trade literature to what seems a nearly gratuitous frequency. Most of this upsurge, however, has been focused on a relatively singular and narrow construction of occupational stress and occupational stressors (i.e. critical incident and occupational stress) and a specific popularized model of intervention (i.e., critical incident stress debriefing).

For many generations, emergency services workers (firefighters, emergency medical technicians, paramedics, emergency room doctors, nurses, and police officers) were left to their own faculties when the impacts of trauma exposure affected their personal and professional lives. These brave civil servants had only their personal, work team, and family support systems with which to deal with the tragedy they met on an almost daily basis. In general, these mechanisms served them well. However, many may have suffered more than necessary. Through stress management related training and education, some of
the burdens on both the individual and their families may have been reduced. This possibility needs to be validated through empirical research.

In an effort to augment the existing resiliency that these helping professionals exhibit, the fire service, in conjunction with the National Fire Protection Association (1994), promulgated standards and encouraged the implementation of standard operating guidelines (SOGs) to deal with firefighters' emotional health as well as their physical health and safety via the adoption of NFPA 1500: Standards for Firefighter Health and Safety. This standard, adopted in 1988, calls for Employee Assistance Programs and Critical Incident Stress Debriefing assistance.

While it is true that firefighters represent but one strata of the helping professional continuum, the researcher deemed that initial research efforts be made particularly in this area in an effort to receive a more uniform microcosm of related data.

Fire departments and emergency medical service providers have started to acknowledge the extreme toll that stress and stress-related maladies take on their valued personnel. Many are starting to address the problem through stress management training, physical training programs, nutrition awareness, critical incident stress debriefing teams, support from employee assistance programs (EAPs) and further posttraumatic stress disorder research.

In an effort to demonstrate in layperson terms just how serious the problem of secondary trauma victimization is, reference was made to the Statistical Abstract of the United States (1995). This abstract was utilized to total all types of accidents that resulted in death in 1992 (e.g. motor vehicle, water transport, drownings, air and space, railway, falls, fires, firearms, electrical, drug and medicine overdoses, gases and vapors, and other solid and liquid ingestions). Further, suicides sorted by gender and method, as well as murder-circumstances, weapons used, and cause of death for the year of 1993 were profiled. These statistics represent the most recent year(s) that the complete statistics
have been totaled and were utilized to demonstrate, in whole numbers, the number of
times that emergency workers could be expected to respond to incidents of this
magnitude. It is reasonable, but not empirically valid, to assume that emergency workers
responded to 129,545 events that could be categorized as emotionally traumatic. This
effectively demonstrates the significance of this potential malady, especially when taking
into consideration that these events took place within a 365 day window, while the death
toll of the ten-year Vietnam War was approximately 56,000 and total U.S. military deaths
from World War II were approximately 210,000.

Need for the Study

With personnel costs representing the largest portion of most budgets, it has now
become the trend to assist the employee in the maintenance of a well-balanced personal
and professional lifestyle. The days of the throw-away employee no longer represent
sound fiscal prudence. Further, the expense of training an emergency worker is cost-
prohibitive and the experience that a well seasoned veteran can bring to the job cannot be
ignored.

Stress related problems (i.e. job related stress, personal stress, and critical incident
stress) debilitates human beings and causes a broad range of human problems (Mitchell,
1992). People under great stress face a much higher potential for physical and emotional
illness. Further, stressed people are more irritable, closed minded and dissatisfied with
their jobs.

No emergency service organization is immune to the impacts of stress related
problems. The effects are real and the consequences of ignoring these effects can be
extremely high. One advantage to the study of stress and stress related maladies is that it
is truly universal to all fire departments, firefighters, emergency medical technicians,
emergency medical provider organizations and paramedics. Geography, climate and the
size of the organization do not impact its manifestation. It is something all emergency
workers can relate to, it is an experience that they all share, and it is a burden that they all must shoulder.

This research project was designed to identify, codify, and define the feelings that firefighters have on the emergency scene, and after a stressful, tragic event. The firefighters profiles include not only emotions but also how they manage their feelings. Also explored were the typical emotion management strategies that they successfully, and unsuccessfully, employ. These areas were explored in an effort to shed greater light on these helping people, leading to a better understanding by the citizens they serve and assisting the emergency worker in the enhancement of his/her personal coping skills by allowing them to learn about themselves from others who share in their calling.

Purpose of the Study

The purpose of the study was to explore the circumstances, viewpoints, and feelings of a sample of fire fighters to determine emotions experienced and how these emotions are managed.

Research Questions

The in-depth interview and interpretation methodology was employed to answer the following research questions:

1. What emotions do firefighters commonly experience in critical emergency situations?
2. What emergency situation circumstances commonly elicit those emotions?
3. How are those emotions managed?
4. What are some of the typical emotion management strategies utilized?
CHAPTER 2
LITERATURE REVIEW

The current psychological, sociological, and pertinent trade literature was reviewed in an effort to understand, clarify, and furnish an informational backdrop regarding post-traumatic stress disorder, secondary trauma victimization, critical incident stress, critical incident stress management and debriefing, emotion management, social and personal support constructs, and coping mechanisms.

The diagnostic backdrop validating critical incident stress relies heavily on Posttraumatic Stress Disorder, first appearing in the nomenclature with the third revision of the Diagnostic and Statistical Manual (American Psychiatric Association [APA], 1980). Its derivation flowed in large part from early Freudian concepts of "psychotic traumatization" through exposure to events that might cause overwhelming fear and consequent neurotic defense to the anxiety thereby provoked, and specifically from application to "traumatic neurosis" in certain warfare combatants, particularly those presenting "shell-shock, trigger-finger paralysis" or similar variations of more classical hysterical fugues, dissociations, or conversions. These conditions were normally believed to be transitory and to resolve when impingement of the salient stressor was removed (Gist & Woodall, 1995).

That specific construction had been carried into the second version of the Diagnostic and Statistical Manual, where such reactions were classified as transient situational disturbances (APA, 1968). The defining characteristics of this category included "more or less transient disorders of any severity (including those of psychotic proportions) that occur in individuals without any apparent underlying mental disorders and that represent
an acute reaction to overwhelming environmental stress" (Gist & Woodall, 1995). These were to be differentiated from manifestations of underlying true neuroses exacerbated by context and from malingering or occupational maladjustment—a category reserved for psychiatrically normal individuals who are grossly maladjusted in their work (APA, 1968). The differential diagnosis was based in good measure on the persistence of symptoms once exposure was terminated. In summary, if the patient has good adaptive capacity his symptoms usually recede as the stress diminishes. If, however, the symptoms persist after the stress is removed, the diagnosis of another mental disorder is indicated.

Gist and Woodall (1995) observed that posttraumatic stress disorder emerged in greatest measure to accommodate reactions reported within a certain subpopulation of Vietnam veterans. These reactions were characterized by intrusive images in the form of flashbacks or recurrent visualizations, hyperarousal and startle responses, and similar persistent features associated with recall of the experience. Diagnosis required onset only after exposure to a profound stressor "outside the range of ordinary human experience" and persistence of these symptoms for at least six months (APA, 1980). These criteria were admittedly arbitrary and in reality represented little more than the consensus of a subcommittee.

Between the publication of the third revision of the Diagnostic and Statistical Manual (APA, 1980) and its subsequent further revision, referred to as the DSM-III-R (APA, 1987), interest in this particular diagnosis grew substantially in at least two distinct arenas. Specialized treatment facilities for Vietnam veterans grew within the Veterans Administration health care system and beyond, establishing a foundation for those pursuing combat-related stress issues. Nearly simultaneously, other advocates and practitioners, especially those connected to specific social movements advocating rights and recognition for ostensibly victimized elements of society, sought application of the diagnosis and the label to persons exposed to other life-threatening traumata (e.g. rape,
violent crime, abuse, natural disaster). This led, in part, to substantial expansion in the range of applicable stressors that might be said to precipitate such reactions and the de-emphasis of both the persistence criterion and of differential diagnosis on the basis of pre-extant morbidity. Accordingly, arguments have proliferated for application of this diagnosis to any perceived inhibition of adjustment to the impact of most any of life's more unfortunate experiences or circumstances.

Critical Incident Stress: Delineated and Defined

Suggestions that fire and rescue personnel could experience posttraumatic stress disorder through secondary victimization began to appear shortly after publication of DSM-III. Much of this discourse appeared first in speculative form, particularly in the non-refereed trade journals of the industry, and at trade conferences and convention talks. These quickly grew into proprietary seminars, training programs, and intervention schemes proposing peer intervention teams and similar rubrics.

Mitchell (1988a; 1992) credits himself with the development of the critical incident stress debriefing process, yet any number of others might claim at least equal billing with respect to the process itself or its earliest implementation.

Raphael (1977) described application of such a process after a train wreck in Australia and employed the precise term in describing her intervention in the same year as Mitchell's first publication (Raphael, Singh, Bradbury, & Lambert, 1983). Gist and Stolz (1982) discussed utilization of very similar procedures in a variety of community interventions following the collapse of the Hyatt Regency hotel in 1981, publishing their report a year earlier. Yet it was clearly Mitchell's earlier overall work, coupled with growing attention to the impact of major disasters on the well-being of rescue personnel, which transformed a simple process intervention into the foundation for an evangelical social movement, and cemented it into the rubric of the fire service.
The debriefing process itself can be viewed as a group counseling protocol. Corey and Corey (1992) described group counseling as a process that ordinarily focuses on a particular problem which may be personal, educational, social, or vocational; group members are basically well-functioning individuals who neither seek nor require extensive personality reconstruction and whose problems relate to developmental tasks of the life span. The focus of such groups is often determined by their members and usually hinges on finding instrumental means through which to cope with the stresses of situational crises. The goals are educational and preventative as well as remedial, and are sought through interpersonal process and problem solving strategies that emphasize conscious thoughts, related feelings, and volitional behaviors.

The "Mitchell model" of the debriefing process can best be described as a limited, specific application of this general schema, focused on a particular set of occupational crises within a defined occupational group.

Mitchell's primary definition of a "critical incident" takes the form of an essential tautology: "Any incident in which the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reaction" (Mitchell, 1988a, p. 51). He further specifies a series of events which he contends uniformly demand intervention, including:

1. death or serious injury to an emergency responder
2. death or serious injury to a civilian as a result of agency operations
3. mass casualty incidents
4. suicide by an emergency responder
5. death or violent injury involving a child
6. loss of a citizen after extraordinary or prolonged rescue efforts
7. any event which attracts unusual or critical media coverage (Mitchell, 1988a, p. 50).
While perhaps intuitively palatable as a reasonable list of events which might engender unusually strong emotional valences, no direct evidence has been presented which would establish how these particular events were determined to hold such valences or by what mechanisms their purported impacts evolve in those presumed to be affected. Given, however, that any of the symptoms listed as indicative of critical incident stress can and do arise without exposure to any such event, and given that the vast majority of persons so exposed can and do adapt strongly and constructively with or without intervention, no necessary or sufficient causal link between exposure to any of these events and subsequent psychological dysfunction has been established. Questions regarding the interaction between individual characteristics, circumstantial elements of the particular situation, and cognitive assessment of the event at the individual, organizational, and community levels may all provide a more relevant and meaningful assessment as well as prevention and intervention. These contextual features may strongly mitigate the impact of any given event; these factors may also influence the capacity of existing systems to adapt. This, in turn, can influence the need for and nature of any intervention attempted (Woodall, 1994).

Mitchell (1986) addressed the dramatic changes that have taken place regarding stress and the emergency worker. Stress has always been a large part of the emergency worker's life but during the mid-1970s and especially through the 1980s, stress has started to receive the recognition and attention that it deserves.

Knowledge of and attitudes towards stress have changed. Beaton and Murphy (1993) noted that repeated studies have shown that physical and psychological stress can produce many physical and emotional maladies. These included but were not limited to the following: cardiovascular problems, ulcers, diabetes, cancer, increased general illness, anxiety, depression, irritability, apathy, frustration, anger, grief reactions, memory loss, ability to think clearly, decreased decision making ability.
A general acceptance of stress and the emergency worker is on the rise. There is less criticism and abuse aimed at those who have normal reactions to totally abnormal events.

Mitchell (1986) broke these reactions into four categories: Emotional, Cognitive, Behavioral, and Physical. The reactions in each of these domains were summarized as follows:

**Emotional:** anticipatory anxiety, denial, generalized anxiety, panic reactions, shock, fear, survival guilt, uncertainty, grief, depression, intensified emotional reactions.

**Cognitive:** blaming others, confusion, poor attention span, decision making problems, heightened alertness, lowered alertness, increased vigilance, increased environmental awareness, decreased environmental awareness.

**Behavioral:** change in activities, change in speech, withdrawal, outbursts, suspiciousness, increased food consumption, disrupted sleep, changes in overall health.

**Physical:** dizzy spells, headaches, muscle tremors/cramps, fatigue, eye twitching, nausea, blurred vision, difficulty hearing, diarrhea, excessive thirst, chills, profuse sweating, shock symptoms, chest pain, difficulty breathing.

**Organizational Stress as a Contributor**

Fishkin (1991) offered an in depth view of how the organization creates stress in the emergency worker and offered some recommendations on how the organization could assist in the management of emergency worker stress. The article examined morale, employee stress and productivity and the fact that deficient managerial skills are a primary occupational stressor. A sampling of organizational stressors also offered some important insights. This sampling included:

1. labor-management friction
2. excessive paperwork
3. poor detection and management of stress related disorders
4. fire station assignment by the seniority bid system
5. hiring individuals who do not meet standard employment criteria
6. inability to tolerate enforced idleness

Barnett-Queen and Bergmann (1990) published what they felt to be the four necessary components for preventing long-term post-traumatic response problems. The components were summarized as follows:

Information. Personnel receiving accurate information about trauma and post-traumatic consequences seem to make more successful recoveries than personnel not receiving such information.

Support. Personnel need support from families, co-workers and fellow crew members. With such support these workers feel much less isolated, distrustful and withdrawn.

Ventilation. Emergency workers need the opportunity to discuss, in detail, the incident and to articulate their personal reactions to the incident.

Coping Skills. The coping skills required for effectively managing trauma are not generally known. Therefore, an effective post-traumatic response must include information about the development of these skills.

Barnett-Queen and Bergmann (1988) referred to the importance of implementing a program ensuring that all personnel receive the initial critical incident stress training. They felt that this approach would allow all members to be knowledgeable about post-trauma programs and the psychological results of trauma exposure; and that this training was imperative for newly hired recruits.
Social and Organizational Approach to Stress Management

The core contentions on which the critical incident stress debriefing enterprise has been constructed are derived from the essential assumption that occupational events function on an individual level as psychic traumata, wounding the psyche of the individuals confronting them so as to disrupt the capacity of such persons to function normally in the aftermath. The premise that these exposures, if not contravened through direct and focused interventions, will lead to posttraumatic stress disorder and related psychiatric maladies has been so often repeated as to be presumed ubiquitous and has become central to arguments supporting ever more elaborate intervention schemata. Review of the actual literature base, however, raises significant questions about both its derivation and its construction (Gist & Woodall, 1995).

While Mitchell's model has been clearly the most visible, it has certainly not been the only model from which emergency response agencies might choose. Gist and Taylor (1992) have argued for several years that more general and diverse social and organizationally based approaches hold more potential for effective intervention than do narrowly focused, individually based, technique-centered models of intervention. These models, in marked contrast to the monolithic character of the Mitchell program, are designed to yield agency-specific applications, and the programs which evolve in different agencies are expected to differ in significant ways governed by any number of outstanding differences between agencies, disciplines, and communities.

According to Gist and Taylor (1992) such programs are intended to focus the agency's resources toward a series of conceptual issues which must be addressed by any organization to build healthy, functional approaches to management, command, and supervision; to encourage strong individual and family resiliency; and to ensure the least
intrusive but most effective internal response to any significant challenge to agency and
career development. While some very similar group process techniques are in fact
included, their roles are supplementary to the broader intent of agency and organizational
development; the techniques themselves are presented as preliminary templates for action
rather than as near-absolute behavioral prescriptions or rigid intervention protocols.

The derivation of these programs reflects several lines of research. Cognitive appraisal
models of stress and coping (Folkman, 1984; Folkman, Lazarus, Dunkel-Schetter,
DeLongis, & Gruen, 1986; McCrae, 1984) which emphasize controllability of stressors and
selection of problem-specific coping styles (Russo & Katon, 1990; Valentine, Holahan, &
Moos, 1994; Vitaliano, DeWolfe, Maiuro, Russo, & Katon, 1990) and the differential
impacts of varying coping styles as applied to differing circumstances and appraisals
(Stanton, Danoff-Burg, Cameron, & Ellis, 1994) are applied at several defined levels to
enhance organizational health, promote resiliency, and provide intervention when and
where required. The assumptions and mechanics in these programs differ systematically
from those of the "Mitchell model" and its derivatives and lead not just to a different
intervention structure but to quite different objectives for training, skill development, and
application.

The daily relationship between the individual and the work is the essence of resiliency
in any occupational context, irrespective of the appearance or nature of sporadic critical
incidents. Beaton and Murphy (1993) examined stress factors in a substantial sample of
firefighter/EMT's and firefighter/paramedics in Washington state, finding very limited
impact from prior critical incidents; substantial stress factors, however, directly reflected
life and work variables of more mundane, everyday consequence. Such factors were
suggested by Motowidlo, Packard, and Manning (1986) to interact with more intuitively
obvious job stressors to operationally determine occupational stress. Accordingly, a healthy understanding of the nature of one's work (Gist & Obadal, 1994) is assumed as the primary basis for healthy occupational adaptation.

The daily management of the agency creates the essential climate in which significant events occur. Critical incidents showed very little to no direct impact on job satisfaction or morale in the Beaton and Murphy (1993) regression equations; daily operational factors, however, showed substantial influences. Many of these issues (e.g., strength of supervision, labor management relations) are widely recognized as weakly developed within fire service organizations. Given that the soundness of daily operations and interactions determines the basis for resiliency when the agency is confronted with extraordinary challenges and demands, well conceived and consistently practiced leadership and management principles are central to the construction of these programs.

The best preventative of incident stress and its sequelae, both organizational and individual, may very well be a well managed incident. The work of Alexander and Wells (1991) and Wright (1993) spoke powerfully to these issues, as do the findings of Redburn, Gensheimer, and Gist (1993). Wright (1993) reported a study of career paramedics in a major third-service EMS system in which a variety of stressors were explored with respect to their impact on the functioning of experienced personnel. Many of the prototypical critical incidents highlighted earlier in this work were presented with scenarios varied not just by manifest content of the event or its patient outcome, but also by the paramedic's perception of the flow of the event itself (e.g., infant trauma, well managed scene, patient dies versus infant trauma, call flows poorly, patient dies). Calls where the outcome was manifestly undesirable but the performance conduct of essential operations was appraised positively were seen as distressing but readily resolved, whereas calls with both undesirable manifest outcomes and disruptions in the flow of actions taken were seen as specifically stressful.
Alexander and Wells (1991) reported data regarding another prototypical incident, the retrieval and identification of bodies in a mass casualty incident complicated in this case by their prolonged entombment underwater prior to recovery. This case was of exceptional interest in that preincident baseline data on these police officers were serendipitously available, allowing direct assessment of the impact of the experience on such often-cited areas of functioning and adjustment as anxiety, depression, utilization of sick leave, and the like. No psychological debriefings or other such exercises were employed in this incident; all efforts at stress management were instead incorporated in the daily briefings and evening recaps conducted by command staff as integral elements of incident management.

The outcomes reported are significant to note on two counts. First, while virtually all participants found the assignment unpleasant and distressing, virtually all felt successful in their roles and reported that they would readily accept a similar assignment in the future. Moreover, postincident scores on key measures of affect and occupational functioning actually improved after the assignment; the authors attributed this not to any overt psychological manipulation, but rather to the effective management of the operational aspects of the incident coupled with low-key, non-intrusive expressions of concern from command staff regarding the psychological impact of the experience and the general well-being of personnel under their charge (Alexander & Wells, 1991).

These implications are amplified significantly by Gist's (1993) comparison of the 1981 Hyatt Regency Hotel collapse in Kansas City with the 1989 Sioux City airplane crash. While the incidents were nearly identical in terms of number killed, body recovery and extrication problems and the like--and hence in the sights, sounds, and sensory experiences of the individual responders--they differed quite remarkably in their organizational and operational characteristics. Systematic study revealed clearly that the virtual absence of postincident sequelae at Sioux City could not be attributed to the presence or absence of
debriefing exercises (Redburn, Genshimer, & Gist; 1993). A known and precise scheme for organization of the operation especially in terms of staging, rehabilitation, and other factors driven by a practiced and well-implemented incident command structure was, however, a very pervasive and critically significant difference between the two events.

Exposure to critical incidents is not only unavoidable in emergency work, it is in fact the essence of the enterprise and provides one of its primary vehicles for effective reward (Gist & Obadal, 1994). While the organization may be argued to hold certain responsibilities for ensuring that personnel are adequately prepared, equipped, deployed, and configured for effective response and for ensuring that the impact of equivocal events is effectively addressed in organizational and operational review (Gist & Taylor, 1992), individual decisions, actions, patterns, and responses are also highly determinative of adjustment. Preparation of these individual aspects of performance is an essential element of an individual's professional responsibility and comprises a critical feature of fitness for duty for which each professional is held accountable.

When examining a phenomena within an organization that has over 200 years of history and tradition, institutional constructs regarding organization culture are important. Dimaggio and Powell (1991) observed that distinct brands of institutionalism have made their marks within organizational theory. They further found that these brands vary along several dimensions, notably their level of analysis and whether they emphasize the symbolic and cognitive or normative components of social systems. The cognitive view suggests that organizational and individual actions and interpretations are produced through legitimated classifications, conventions, rules, interpretations, and cultural accounts. The normative perspective relies on socialization and influence process to explain actions and interpretations.
Shared meanings and actions (typifications) which become objectified, taken-for-granted, and construed as real, (cf. The Velveteen Rabbit) become the social structures which then constrain future actions, understandings, and typifications. "The more institutionalized the cognitive categories and belief systems, the more human actions are defined by a widening sphere of taken for granted routines" (Berger & Luckmann, 1967, p. 57).

When examining the manner in which the actions and interpretations are institutionalized, some striking observations regarding the contemporary fire service were offered by Gist and Woodall (1995):

The fire service has traditionally been an insular enterprise, both socially and occupationally. This implies that information from outside the enterprise may often fail to enter its exchanges and that once information and practices become accepted within its boundaries they may become difficult to challenge.

The fire service has traditionally sought technique over theory. The correct way to do something has often been determined more by the activities attendant to its execution than by understanding or application of the principles driving those techniques.

The fire service has accordingly valued training over education and has specifically valued more narrow technical programs over the broad and critical exposures of a liberal education.

Critical shifts in the nature of the industry have been generationally distinct. The service the current generation is inheriting is quite materially different than that of even the immediately preceding generation and has attracted distinctly different types of individuals to the enterprise. One key element has been the shifting of its primary focus from technological actions primarily involving things to informational and direct human service exchanges primarily involving people. This change of focus, in turn, has forced a shift in the fire service's institutionalized cognitive categories and belief systems.
The fire service has traditionally placed human resource and management issues as ancillary to its primary mission rather than as critical and central to its execution of that mission and integral to its operations. While technological industries have historically invested first in the equipment that does the job and have then hired people to operate it, information and service enterprises invest first in personnel who deliver the service and then acquire equipment and hardware to make them more effective in that delivery.

Social Support as a Construct

Social support can be conceived as aid from significant others that is intended to meet the emotional or material needs of the individual (Thoits, 1982). Emotional aid (e.g., esteem, sympathy, encouragement) and instrumental aid (e.g., financial loans, help with responsibilities) are functional aspects of social support. Wellman (1981) pointed out that social support also has structural aspects, that is, the structure of an individual's social network helps determine the availability of potential emotional or material aid. Indicators of these different aspects of support have been examined for their stress-buffering abilities.

Prior research indicated that measures of overall network structure and of instrumental support were less efficacious in producing stress-buffering effects than were measures of available emotional aid. Further, prior research demonstrated that the possession of a confiding, intimate relationship with another person can buffer the individual against the impacts of life stresses quite effectively (Brown & Harris, 1978; Eaton, 1978; Kessler & Essex, 1982; Lowenthal & Haven, 1968).

Lowenthal & Haven (1968) found that intimacy was a key component of the effectiveness of social support. Chaplan (1979) found intimate relationships result in feelings of being loved and of safely belonging to a network that holds one's self in esteem. Bowlby (1980) speculated that because of the importance of initial attachments intimate relationships remain critical and are valued very highly because they are furnished by those
that are loved. Following consistently with these findings, (Stokes, 1983) found that support given by intimates had been found to lead to satisfaction, whereas the absence of such ties leads to dissatisfaction and loneliness.

Weiss (1982) observed that intimate relationships with spouse, family, and friends may have different meanings and provide different kinds of assistance. Further, an individual may believe that feelings and information that may be disclosed to a spouse, for example, are not appropriate to share with parents. Therefore, the different types of interactions may meet different needs (Hirsch, 1980; Hobfoll, 1985; and Stokes, 1983).

Cohen and Wills (1985) provided perhaps the classic piece to date on social support and the buffering hypothesis, including an exhaustive literature review and analysis. The authors pointed out that numerous studies have demonstrated that social support is linked to psychological and physical health outcomes. Several prospective epidemiological studies have shown that social support is related to mortality. In a study conducted by Blazer (1982) mortality from all causes was greater among persons with relatively low levels of social support. Similarly, several prospective studies using mental health outcome measures have shown a positive relation between social support and mental health (Aneshensel & Frerichs, 1982; Billings & Moos, 1982; Holahan & Moos, 1987). Choen and Wills (1985) posited that a generalized beneficial effect of social support could occur because large social networks provide persons with regular positive experiences and a set of stable, socially rewarded roles in the community. This kind of support could be related to overall well-being because it provides positive affect, a sense of predictability and stability in one's life situation, and a recognition of self-worth. They further speculated that by virtue of being integrated into a social network an individual may be able to avoid negative experiences (e.g. financial or legal problems) that may otherwise manifest themselves as psychological and or physical disorders.
Taylor and Lobel (1989) examined social comparison activity in threatening circumstances, finding a propensity to seek distant evaluation models of downward, less fortunate or functional, while seeking upward contact with persons showing more favorable progress or adaptation. This study offered potentially strong support for intervention schema, particularly for the structuring of social support interventions. The social comparison processes include the desire to affiliate with others, the desire for information about others, and explicit self-evaluation against others. Taylor and Lobel (1989) presented evidence that in certain groups under threat, these comparison activities diverge, with explicit self-evaluation made against a less fortunate target (downward evaluation) but information and affiliation sought out from more fortunate others (upward contacts). The authors maintain that these effects occur because downward evaluation and upward contacts appear to serve different needs, the former ameliorating self-esteem and the latter enabling a person to improve his or her situation and simultaneously increase motivation and hope.

An earlier study, by Festinger's (1954) theory of social comparison, maintained that people need to have stable, accurate appraisals of themselves. The theory posited that people prefer to evaluate themselves using objective and nonsocial standards, but if such objective information is unavailable, then individuals will compare themselves using other people. Festinger's (1954) original theory stipulated that the preferred source for social comparison is a person similar to the self-evaluator on the ability or opinion in question. According to Festinger, comparison with a similar other is maximally informative because it provides the person with a more precise, stable evaluation than would a comparison with someone who is substantially different. Modifications and subsequent additions of the theory were offered by Goethals and Darley (1977) who suggested that under some circumstances, people prefer comparison others who are similar on attributes related to the dimension under evaluation. These findings are particularly significant when
examining the peer driven nature of the critical incident stress debriefing model and the fact that many individuals exposed to traumatic events prefer to speak/work with other persons who have been there as well. Mental health professionals working with the emergency worker population would be well advised to understand this construct and apply it whenever possible.

Another interesting feature of Festinger's (1954) theory was the speculation that there is a unidirectional drive upward, generally interpreted to mean that people strive to be more capable than their current level of performance and more capable than the persons with whom they compare themselves. Wheeler, Reis, and Nezlek (1983) interpreted the unidirectional drive upward as meaning that people prefer to compare themselves to others whose performance or abilities are slightly better. Others (cf. Suls & Miller, 1977) have suggested that the drive to improve performance relative to others or to appear more capable involves an ego-enhancing motive that may be better served by making downward comparisons to less fortunate others, enabling the evaluator to deduce that he or she is better off than a worse-off other.

Shinn, Lehmann, and Wong (1984) made an important distinction between the terms social support and social interaction and noted that research models generally consider only the positive effects of social interactions, despite the fact that interpersonal encounters may have negative consequences as well. The authors concluded that support and conflict are independent dimensions rather than opposite ends of the same continuum, and they suggested that negative interactions might be more appropriately conceptualized as stressors than as indicators of lack of support.

It is also important to discuss the role that family plays in social support. Family interaction is demonstrably crucial to occupational adaptation and career success. Redburn, Gensheimer, and Gist (1993) found family support to be the most significant factor in successful coping following a major incident; this is well in keeping with the
findings of McCarroll, Ursano, Wright, and Fullerton (1993) and with other, more anecdotal reports. Yet although this basis of emotional support is critically helpful to the incident engaged spouse, its impact on the supporting partner may in fact become negative (Conger, Lorenz, Elder, Simons, & Ge, 1993).

Role of Emotions in Emotion Work

Abbott (1990) and Barley and Knight (1992) offered a general cultural theory of the rise of claims of stress in society at large. According to these theorists, stress acts as a central cultural symbol because it connotes a duality fundamental within the society -- the tension between society's deterministic relationship to individuals agency within society. Stress connotes the "stressed individual who is at once damaged by society and maladjusted to society" (Abbott, 1990, p. 442).


Hochschild (1985) observed that the sociology of emotions is a name for a body of work that articulates the links between cultural ideas, structural arrangement, and several things about feelings:

the way we wish we felt
the way we try to feel
the way we feel
the way we show what we feel
the way we pay attention to, label, and make sense of what we feel (Hochschild, 1985, p. 117).

She further surmised that the sociology of emotions supplements and deepens theories about how people think or act. A sociology of emotions approach offers a special vision of how social settings are appraised and how emotions importantly constitute what we think of as social settings.
As the fire service continues to diversify the types of emergency and non-emergency services that are delivered (i.e., emergency medical services, hazardous materials mitigation, technical rescue, emergency transportation of the sick and injured, public safety education programs, etc.), the customer/server relationship is receiving greater attention. Hochschild (1983) noted that organizational employees represent the corporation's front line to customers and embody the image that the organization wants to project. As the fire service moves from the more traditional, stereotypical role often characterized as mob violence directed at inanimate objects, to a service delivery industry emphasizing customer service and customer relations, it is becoming evident that the service deliver personnel (i.e. firefighters, paramedics, emergency medical, technical rescue, and hazardous materials technicians) are performing emotion work and employing emotion management skills.

Stenross and Klienman (1989) utilized police officers in a study that demonstrated the importance and degree that emotion work and emotion management impact that helping profession. Hochschild (1983) studied flight attendants to demonstrate that highly service oriented employees perform a great deal of emotional labor.

Hochschild (1983) defined emotion management as management's attempt to supervise and control the outwardly displayed emotions of employees during the customer and worker exchange; "inducing or suppressing feelings in order to sustain the outward countenance that produces the proper state of mind" and "the management of feeling to create a publicly observable facial and bodily display" (p. 7).

As servants of the taxpayers, the publicly observable facial and bodily displays of the fire service's service delivery personnel garner a great deal of emphasis. For a considerable period of time the fire service has enjoyed a "good guy" public perception, but the question would be, at what cost. Providing positive, professional, skilled, and expedient customer service is not too much to ask, whether it be 2 AM or 2 PM.
However, the wide range of emotions that a firefighter could experience on a given day, from, literally, one minute to the next, is represented by an extremely lengthy continuum. It would not be particularly rare for a firefighting crew to experience a joyous moment, after the delivery of a baby, and then turn right around and respond to a child drowning death, without really having an opportunity to process either. When considering the previous scenario, it is not difficult to understand the roles that emotions play, the challenges that they present and the toll that they may take on these brave professionals and volunteers.

In Hochschild's (1983) work, emotion work and emotion management were defined synonymously as "the management of feeling to create a publicly observable facial and bodily display" (p.7). Emotional labor was the term Hochschild used to refer to these activities when performed for a wage. Emotion management, as used in this research, and in Wharton and Erikson (1993) is also synonymous with Rosenberg's (1990) concept of emotional display which referred to "the self regulation of emotional exhibition for the purpose of producing intended effects on other's minds" (p.4). Therefore it can be concluded that Hochschild's and Rosenberg's conceptions of emotion management both refer to intentional efforts to convince others that one feels a particular emotion, efforts that are expressed through behavior. She concludes that emotion management can be distinguished from emotional expression which refers to the unintentional demonstration of emotion.

In her earlier work, Hochschild's (1983) concept of emotional labor contended that the emotions of workers, such as flight attendants or supermarket clerks, become commodified when these acts are sold for a wage and are thereby estranged for the individual.

In a study of supermarket clerks, Tolich (1993) observed that Mennerick (1974) had been correct in pointing out that one sure sign of difficulty in a worker-client relationship
is the development among workers of client typologies. That is, they tend to categorize
the customers. Almost every clerk in Tolich's (1993) study placed customers into three
distinct categories: habitual complainers, comparison pricers, and picky complainers.
The fire service lumps the habitual complainers, comparison pricers, and picky
complainers into the one broad category of "system abusers". The "system abuser" is
often reframed by remembering the popular mantra--Just because this call does not appear
to be an emergency to you, Mrs. Smith feels that this call is an emergency.

Another important emotion management tool is the masking of emotions. Stearns and
Stearns (1986) observed that the masking of emotion is an aspect of all work roles to
some degree. However, Stearns and Stearns (1986) felt that the masking of emotions is a
more salient display norm in some work roles than others, and is especially emphasized in
accounts of middle management and most professional types of work. Jackall (1988)
described pressures on middle managers to exercise iron self-control and to have the
ability to mask all emotion and intention behind bland, smiling, agreeable public faces.
Professionals also are encouraged to mask emotion, a norm expressed as detached
concern or the avoidance of too much liking or disliking (Hochschild, 1983;
and Lief & Fox, 1963). Smith and Kleinman (1989) felt that these types of emotion
masking take place due, in part, to the fact that people associate authority in this society
with an unemotional persona, affective neutrality reinforces the professionals' power and
keeps the clients from challenging them.

Thoits (1985) characterized and defined emotion as an awareness of four elements that
are usually experienced at the same time:

  - appraisals of a situation
  - changes in bodily sensations
  - the free or inhibited display of expressive gestures
  - a cultural label applied to specific constellations of the first three elements (p. 119).
She continued by observing that people learn how to appraise, to display, and to label emotion, even as they learn how to link results of each to that of the other.

The literature raises some extremely poignant questions, to wit: How do firefighters deal with (manage) the dynamics of emotions on the emergency scene when engrossed in the highly stressful business of saving someone's life? The answer probably lies somewhere in their ability to maintain focus on the task at hand. This, of course, is commendable, but is it healthy?

**Expression Rules and Feeling Rules**

Another possibility to answering the question of how firefighters manage the intense dynamics of emotions presents itself in expression rules and feeling rules. Hochschild (1985) maintained that feeling rules are not simple yes-no norms. She described them as more like "zoning regulations" that demarcate how much of a given feeling, held in a given way, is crazy, unusual but understandable, normal, inappropriate, or almost inappropriate for a given social context. She further stated that feeling rules govern how deeply we should feel and for how long. According to a feeling rule, an individual can be off or on in timing, and, in the duration or intensity of a feeling. Thoits (1985) pointed out, people may also be "on" or "off" in the target of their feelings, as when a person feels romantic love for his or her psychotherapist, or fury at an infant. At the same time, most feeling rules leave room for certain lapses, departures, and ambivalences.

Feeling rules also establish zones that mark off degrees of appropriateness or understandability of a feeling. Hochschild (1985) maintained that individuals can visualize these zones by conceiving of emotion lines dividing these zones. She defined an "emotion line" as an imaginable series of emotional reactions to a series of instigating events.
Coping Constructs/Individual Coping Skills

Research conducted by Mitchell (1992) pointed out that three factors foster the myth that emergency workers (firefighters) were immune to stress. The factors can be summarized as follows:

The Public: Emergency workers are viewed as "saviors" and the public does not wish to view the emergency worker as vulnerable.

Emergency workers themselves: Feelings that they must live up to the image, the macho mystique, and that they have fears of losing control.

Leadership: Fire chiefs, emergency medical and hospital administrators who came through the ranks when no assistance was available and/or the impacts of trauma induced, secondary victimization were not recognized (p. 63).

Barnett-Queen and Bergmann (1990) stressed that it is important not to confuse those events that cause stress (stressors) and traumatic events (trauma). The authors pointed out that although some personnel may experience stress responses after long periods of stress, most personnel have adequate coping skills to manage the symptoms associated with stressors. On the other hand, the authors found that almost every emergency worker will experience the impact of a traumatic event and that the individual's coping skills are often inadequate in managing these events. The authors concluded that it is possible to manage stress, but trauma tends to manage the emergency worker (in this research the firefighter) causing potentially life-disturbing changes.

Keefe (1988) explained that the term cope was derived from the Greek kolaptein, to strike, and Old French, coup, a blow or stroke. Webster's dictionary defines the term as denoting control and contending successfully. The vast repertoire of human responses to
stress and a person's ability to modify the environment in response to stress are not merely individual behaviors but are products of social life and culture.

Coping refers to cognitive and behavioral efforts to master, reduce, or tolerate the internal and or external demands that are created by the stressful transaction (Folkman & Lazarus, 1980; Lazarus & Launier, 1978). Folkman (1984) found that an important feature of that definition was that coping was defined independently of its outcome. That is, coping refers to efforts to manage demands, regardless of the success of those efforts.

According to Lazarus and Folkman (1984) coping strategies consist of behavioral attempts to manage specific situational demands which are appraised as taxing or exceeding one's ability to adapt. Coping efforts may be directed at the demands themselves (problem-focused strategies) or as the emotional reactions which often accompany those demands (emotion-focused strategies). Menaghan (1983) observed that most investigators assume that people high in self-esteem or perceived control are more likely to use active, problem-focused coping responses while those with low self-esteem or with low perceived control utilize the more passive or avoidant emotion-focused coping.

Taylor (1983) observed that one of the most impressive qualities of the human psyche is its ability to withstand severe personal tragedy successfully. Despite serious setbacks such as personal illness or the death of a family member, the majority of people facing such blows achieve a quality of life or level of happiness equivalent to or even exceeding their prior level of satisfaction. Silver and Wortman (1980) pointed out that not everyone readjusts, but most do, and, furthermore, these authors found that they do so substantially on their own. Research conducted by Wills (1982) noted that people typically do not seek professional help in dealing with personal problems. They use their social networks and individual resources, and their apparent cure rate, according to self-reports of satisfaction, is impressive even by mental health professional standards. Utilizing research conducted on populations suffering from personal tragedies (primary
victim) and comparing it with the secondary victimization of the firefighter population, it could probably be concluded that the emotional/mental trauma experienced by these helping professionals and volunteers would also be episodic rather than cumulative and transient in the majority of cases.

Thoits (1994) in an analysis of previous research surmized that the implicit message in these studies tended to be overlooked or, when acknowledged, was often treated as a threat to validity in stress research. That message was that people purposefully engage in problem-solving and/or actively reconstructing the meaning of their life experiences in order to sustain their sense of self-worth and alleviate anxiety or tension. This observation has several important implications. First, not all negative events will have negative consequences, and, second, that people are changing and changeable and thus less predictable than is typically assumed.

According to Bandura (1982) self-efficacy concerns self-percepts or judgments about how effectively one can execute necessary actions in the face of specific situations. He further postulated that perceptions of self-efficacy are hypothesized to affect how much effort people will expend and how long they will persist in the face of obstacles or aversive experiences. Mueller (1990) posited that self-efficacy judgments also mediate the quality of one's emotional reaction. Those who have low estimations of their own efficacy tend to make internal attributions for failure and experience high levels of anxiety and depression.

Mueller (1990) stated that people with high self-efficacy beliefs avoid self-denigrating attributions and experience less anxiety and depression. These findings speak to the roles that experience and training play in the firefighters ability to withstand the impacts of secondary traumatization. As the firefighter gains greater skill levels via emergency scene experience, he/she develops greater confidence in his/her abilities to make the right judgments and perform efficiently. Therefore, the self-efficacy of the individual increases.
Continuing education and training in the performance of required skills also would serve to enhance self-efficacy.

Folkman (1984) affirmed that the cognitive theory of stress and coping was relational and process oriented. The relational characteristic is evident in the definition of stress as a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her well-being. This relational definition distinguished this theory from those approaches in which stress is defined as a stimulus (i.e., a stressor), such as a drowning or fire-related death; as a product of intrapsychic conflict centering on the person's needs, motives, impulses, or beliefs; or as a response, such as physiological arousal or subjective distress. Folkman (1984) found stress to be a particular relationship between the person and the environment.

Process orientation has two meanings as it relates to the cognitive theory of stress. First of all, the person and the environment are in a dynamic relationship that is constantly changing, and, second, that this relationship is bidirectional with the person and the environment each acting on the other. The relational and process-oriented aspects of this formulation have important implications in this theory regarding the manner in which beliefs about and appraisals of personal control are to be considered. Folkman (1984) explained that the relational perspective meant that control must be viewed in the particular person-environment relationship in which it is embedded. In this theory the meaning of an event is determined by cognitive appraisal processes. There are two major forms of appraisal: primary appraisal, through which the person evaluates the significance of a specific transaction with respect to well-being, and secondary appraisal, through which the person evaluates coping resources and options. Primary and secondary appraisal converge to shape the meaning of every encounter. Folkman (1984) explained primary appraisal as the process in which judgments are made as to whether a transaction (event) is irrelevant, benign-positive, or stressful. An appraisal that a transaction is
irrelevant is a judgment that it has no significance for well-being, and a benign-positive appraisal indicates that a transaction (event) does not tax or exceed the person's resources and signals only positive consequences. Folkman pointed out that stressful appraisals such as harm/loss, threat, or challenge hold particular interest. Harm/loss refers to injury or damage already done, as in loss of a limb, damage to a friendship, or loss of self-esteem. Threat refers to a potential for harm or loss and challenge to an opportunity for growth, mastery, or gain. Harm, loss and threat appraisals are characterized by negative emotions, such as anger, fear, or resentment, whereas challenge appraisals are characterized by pleasurable emotions, such as excitement and eagerness.

The primary appraisal, whether harm/loss, threat, or challenge, is shaped by a variety of person and situation factors. Folkman (1984) felt that among the most important person factors are beliefs and commitments. Beliefs were defined as preexisting notions about reality that serve the individual as a perceptual lens or a set to use the term preferred by perception psychologists (Wrubel, Benner, & Lazarus, 1981). These beliefs determine how things are in a given person-environment transaction. Generalized beliefs regarding control, which concern the extent to which individuals assume they can control outcomes of importance, are among those beliefs that influence primary appraisal. The most highly recognizable example of those beliefs is Rotter's (1966) concept of internal versus external locus of control. An internal locus of control refers to the conviction that events are contingent upon one's own behavior, and an external locus of control refers to the conviction that events are not contingent upon one's actions but rather upon luck, chance, fate, or powerful others.

Folkman (1984) referred to secondary appraisal as the evaluation of coping resources and options. It addresses the question "What can I do?" and becomes critical when there is a primary appraisal of harm, loss, threat, or challenge. In the secondary appraisal,
coping resources, which include physical, social, psychological, and material assets, are evaluated with respect to the demands of the situation. Examples of physical resources would include a person's health, energy, and stamina. Social resources represent the individual's social network and support systems, from which can be drawn information, tangible assistance, and emotional support (Shaefer, Coyne, & Lazarus, 1982). Psychological resources include beliefs that can be drawn upon to sustain hope, skills for problem solving, self-esteem, and morale. Material resources refer to tangibles such as money, tools, and equipment.

Situational appraisals of control are part of secondary appraisal. They refer to the person's judgment or belief about the possibilities for control in a specific encounter. They are products of the individual's evaluations of the demands of the situation, on the one hand, and his/her coping resources and options and ability to implement the needed coping strategies on the other (Folkman, 1984). Regarding the latter, situational appraisals of control parallel Bandura's (1977) concepts of outcome expectancy, which is the conviction that one can successfully execute the strategy required to produce the outcome.

Taylor (1983) posited that cognitive adaptation to stressful events might be more effectively characterized from a salutogenic, developmental perspective rather than being presumed pathognomonic of psychopathological risk. A vigorous and productive line of empirical research emerging since that time has affirmed and refined these propositions, and they have begun to meld into a alternative, more discernible, and testable construction of the operation of such stressors in both individual and collective adjustment to negative events (Taylor, 1991). More importantly perhaps, it reflects the long-standing conventional wisdom that adversity is not uniformly threatening but can provide the challenge from which character and resilience are built.
Gist and Woodall (1995) placed this into perspective by recalling the remarks of a retired battalion chief introduced to his agency's stress guy and told how it was a shame that such a fellow hadn't been available when the retiree had been seriously injured on the job some years before. The retiree retorted that there certainly had been such folks: "We used to call them captains and chiefs" (p.776).

The point best made and best remembered remains, perhaps, simply that psychologists can certainly help captains and chiefs do their work more effectively, but it remains the work of captains and chiefs to do. Two seemingly paradoxical invectives can be balanced to make that relationship effective. First, of course, it may be said that "good fences make good neighbors." Psychologists who want to play firefighter and firefighters who want to play psychologist are both dangers to self and others; social movement gurus who grandiosely overstate their quite limited claims to either status as if a resolution to the boundaries between them are a danger to everyone. Secondly, though, organizations can learn to talk constructively over the fence if they are to have science supersede shamanism and showmanship in building the health, safety, and service of the enterprise whose missions these communities so proudly share (Gist & Woodall, 1995).

The research explored what feeling rules firefighters utilize, the coping strategies and coping skills employed, the role that social support plays, and the toll that their vital emotion work takes in the processing of primary and secondary victim traumatization.
CHAPTER 3
METHODOLOGY

Purpose

The purpose of this study was to explore the circumstances, viewpoints, and feelings of a sample of fire fighters to determine emotions experienced and how these emotions are managed.

The in-depth interview and interpretation methodology was employed to answer the following research questions:

1. What emotions do firefighters commonly experience in critical emergency situations?
2. What emergency situation circumstances commonly elicit those emotions?
3. How are those emotions managed?
4. What are some of the typical emotion management strategies utilized?

Research Design

The research design was based on ethnography. Wallen and Fraenkel (1991) described ethnography as a researcher studying an intact cultural group in a natural setting during a prolonged period of time by primarily collecting, observational data. The research process is flexible and typically evolves contextually in response to the lived realities encountered in the field setting (Grant & Fine, 1992).

Wax (1971) observed that in many respects ethnography is the most basic form of social research. Not only does it have a very long history but it also bears a close resemblance to the routine ways in which people make sense of the world in everyday life.

Hughes (1992) pointed out that in its original usage, the term ethnography was applied to a localized group of people who shared many similar social and cultural characteristics.
Usually members of this group had a strong sense of solidarity with each other, based on common factors of language, residence, social relationships, and religious and political beliefs and practices. Morse (1994) observed that an ethnography focuses on a group of people who have something in common; participants in an ethnography may share a worksite, a lifestyle, a nursing home, or a management philosophy.

Agar (1980) offered a more specific definition of ethnography. Agar noted that ethnography is both process and product. Further, as a product, an ethnography is usually a book. The focus of the book is on a particular social group, and the discussion is fairly broad. Agar (1980) further explained that an ethnography will contain some history, information regarding the environment (physical, biological, and social) and some detail on the things that the group does, and, finally, information regarding the group's beliefs and values.

The reflexive character of ethnography implies that the research is a part of the world she or he studies and is affected by (Morse, 1994). Hammersley and Atkinson (1983) explained this reflexivity can be considered as the distinction between science and common sense, between the activities of the researcher and those of the researched. Ethnography as a process always consists partly of participant observation and partly of conversation or interview (Werner & Schoepfle, 1987).

Population and Sample

The identified research population was comprised of professional firefighters, currently working within the industry, from as many diverse geographical environments as time and expense would afford.

A total of thirteen interviews were gathered over the course of this two year study. The National Fire Academy, housed within the National Emergency Training Center, Emmitsburg, Maryland, provided a unique opportunity to interview firefighters from all over the United States and other countries. The academy represented a veritable gold
mine of data just waiting to be mined. When requesting interviews from potential subjects, the only consideration was geography. In order to be truly representative of the United States, every attempt was made to represent each region of the country with at least one interview.

The New York Fire Department represents the Mecca of the fire service to many professional and volunteer firefighters. When considering a work of this magnitude, this researcher felt compelled to seek data from this rich source. Rather than attempt to cover too much ground too quickly, this ethnographer chose to spend the entire stay at one fire house, 252 Engine, Central and Decatur Ave., the Bushwick area of Brooklyn. These gracious brothers allowed the researcher to move in, work, eat, joke, gab, and learn about their work.

Procedures

Whenever interviews are conducted that could potentially illicit some strong emotional reactions on the part of participants, it is imperative that this potentiality be addressed in writing prior to conducting any research: of course this was addressed. Further, clients were informed about the amount of time their participation would require, the long-term status of the collected data, why they were being interviewed, and by whom. This form further explained that the participant would receive no remuneration for participating in the study at any point, and that should they choose to they could eliminate themselves at any time from the study. In the event that the interview elicited any emotional responses that the participant wished to talk about, this researcher, a clinical professional counselor, provided them with a phone number with which to contact me on a 24 hour, seven day a week basis. Confidentiality was addressed. However, all of the participants actually chose to have their names utilized in the study. Two copies of the Informed Consent Form were then presented for the participant to sign (one for the participant, one for the study). All of these considerations can be found in Appendix A: Informed Consent Form.
Instrumentation

The interview consisted of gathering basic demographic information from the participant and then facilitating a taped conversation with the subject centering around the interview questions found in Appendix B: Interview Questions.

The interview data was later transcribed and the data was utilized in both the telling of the firefighter's story and also to further examine the emotional work lives of these fire service professionals. This was accomplished by utilizing the narrative to lay a conceptual foundation and referring back to the literature review to add clinical and academic validity to data.

Assumptions and Limitations

It is commonly accepted that no experiment can be perfectly controlled, and no measuring instrument can be perfectly calibrated. When the measurement is nonqualitative, this reservation may amount to no more than the acknowledgement that accuracy is limited. A measurement procedure is said to have instrumental validity (also referred to as pragmatic and criterion validity) if it can be shown that observations match those generated by an alternative procedure that is itself accepted, such as earlier research conducted by Woodall (1994) and Gist and Woodall (1995). In most cases demonstrating the validity of a measurement against a criterion is essentially unproblematic.

Sixteen years as a student of fire sciences, professional and reserve firefighter, instructor of fire sciences (in both professional and volunteer circles), and fire related consulting serve as the foundation for the immersion of this researcher into the fire department culture. Teaching, working and studying fire related issues nationwide have afforded this researcher with a multitude of rich experiences in the world being examined. These experiential opportunities have allowed the researcher to enter into rich and rewarding fire service friendships from coast to coast in this country and even in Australia. It is from these relationships and experiences that the data was drawn. It is from these
brave individuals' deep well of knowledge and emotion that we will drink.

A large number of the interviews in this work are from colleagues in the Executive Fire Officer Program offered at the National Fire Academy, Emmitsburg, Maryland. For two weeks a year, four years in a row, this researcher had the pleasure and honor of working, playing, growing, and learning with some of the most outstanding fire service personnel in the world. During this process several in-depth, candid interviews with these brave public servants were granted.

Additionally, interviews were conducted in the Greater Phoenix, Arizona area and during a brief but extremely rewarding four day, around the clock, ride along with America's Bravest, the New York City Fire Department, 252 Engine, Brooklyn.

Limitations of this study would include;

Relatively small sample size.

Only male firefighters were utilized; the female perspective was neglected.

All participants had between 6 and 23 years of experience; the perspective of the inexperienced was neglected.

All but two of the participants were ranking officers.

Some technical difficulties led to the inability to utilize three interviews.

Method of Analysis

After the interviews were transcribed, they were read, re-read and then the responses were categorized according to how their content met the query of each research question. The interview questions were specifically designed in conjunction with the research questions in an effort to receive clear, concise, and in-depth responses.
CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

Findings and Results

As can be noted in the following excerpts, the emergencies having the greatest impacts and eliciting the most intense emotion in the sample group were those in which the fire fighter almost immediately made a tie, a connection with the victim and a person (usually their child, significant other, or parent) close to them in their personal life.

Statements such as:

"All I could see was my own daughter,"

"She was the same age as my daughter and had an identical outfit,"

"He was approximately the same age as my father,"

poignantly demonstrate how readily we attempt to connect new input with our existing knowledge in an effort to understand. However, one could theorize that it is at this juncture that the emergency worker becomes most vulnerable, or as some may theorize, open for an emotional growth experience. Whichever the case may be, by connecting the workplace tragedy with a highly personal, intensely important schema, the fire fighter has all but guaranteed that the event will become a life long memory. This is not to say that forgetting, and even memory suppression is a recommendation, only that by personalizing the event, the event becomes personal. This personalization is demonstrated by the emotional ties that are almost instantaneously constructed during efforts to save a child. Statements such as:

"I could not turn loose of it,"

"I had this emotional tie with this child and could not cut loose,"

serve to demonstrate just how rapidly and intense these victim/rescuer bonds are formed.
It is probably of little surprise, that the senseless deaths of children bring forth the most intense emotions from firefighters. This phenomenon would probably hold true across the entire strata of our population. What would the public think of firefighters if this were not the case? However, it is the senseless piece of the equation, at least in this sample, that intensifies the emotions, making them even more difficult to assimilate.

Emotions Experienced

"You never forget your first kiss."

Firefighter Woody McHale
252 Engine
NYFD, Brooklyn

"It was two o'clock in the afternoon. We were setting around practicing some pay sheet procedures, when we got a run, first due and as soon as we turned the corner on Bushwick Avenue we saw a pillar of smoke pushing. This was a 1075 which is a signal for an occupied structure working fire. There were scads of people in the streets already and just as we received the radio alert for the 1075 when the second engine company came on the air, telling us that they were in. We were assigned first due but they beat us in. I happened to be driving that day, so my view was extremely good out the front of the rig. There was a lot of fire, a basement fire, just a little below street level, with a lot of smoke pushing. I made my hook-ups to the engine and made sure the other line, the first due line was also ready to go. I waited for a short period and then started an extra line to the front of the building for the other responding companies who were somehow delayed."

"That particular fire produced four 1045's. A 1045 is a radio ten code for the emergency room and there are three codes; one, two and three. One is dead, two is serious injuries, close to death, and three is minor injuries. So we had four 1045 code ones, people were all dead and you know, I never had a more intense fire than that. We had an infant, a mother, a grandmother, and another gentleman who were in the fire, the
other less severely injured occupants were on the top floor. It was tough 'cause we were there for a long time. It was tough 'cause I saw a friend of mine from another squad running out with burned arms looking for help. This guy running out was three or four years younger than me and has a wife and four children. I could image what he was feeling. I was wondering if we got there fast enough. I was wondering if we did enough. I was wondering, you know, you always wonder in those moments. Someone puts on a pair of blue jeans and a blue T-shirt in the morning and everything is great and by the end of the day you might be dead in those very same clothes. That was an awkward one. That was an awkward one. I remember it like it was yesterday. It was tough seeing that kid come runnin' out of the building, someone I know very well, running.

"Mike's a pretty strong guy, but it sends you thinking, thinking a lot. You wonder what he musta' been thinking about then. I mean feeling he got out but was it too late. That job stands out in my mind. Multiple deaths you know."

"Another job comes to my mind. A drunk driver T-bones a young girl, early twenties. We got her out but just before we put her in the ambulance she gasped for her last breath. I heard the soul come out of her. She was dead when I heard that come out of her mouth. I will always remember that. You never forget your first kiss, right?

"If you are not the lead sled dog the scenery never changes"

District Chief Philip Morgans
Tulsa Fire Department
Tulsa, Oklahoma

"We strive for excellence in my district. One hundred percent. One hundred percent. We are gonna' work together, we're gonna' make it fun and we're gonna' enjoy it."

"We lost a child in a house fire and the parents were screaming at us and beating us on the back to put water on the fire. They didn't understand why we weren't putting water in the
front door and were jumping in the window in the back of the house, where there wasn't any flames coming out. We were working short handed that night and I jumped through the window to try and get him out before we put water on the fire and I tore the hose off my breathing apparatus. I went as far as I could go, but couldn't get him out. My back-up firefighter was right behind me, so he came in and I went out. I was within inches of him, inches. My back-up got him out without even being burned and he was, well, he was overcome, but we still lost him. The parents couldn't deal with the fact that we weren't putting water on the fire and were constantly yelling and grabbing at our backs as we prepared to go in. That was a big factor in adding to the stresses that caused me to have the loss of feelings that I had for a while. That bothered me and it got to the point where I didn't want to do the drop pit, in other words, I didn't want to be the last one. That is real unhealthy when you work at one of the busiest stations in town."

"My station also made the Wendy's shooting. That was my station and my shift."

[Relating on the experience of being first-in on a mass casualty restaurant shooting].

"We had people lying everywhere. In fact, we had two people lying in the restaurant that we didn't even find, but fortunately none of them were dead. They were shot all over, but they were not dead. There was blood everywhere. One of the real tragedies was that one of the firefighters that was first on the scene had suffered a gunshot wound previously and he was re-living his previous experience."

"Johnny Gage and Roy Desoto" Squad 51

Scott Kohler, Fire Chief
Island County Fire District
Camano Island, Washington

"The things that I remember have been the positive things. You know, I think we are a very, very aggressive department and we knew when we made a good stop. It was high-
fives and war stories for the next three days and everybody was up and the morale was
great. Those are the things that stick out in my mind."

"In particular, I remember clearing an auto accident one day and going to another one
that was two or three blocks away and finding a single car MVA (accident) in which an
elderly man lost control of his car and hit a stone fence. It turned out that he hit the fence
because he had gone into cardiac arrest. We were on the scene with him in like 30
seconds. It was just around the corner. We were on the scene immediately. I remember
my partner yelling that we had a code (no heartbeat, no respirations) in the car. I was the
paramedic on this crew so I grabbed the stuff and ran over, and sure enough this guy's in
cardiac arrest. This was prior to the days of early defibrillation, so my partner and I did
some quick CPR (cardio-pulmonary resuscitation) and at that point I whipped the paddles
out. The guy was down and his rhythm was V-Fib (ventricular defibrillation) so I shocked
him and well, actually, he converted but we had no pulses so we continued to work (CPR)
him. Another Engine Company and an ambulance had arrived in the mean time and I
remember working this guy and getting him back. It was the complete Roy and Johnny
stuff."

"It was great. When we had finished and we loaded him in the back of the ambulance,
I realized that there was about 200 people standing behind us at the Catholic school and
they all applauded and cheered. It was phenomenal! To me, that was the one medical call
that sticks out in my mind, probably the greatest. You know, those are the things that
stick out in my mind. There are other medical calls that I've been on. I just feel good
about what I've done for over the 22 years of my career but this one is, to this day, I
remember--I mean, not realizing there were folks around us. Gosh, there were 200 to
300 people all standing there and some body yelled, "How is he?, and one of the guys off
of the Engine Company gave the crowd a thumbs up and they all applauded. Talk about
an adrenalin rush. If we could get that kind of rush every day."
Author/Researcher Notes: Johnny Gage and Roy DeSoto portrayed first generation fire department paramedics in a 1960's television series; "Squad 51". This television series is frequently referred to by those of us in the fire service as we describe our experiences in emergency medical services.

"Visitors in the Night"

Division Chief Carl Rogers
Midland Fire Department
Midland Texas

"One incident really has had an impact on me. The call came out as a child choking. When my partner and I got there we found a six-month old infant that was choking on a piece of apple. As it turned out, the parents had left this child with a 12-year old babysitter. She had given the child the piece of apple, you know being just twelve, she didn't realize that this baby couldn't chew it up and swallow it. When the baby had attempted to swallow the apple it blocked the airway. The baby was not breathing and had no pulse when we arrived. It has taken me years to get to where I can talk about this. I literally sucked the apple out of the baby's mouth and into my own mouth. This opened the airway, and I spit the apple of the floorboard of the ambulance. I was riding in the front seat as we headed to the emergency room and I'm doing CPR on this baby. Another problem that I had was that I had a daughter the exact same age and when I would open my eyes to watch what I was doing, all I could see was my own daughter, but, of course, I continued to do mouth-to-mouth CPR sitting in the front of this ambulance."

"When we finally got to the emergency room, they came out and opened the passenger side door to take the baby and I could not turn loose of it and I could not get out of the ambulance. Well they finally got the baby loose from me and I just got out of the ambulance and followed them in. They went to one of the treatment cubicles and I went straight down the hallway to the break room and I got a cup of coffee and I sat down and
I started drinking it. A short time after, the doctor came in to ask me some questions and I couldn't talk. I literally could not talk, and this kinda' scared me. I thought, this is the end of my career, I'm done. So they kept me there for two hours, and I finally got to where I could talk. It is still kinda' hard to talk about, but I can now talk about it. I've had a lot of visitors in the night (dreams), a lot of them would come back. I wouldn't say they come back to haunt me. They came back to remind me of just how fragile the human body is and to keep me aware of that. You can be gone in a second, in the next heart beat, you can be gone and you don't have any control over it."

"Go get em', go hold em', do something!"

Assistant Chief Mike Burton
St. Petersburg Fire Department
St. Petersburg, Florida

"We were in the field as a first responder Engine Company (BLS, EMT level, Basic Life Support versus an ALS, Paramedic level, Advanced Life Support capabilities). We thought we were going to a difficulty in breathing emergency. The call turned out to be a pediatric drowning, so I didn't even have the time to adjust my mind-set. I had worked as a paramedic (ALS) for a number of years, but when I got promoted I moved to an Engine Company. You must understand that in a town of retirees it is not unusual for us to respond to difficulty in breathing emergencies."

"We walked up to the front door and the lady opened the front door and handed me this child. You know, kinda' like, here you go. My first thought to myself was; well kid, you better do your thing, because we have to go to work. Well the ALS crew finally arrived and we got everything going. We got a pulse back, but I did not get respirations back, and when it came down to time to transport, I had established an emotional tie with this child and I couldn't cut loose. She was the same age as my daughter, had on an identical outfit to one of my daughter's, and to compound matters we were also preparing
to install a pool at our house. Everything just came together, and I could not separate myself from this little girl. I told my crew that I was going to the hospital with her and that I would call them when I was ready to be picked up."

About three hours later, I was wandering the floors of the hospital. I mean, that I just had no idea where I was, what I was doing. I had nothing. Eventually, I ran into another fire department crew, that kinda' caught me and snapped me out of it. I called home and said, Go check on the kids. My wife replied, "They're fine." Then I got very angry and said I don't want to hear that they're fine! Go get 'em, go hold 'em, do something! She couldn't figure this out; she was very confused. Stupid me, I went back to work and finished out the shift. Then returned the next day and did the whole gig all over again. When I finally returned to the station, the crew wanted to know where I had been. I told them that I was just doing some patient follow-up, staying tuned to what was going on. A big part of me wishes that I would have, but I didn't. I wish I would have."

"Finally, I did talk to my wife about it, but I never did talk to any mental health professionals about it because that wasn't an option at the time. We did debate getting the pool for a while after this, but we eventually did. It did change the manner in which we dealt with the pool once we did get it."

"Seen the carnage long enough"

Fire Chief Rick Martinez
American River Fire District
Sacramento, California

"Roughly six or seven years ago, maybe seven, I had, as we all do, a number of emergency incidents that were somewhat gruesome and have an effect on you. I think a lot of us do not even acknowledge them. We kind of blow them off. Two of these incidents, in particular, stick out in my mind. They both involved young people, between 20 to 30 years of age. One was a double homicide/suicide and the other was a multiple
fatality auto accident. These two incidents seemed to bring back a number of incidents in the past. They were very close together in time, and it was at this time that I realized that I had seen the carnage long enough. I was just tired of everything and had to get away from it. At this point I moved to a 40 hour per week, day position, within the Fire Department that involved administrative, non-emergency response work. I knew, most definitely, that the auto accident involving two young girls, in their 20's was the final straw. One of the girls was killed instantly, and the other died later. I didn't know this when we arrived on the scene, but I knew it when I left there. The night of this accident I was a Captain on one of the responding Engine Companies, and we were all asked how we were doing and, of course, we all said we were fine."

"On the night of the double homicide, suicide, the same thing happened. Again, I totally denied the impact that this call had on me and when asked, told them that I was fine. It wasn't until I had been going to school a lot and working real hard, sometimes I worked 14 day stretches without a day off, that I started to realize the impacts. To compound the problem, we had a lot of stuff going on at work at the time. In March of 1995, the department terminated a probationary employee, who was a recruit of mine and he subsequently killed himself. Right after that, our Technical Rescue Team (TRT), of which I am a member, was dispatched to the Oklahoma City bombing by FEMA (Federal Emergency Management Agency. When I returned from Oklahoma City, I realized that the bombing had brought back a lot of other things that I hadn't dealt with.

"There's an innate unfairness to that"

Captain Leonard Lowen
West Bloomfield Fire Service
West Bloomfield, Michigan

"We had an automobile accident some time ago where a drunk driver collided with a family. There was a mother, father, a three-year old, a two-year old, and an infant in one
car and the drunk in the other. The mother was dead upon our arrival, and the infant was lying in the middle of the street. The three-year old and the two-year old were still in the back seat. The two-year old was injured but alert and really scared, screaming and crying but you could tell that the three-year old was really hurt because he wasn't saying anything. You could just tell that there was something seriously wrong with him. The drunk was okay, of course, and he was yelling and screaming. There was nothing wrong with him. It's amazing but it's the drunks that never get hurt. There is an innate unfairness to that. You ask yourself. Why did this happen? In this case the infant did live but suffered a severe head injury and is in a vegetative state. The three-year old died. The father lived but his leg was so severely broken that he missed two years of work, two years it was so bad. The drunk that hit them had no real injuries at all. I mean, it's something that just makes you sick. My problem with this particular person was that this was the second time that he had been drunk and involved in an fatality accident. It makes me really angry."

"Another incident comes to mind. This one involved a woman attempting to commit suicide. It turned out that this was her fourth or fifth attempt. This time she decided to use set her house on fire and got into the bathtub. Her suicide didn't particularly bother me but the fact that she had two of her children in the house with her. We got them all out but she later died. I mean, to me, that is real senseless, the whole circumstance is real senseless. If she wanted to die, well okay but don't take the children too."

"I think that the worst one that a person in the fire service receives is their very first one because many have never really met death."

"There's been other tragedies, but I never lost any sleep over them"

Chris Kotter, Fire Chief
Summit Fire Department
Summit, New Jersey
"I'll share one with you because I think it's probably at the core of what this is all about. I've had an number of incidents that didn't bother me, but I think the accumulation of them coupled with the personal tragedy of having my father pass away took its toll. My father died unexpectedly and very suddenly. That's tough to deal with. Of course, I was deeply involved in that so the stage was set. Shortly after that, there was a two-story fire and there was this guy on the second floor who was unresponsive, and we couldn't revive him and later in the day it affected me. This was probably because he was approximately the same age as my father, but I didn't recognize this as a contributing factor at the time. For instance, if that had been a small child I would have just been doing my job. So I was very shook up by that event, and it took a couple of days. You know, I was talking to some people about it, a support group, and this was helpful because basically someone can help and tell you what is going on and help you deal with it. It can't be the same as losing my father, but it brought out some feelings. There's been other tragedies, but I never lost any sleep over them. But this case, I did lose sleep. On the surface there wasn't anything unusual about the fire and the fatality, but I think it just shook the door open. I was able to talk to some people about it, and they were very helpful and it helped me resolve some issues that had been building up. I haven't had any real problems with it since."

"I remember her name."

Lieutenant Dan Rella
252 Engine
NYFD, Brooklyn

"There's this one, I remember her name. I remember we got called at five o'clock in the morning. She had severe asthma and she was twelve years old. When we arrived, she wasn't breathing so we did CPR, but she passed away. You know, a twelve year old girl's life, gone. A young girls that didn't have a chance to live life, that bothered me. That was about four or five years ago, and I still remember it. You just don't realize just how bad
asthma can be. We have recently started responding on EMS (emergency medical services) calls in the NYFD and every time we get a call for kids, the call I'm telling you about comes to my mind. I'm always hoping that it's not too serious because that makes it a lot more difficult."

"If you're feeling some emotions from what happened on a call, they [sic] tell you the best thing to do is to look at it from a different perspective; you did the best that you could. It's like a priest trying to explain why a young person died, you know, you just play it by ear. I just play it by ear and take it one day at a time. The next day's another day. It bothers me but that's how life goes."

**Interpretation**

When looking to these interview excerpts in an effort to determine what types of emergency situations elicit intense emotions in firefighters, it is imperative that the emotional bridge between the helping professional's personal and work lives be examined and taken into consideration. Humans continuously process incoming data by locating and accessing existing files in which to place it, give the data (information) depth and assign meaning to it. This is best explained in Piaget's Schemata formation, assimilation and, accommodation learning theory. The incoming data either fits neatly into existing schema (assimilation) or the schemata must be modified somewhat in order to accommodate this new information. This process, of course, points out that it is but next to impossible to separate the work-life from the home-life.

**Emotions Managed**

When examining the emotions that emergency incidents elicit in firefighters, the link with Hochschild's (1983) emotional labor requires further examination. Hochschild contended that the emotions of workers become commodified when these acts are sold for a wage and are thereby estranged from the individual. It appears true that the emotions of a firefighter are commodified to the extent that they are paid to control their emotions in
the completion of emergency tasks. However, one must argue (question) whether the emotions elicited by secondary trauma exposure are in fact the same emotions that they have contracted to control. If firefighters are in fact paid to control (manage) their emotions in the interest of efficient and professional customer service, who, in fact, owns them at the completion of the emergency task? It becomes a matter of benefit and burden. The firefighter has superficially sold his or her emotions, but seemingly only for a short time because upon completion of the task, the remnants of the emotions remain the burden of the firefighter to manage and deal with. Should this theory hold water, management's role would include assisting the firefighter in the short and long range management of his or her emotions since, in fact, they (the citizens served by the agency) reaped the benefit. Of course, a great number of fire department administrators do recognize this responsibility and are extremely committed to assisting their members via Employee Assistance Programs, Chaplain Programs, Critical Incident Stress Debriefing and Management programs and an overall commitment to the implementation and utilization of Health and Wellness programs.

Turning to the literature, in an effort to clarify emotion management, it can be noted that one of the most impressive qualities of the human psyche is its ability to withstand severe personal tragedy successfully. Despite such serious personal setbacks such as personal illness or the death of a family member, the majority of people facing such blows achieve a quality of life, or level of happiness equivalent to, or even exceeding their prior level of satisfaction. Not everyone adjusts, but most do, and furthermore, they accomplish this readjustment substantially on their own. People do not typically seek professional help in dealing with personal problems. They use their social networks and individual resources, and their apparent cure rate, if self-reports of satisfaction are to be trusted, is impressive even by mental health professional standards (cf. Taylor, 1983; Silver and Wortman, 1980; and Wills, 1982).
The fact that firefighters will be exposed to critical incidents is understood and accepted. These exposures are not only avoidable in emergency work, they represent the very essence of the enterprise (helping people in dire need) and it is this assistance given to those in need that provides one of its primary vehicles for effective reward (cf. Gist & Obadal, 1994).

How is it that these individuals not only manage to maintain control when all around them is chaos? What is it that allows them to not only function but often flourish in an environment that would seem, to many, to be totally without sense or structure?

"Keep a clear head."

Firefighter Woody McHale
252 Engine, NYFD

"Even when somebody is hurt, I try to keep a clear head and remember what my job is. If I don't, somebody else will get hurt and maybe even killed. I wouldn't want it to be my fault. I've come to realize that on this job you're gonna' see tragedy, you're gonna' see death, you're gonna' see many unusual occurrences in this line of work."

"We had an incident where a firefighter passed away and two guys from our 252 Engine were there. I called both of them at the fire house they were at and told them to relax and that if they needed to talk about it the counseling unit was available. I think that I have a guardian angel sometimes. I just not being subjected to those type of things as much as the other guys."

"You don't look at them as people."

Captain Leonard Lowen
West Bloomfield Fire Service
West Bloomfield, Michigan

"I guess my coping mechanism is to not look at them as people. When you look at a person, who is dead, you go they're not a person. You try not to think about any inter-relationships such as family, children, parents, friends, etc." Because when you think of
their relationships, that's when you lose it. I think that's probably why kids are so difficult to take because you know that a kid has relationships, and you take that kid and you tie them to all their relationships and the relationships that you've had in your life."

"You can be touched by what you do, but you have to keep it in perspective. By that I mean that there's nothing I can do about the person that is already dead. I can have empathy with the events that surround us and know that it should not have happened. It's okay to hurt a little bit. It's probably better if you do, but to what degree? If you can't handle it, you've got to leave it at business. I can shed a tear for you, in the same sense that I can talk at your funeral, but my life would still go on."

"You also tune out on the scene, but normally when we come back to the fire house we talk about it. Talking seems to help relieve the stress of the situation. The men in the fire house are family, they're family. We live with one another. They're your family and you should be able to express family-type, personal feelings, to be shared only with family. Whenever we have something that's a bit nasty, we always sit down and we review it after the call. We talk about it and if need be we can call for some stress management assistance."

"Don't dwell on it"

Lieutenant Dan Rella
252 Engine, NYFD

"The one thing that I would like to change about myself is that I'm a pretty sensitive guy. In this job, it bothers me when I see a child hurt or burned. But for some reason adults don't bother me as much as children. With adult strangers, I do everything that I can and if it's not enough, I don't dwell on it. I don't go back and lose any sleep over it, but with the young kids it takes a while, I choke up. I've never gone to counseling or anything for it, but I felt that emotion. It's kinda a tough thing."
"Cost of doing business"

Scott Kohler, Fire Chief
Island County Fire District

"I honestly don't remember ever seeing anything that set me back. I mean the blood and guts were never pleasant, but it was the cost of doing business. I don't remember ever losing any sleep or feeling anything strange or being harassed by the memory of a call. I suppose that thinking that the trauma just went with the job was probably a coping mechanism. I have seen people that have had problems with calls and as we became more and more aware of CISD, I bought into that program, but I don't feel like I've got any baggage that I carry."

"It's not how you deal with it, but you need to deal with it."

Rick Martinez, Fire Chief
American River Fire District
Sacramento, California

"I don't think it was the Oklahoma City bombing entirely. I think that was what topped it off. However, I know that this (the stress) is a problem and that I should deal with it as opposed to letting it slide. When you know, you know. I think that it's really important for people to understand that a number of us, probably all of us, go through it, but we all go through it a little differently and we need to acknowledge it. It's okay to feel bad, sad, cry, or don't cry. But it's dealing with it that's important. Not how you deal with it, but you need to deal with it and acknowledge it. In Oklahoma City we had counselors and chaplains right there and of course I said that I'll wait until I get home. I actually felt pretty good. I didn't think I was being bothered by any of it. I think that my problem was mostly due to fatigue. When I finally got home, after a 12 hour trip, I broke down for like 20 minutes and then I made it home. But, it was still tough and go for three or four days.
Another aspect that made this incident bad was the eating and sleeping habits. When you take those aspects and add the incident and pile them all together, you're headed for trouble."

"Something's not right here."

Mike Burton, Assistant Chief
St. Petersburg Fire Department
St. Petersburg, Florida

"When I was working as the new lieutenant and attempting to deal with the drowning of the child and the emotional impact that it had on me, my wife wasn't even exposed to the concept of CISD. Additionally, our department wasn't actively participating in a CISD program. This may be hard to believe, but I returned to work that night and returned for another shift the next day. I have no idea why I worked because I was of no value to anybody. That would not happen again because my wife is now aware. She also has helped me with a spouse program, and we've been able to make a little bit of a difference and hopefully at the ground level of our organization. If we educate the families, even if the firefighter can't see it, maybe the family can say something's not right here. Because something was wrong in my case. I brought that one home."

Discussion

The subjects of this research have related several of the manners in which they manage emergency scene emotions. The interview excerpts mention coping and emotion management strategies such as;

keeping a clear head
not viewing the victims as people
talking their feeling over at the fire house after the call
not dwelling on it
writing their emotions off as the cost of doing business
crying
and educating supporting family members regarding critical incident stress and the
dynamics of secondary trauma exposure.

If this sample group is representative of firefighters across America, it is evident that
this is a population representative of a profession of highly dedicated individuals who
recognize that they are emotionally impacted by the duties they perform. However, this is
also a group who is unafraid to examine their emotions, acknowledge them, accept them,
and actively seek solutions to any of those emotions that complicate their lives and work
after the emergency is over.

Now that the on scene emotion management strategies have been addressed, it only
stands to reason that firefighters post incident emotion management strategies be further
delineated.

As firefighters actively seek their own solutions regarding the management of the
emotions that emergency services work elicits, they utilize their secondary appraisal skills.
There are two major forms of appraisal: primary appraisal, through which the person
evaluates the significance of a specific transaction with respect to well-being (utilized on
the emergency scene), and secondary appraisal, through which the person evaluates
coping resources and options (utilized after on-scene, emergency tasks are completed).
These forms of appraisal converge, shaping the meaning of every encounter (Folkman,
1984).

The resources available to the fire fighter include; support systems, values and beliefs,
and work relationships. It is at this post emergency juncture that firefighters begin to
assess (Hochschild, 1983)

the way they wish they felt
the way they tried to feel
the way they feel
the way they show what they feel, (p.7).

As the firefighter answers these questions, he/she begins to appraise and prioritize the available social support systems, apply existing values and beliefs to the current emotional state, and determine whether to utilize his personal social support system, or work relationship social support system.

Referring once again to the literature review chapter of this work, social support can be conceived as aid from significant others that is intended to meet the emotional or material needs of the individual (cf. Thoits, 1982). Emotional aid and instrumental aid are two functional aspects of social support. Prior research demonstrated that the possession of a confiding, intimate relationship with another person can buffer the individual against the impact of life stress in a very effective manner (cf. Brown & Harris, 1978; Eaton, 1978; Kessler & Essex, 1982; and Lowenthal & Haven, 1968).

It can be speculated that because of the importance of initial attachments, intimate relationships remain critical and are valued very highly because they are furnished by those who are loved (cf. Bowlby, 1980). Work relationships could also be included into Bowlby's findings. The fire service enjoys a closeness and intimacy that many professions do not share. It is within this family atmosphere that close relationships are fostered, respect is built, role-model/mentor relationships build reverence and respect as the firefighter establishes upward contacts.

"I'm not really a Virgin Mary type of guy."

Firefighter Woody McHale
252 Engine, NYFD

"I try to be a religious, but I'm not really a Virgin Mary type guy. I'm not one of those guys that doesn't go to church all year an then pops up at Christmas and Thanksgiving
either. I have believed for a long time that if you just live your life and don't hurt anybody and go out of your way to help people you'll be rewarded in some way. I think anybody who deliberately goes out of their way to hurt people or is vicious or mean will have to deal with that at some point. I try not to pick on the weak. I'm not insensitive to the sensitive and I'm not malicious."

"I feel comfortable when I'm with my friends. Certain people are friends that I can be very relaxed with. This may be strange, but I'm probably most comfortable being by myself."

"I rely on the support of my friends and the people here in the fire house more than a lot of guys. It's very casual, you sit down and talk with a guy that you usually work with. You can express yourself to different guys. You talk to different fellows about different things. You talk to one guy about a problem you might have with your girlfriend. You talk to another guy about a problem you might have with your father. You talk to yet another guy about a problem you might have with a neighbor. I don't go to one guy specifically for everything. It's just that certain guys understand things differently."

"I admire the guys I work with. Their ability to get things done. Whether it be putting out a fire, or working a collapse, or doing a search, or simply assisting someone who needs medical attention. Firemen don't give up. It's as simple as that! It seems as though the more difficult something is, the harder and better the fireman works."

"You have to have faith."

Phillip Morgans, District Chief
Tulsa Fire Department, Tulsa Oklahoma

"When speaking about my support systems, I've got to say, first of all, you've got to have faith. You have to believe in something bigger than you are. A God. I'm a Deacon in the Methodist Church. I try my best not to take my job home. My support mechanism
comes from within. We utilize one another at work as a sounding board."

"I think that we ought to help one another and that anything that you would take from you somebody, you're gonna' loose ten fold. Anything you give him, you're gonna' get back ten fold. So it's better to give a dollar than take a dollar."

"My greatest support system is work"

Scott Kohler, Fire Chief
Camano Island Fire District, Camano Island, Washington

"Probably my greatest support is work. We just feed off each other and get each other all charged up. If I make a mistake, they kinda' follow the same philosophy I do. You make a mistake, it's an educational opportunity and try to be real open about it and be very supportive."

"I've been married for nine years. My wife can be supportive some days, and other days she becomes very frustrated with my job. My family, my mom, my dad, and my brothers and sisters have always been very supportive of my career. I really rely on that."

"Family is always tops"

Division Chief Carl Rogers
Midland Fire Department, Midland, Texas

"Family is always tops. Family is number one for me, it always has been. My family ties have always been real close. Some of my family we don't get to see but once a year because we're scattered all over Texas and that's not like being scattered all over Rhode Island. But family has always been number one and my security is my family. If something were to happen to me I want them to be taken care of, where they won't have to struggle to make ends meet."

"We're also involved in the church. Trying to keep the kids in and keep them active.
Hopefully we're raising our kids right. One of the biggest fears I have is what could happen to your kids. The things they can get into. You just hope that you're doing a good enough job."

"Life's too serious to take so seriously"

Mike Burton, Assistant Chief
St. Petersburg Fire Department, St. Petersburg, Florida

"The best support system I have is a terrific spouse. She knows an awful lot more about our fire department than a lot of our people do. She knows a lot of the players and their characteristics because she's a pretty good sounding board that doesn't always offer advice. This is good because there are a lot of times that I don't want advice. My wife kinda' talks and encourages me and helps me see myself through things."

"Within my work place, I've got a few, but not a lot of folks that I know I can go to and speak to at face value and say, this is not setting well with me, help me through it, just letting me talk. But, we can close the doors and I know I can talk and when we're done, I can open the door and I know that what we've talked about stays there. Those are valuable people, that's neat to have. There are times I wish that it was a bigger network, I'm not sure why."

"I take my work very seriously but I can turn it on and off. At times I have to remind myself not to be so serious at work and I will have to remind myself. I'll pull out an article that I wrote for a publication; life's too serious to take so seriously."

"A few people at work are the most supportive in my life"

Rick Martinez, Fire Chief
American River Fire District, Sacramento, California

"Unfortunately, I'm not terribly religious. I am Catholic but I don't practice my religion
at all any more. I have a couple people that work with me daily that I'm close to, and they are very supportive. They make sure that I get out of the office when I'm supposed to, and they're very helpful in a lot of ways. They keep people off my back. My family is supportive. They are not real happy with my schedule because there is not a lot of time. So actually a few people at work are the most important in my life."

"I help other people and feel good about it"

Captain Leonard Lowen
West Bloomfield Fire Service, Bloomfield, Michigan

"I think I learned as a very young child that I'm always willing to help other people. One of my wife's chief complaints about me is that I'm always willing to help other people, but I'm never willing to ask that the people help me. That's exactly what I do. I mean, if anybody needs help, I'm there. But I don't ask them to help me, and it's a fault and I know it. I like helping other people."

"My wife becomes frustrated when I have something I need to do and it's obvious that I could use some help but I won't call anyone. If I help other people and feel good about it, I do it because I'm satisfied myself, because I feel good about it. My wife and I are actually learning to understand each other better. We understand each other better now than we ever understood each other before. This is a strength that I draw on a lot more than I used to. We do more things together now than we used to. My wife is my best friend. In an emotional sense, I think I receive from the other people I work with."

"Listening to her has been a great help to me."

Chris Kotter, Fire Chief
Summit Fire Department, Summit, New Jersey

"Something bad happens at work, and it affects you. You don't want to take it home. You want to separate home and work. Recently, I have gotten better about sharing things
with my wife and she's gotten better at listening to things and giving pretty good advice too. This is something that's taken time, at least the last couple of years. She's learned a lot more about what I do at the fire house. Listening to her has been a great help to me.

"There is probably a small handful of folks in the fire department that I discuss things with, because they care enough. In the final analysis, there's probably only two or three people who understand me. The problem that I have to get used to is that nothing changes. Being Chief is real tough. You can't always change things. Maybe one or two folks truly understand what I'm going through."

"I would say I have some pretty strong values. I grew up in a Catholic School, going to church which is important to my family. These values help. I would like to think that my religious values guide me."

"I am probably most comfortable with family and close friends."

"This is my second family"

Lieutenant Dan Rella
252 Engine, NYFD

"My wife is my greatest source of support. We've been married for twenty-three years. I have a lovely wife, a hard working woman and I love her dearly. I've never had the need to talk to anyone else. I think that we both know that we are always going to be there for one another, so I always have that in the back of my mind. My wife and I have always joined together when working with and worrying about the kids. I've never really needed anyone else personally or any other way. When it comes to a lot of the guys here and are having a bad day at home they bring it to work with them. To me if I come into work it's a break from that, it's a nice relief. A lot of guys here don't have that. To me when I come to work this is my second family."

"I think that my greatest enjoyment in life is people. I mean it doesn't hurt to have my wife, someone by my side, and, of course, my kids to enjoy. But it's also nice to come to
work and have the guys. You can have all the money in the world but we have a real advantage. I have two families. Most people only have one."
CHAPTER 5
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The recognition of stress as a significant factor affecting firefighter health and safety no longer meets resistance within the fire service; nor are stress management programs denied. Stress and stress management programs have gone, in little more than a decade, from rarity in the fire service literature to frequency. Most of the interest, however has been focused on the critical incident stress debriefing intervention according to the Mitchell model. The Mitchell model intervenes at the individual level, assuming that certain emergency events, by their very nature, elicit stress reactions in firefighters and other emergency response personnel, without considering the individual's inherent or developed resiliency. No empirical validation of the Mitchell model has been furnished to date.

It is assumed that critical incident stress can only be mitigated through intervention at the individual level, by a certain series of steps, and conducted by trained individuals. Individual intervention does have a place on the continuum of stress related care; many other stress management skills are present in most firefighters.

Firefighters from all over the country were interviewed to discover their reactions to critical incidents, what type incidents elicited those reactions, and who they look to for support (i.e. spouses, significant others, religion, work relationships, etc.), and to demonstrate that firefighters develop emotional resiliency due to the nature of their profession.

The literature was examined in an effort to explore existing research regarding stress, emergency services stress, emotion management, coping skills, emotional control
strategies, and social and personal support systems. The literature provided insight on the currently popular and widely applied Mitchell model and organizationally-based stress management and mitigation programs.

Ethnography was selected as the methodology for this study. This particular research process provided a flexibility that would allow a closer examination of the emotional culture of the work world of firefighters.

Conclusions

The interviews revealed a group of men that are extremely dedicated to their profession, their fellow professionals, their work and home families, and faiths (whether religiously based or just simple faith in humanity).

Each individual recognized the importance of the services they provide and receives pride and satisfaction from their work. Yet most submit that they are not particularly special. All feel fortunate to serve as professional firefighters.

These in-depth interviews also revealed their collective awareness of the emotional toll that their profession can extract from them. They have all been emotionally impacted but have chosen to continue. They are all seeking answers and solutions to the oft asked question; why? Why do these tragic events happen? Why do the innocent die?

These seasoned professionals all had exposure to the Mitchell critical incident stress debriefing model. Most acknowledged that it was pragmatic and appeared to perform a valuable function. However, none of the participants felt that the Mitchell intervention based model was a fix-all in and of itself.

The interview data revealed firefighters whom received their emotional support from various systems. The work team offered support, their faith offered support, their wives offered them support, and their own introspective examination also aided them in coping with the emotions that critical incidents elicited.
The core assumptions of critical incident stress debriefing are that occupational events are perceived by an individual as a psychic traumata, wounding the psyche which disrupts their capacity to function normally in the aftermath. The premise that these exposures, if not contravened through direct and focused interventions, will lead to posttraumatic stress disorder and related psychiatric maladies has become central to arguments supporting more elaborate interventions.

The results of the interviews with the firefighters show that a great majority of them possess the coping strategies and emotional management skills that their emotionally work requires.

**Recommendations**

One recommendation is to assist firefighters to better use the coping strategies and stress management skills they have already developed.

A program emphasizing occupational stress and organizational response should be adopted by fire departments. This program would examine shifts in theory, practice, and direction in the evolving contexts of several major events and lessons presented by each. Current issues would be highlighted, with particular attention given the importance of strong intrinsic values and well functioning systems of social and organizational support. Planned action within the organization rather than intervention from without is recommended as the most promising route for contribution. Specific strategies for incorporation of these principles would be developed and presented at management, command, supervision, and employee levels.

The internal or external member assistance-program (MAP) can serve as a source and resource when an agency is looking to better serve its member population. Many MAPs provide training and development programs in addition to their usual therapeutic services.
REFERENCES


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APPENDIX A:

INFORMED CONSENT FORM
Informed Consent Form
Qualitative Socio-emotive Research Study

You have been asked to participate in a research study conducted by S. Joseph Woodall, a graduate student in the Counseling Master’s Program, Ottawa University-Phoenix. This research involves the study of Helping Professionals and Helping Volunteers and is part of Joe’s graduate work. You have been selected for this study because you meet the qualifications as a helping professional.

The study involves one conversational interview to be arranged at your convenience. This interview should last approximately 1 hour. Upon completion of all interviews, the Researcher will contact you to discuss the tentative nature of his findings. This contact will take place via telephone. Your total time investment will be no more than 2 hours.

The information you provide will be kept strictly confidential. The tape recordings will be listened to only by the researcher and you will be asked to provide a different name for any quotes that might be included in the final research report. You will also have the opportunity to remove any quotations when the researcher contacts you by phone. In addition, the tapes and all related research materials will be kept in a secured file cabinet and destroyed five years after the completion of the study. The results from these interviews will be described as part of a graduate thesis, but may later also be incorporated into an Applied Research Project within the National Fire Academy’s Executive Fire Officer program.

You may develop greater personal awareness of your role and your emotions as a helping professional/helping volunteer as a result of your participation in this research. The risks to your are considered minimal; there is only a small chance that you may experience some emotional discomfort during or after the interview. Should you experience such discomfort, please contact the researcher by phone at (602) 997-0280 in order to discuss your reactions. Please feel free to call collect. Additionally, you may withdraw from this study at any time (either during or after the interview). Should you withdraw, your data will be destroyed and eliminated from the study.

- There is no financial remuneration for participating in this study
- It is possible that this research might be published in the form of a journal article or a book. As a participant, you are granting Joe Woodall the permission to utilize your data anonymously.
- Two copies of this informed consent form have been provided. Please sign both, indicating you have read, understand, and agreed to participate in this research.
- Return one to the researcher and keep the other for your files.

Name of Participant (print): __________________________

Signature of Participant: __________________________ Date: ____________

Research Faculty Advisor: Ron Frost, Ph.D. (602) 371-1188
Ottawa University-Phoenix
2340 W. Mission Lane
Phoenix, AZ 85021
APPENDIX B:
INTERVIEW QUESTIONS
Qualitative Research Project
A Socio-emotive Study
Conducted by S. Joseph Woodall

Demographic Information:

Age:_______ Sex: M  F_______

Service: Fire_____ EMS_____ Both_____

Career______ Volunteer________

Police:______ Police/EMS_________

Population Served: Urban (50,000 Plus)_______ Suburban: (20,000 to 50,000)_____

Rural: (Less than 20,000)_____

Years in Service:_____

Questions:

Can you tell me about yourself? Personally/Professionally

Do you know what led you to this career? Can you elaborate?

What does your job mean to you?

What do you feel that the average citizens thinks about your job?

Do you agree or disagree with this perception?

Is there a particular identity role that you value? i.e. America’s Bravest, life-saver etc.

Is there a particular identity role that you do not care for? i.e. messed-up, tax leach, lazy public servant, macho fireman.

What is your personal perception of what you do? Personally and Organizationally

What are your interests/hobbies/activities?

Can you talk a little about your support systems? i.e. on the job, at home, civicly, religiously etc.

How would you describe your personal values? i.e. family, church, morals, love of outdoors.....etc.

Do you employ any “feeling rules”? i.e. This shouldn’t bother me. I can’t be afraid. Just doing my job.

What are you most fearful of? Not just on the job, but in life.

In what situations are you most comfortable in?

Do you experience any personal family conflicts related to your work?
Can you describe a particular response that brought about intense emotions for you?

Can you describe these emotions? Please speak to the intensity, depth and impacts of these emotions?

What kinds of strategies did you employ to assist you in managing these emotions?