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NAVIGATING THE BIND OF NECESSARY EVILS: PSYCHOLOGICAL ENGAGEMENT AND THE PRODUCTION OF INTERPERSONALLY SENSITIVE BEHAVIOR

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We develop grounded theory about how individuals respond to the subjective experience of performing "necessary evils" and how that influences the way they treat targets of their actions. Despite the importance and difficulty of delivering just, compassionate treatment when it is most needed—when necessarily harming another person—little research has focused on those who must do so. Using qualitative data from 111 managers, doctors, police officers, and addiction counselors, we document how performers both engage and disengage when doing these tasks, unearth multiple forms of interpersonal justice, and identify four styles of response for handling necessary evils.

Doing harm in order to do good is an inevitable, if unfortunate, feature of organizational life. It is also one of the most psychologically challenging acts a person can be asked to perform. Yet this is precisely what many people are called upon to do at work in order to advance important societal, organizational, and personal objectives. "Necessary evils"—tasks in which a person must knowingly and intentionally cause emotional or physical harm to another human being in the service of achieving some perceived greater good or purpose (Molinsky & Margolis, 2005)—abound in professional contexts. Managers lay people off to improve organizational performance; doctors perform painful medical procedures to diagnose and cure illnesses; addiction counselors deliver "tough love" to substance-abuse clients to reduce drug dependency; and police officers evict people from their homes to uphold legal principle and landlord rights.

Necessary evils pose a serious bind for those called upon to perform them. To do them well, performers of necessary evils must be capable of treating victims with interpersonal sensitivity and compassion. Interpersonal sensitivity cushions the blow, protecting the harmed individual's welfare and dignity (Bies & Moag, 1986; Tyler & Bies, 1990), reducing negative reactions (Brockner, 2002; Brockner & Wiesenfeld, 1996; Greenberg, 1993), and preserving the productivity, reputation, and bottom line of organizations (Brockner, 1994; Lind, Greenberg, Scott, & Welchans, 2000). The importance of treating victims of negative outcomes with interpersonal sensitivity has also been emphasized in recent work on compassion in organizational settings (Dutton, Frost, Lilius, & Worline, 2006).

As crucial as it is to treat targets of harm with interpersonal sensitivity, it is comparably difficult for the harm doer to do so (Brockner, 2006; Folger & Pugh, 2002). Even though done in the name of a greater good, necessary evils entail causing harm, which can elicit intense and potentially disruptive thoughts and emotions in the doer (Folger & Skarlicki, 2001; Molinsky & Margolis, 2005). One source of these intense emotions is the threat the necessary evil may pose to the doer's self-concept (Wood, 2000: 546). Individuals want to experience themselves as moral and just, with a consistent moral identity (Diekmann, Samuels, Ross, & Bazerman, 1997; Nisan, 1991), yet causing harm may strain their sense of moral integrity (Bies, 1987). So too, hesitating to perform a necessary evil may strain their sense of themselves as responsible professionals committed to the greater good. Either way, the resulting dissonance can interfere with

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performers' ability to produce interpersonally sensitive behavior.

How then do individuals deliver sensitive interpersonal treatment when it is both most difficult and most essential? Our study examines how individuals navigate this difficult bind posed by necessary evils. Despite the crucial importance and practical difficulty of delivering just and compassionate treatment when it is most needed—when doing harm to another human being—little research has focused attention on those who must deliver that treatment (Folger & Pugh, 2002). But interpersonal sensitivity hinges on how those charged with delivering that treatment respond to the experience of performing tasks that require it (Brockner, 2006). This article therefore addresses two research questions: How do performers of necessary evils respond psychologically to the act of causing harm to another human being? How do these psychological responses relate to the form of interpersonally sensitive behavior that they produce? We set out to develop grounded theory about how individuals who perform necessary evils respond *cognitively* and *emotionally* to their own subjective experience of performing these tasks and, then, how that response relates to the ways in which performers respond *behaviorally* to those harmed by necessary evils.

The results reported here challenge conventional views of how individuals respond psychologically when causing harm to another human being. Traditionally, research has shown that performers of tasks such as necessary evils navigate the bind they pose through psychological disengagement (Bandura, 1990; Clair & Dufresne, 2004; Folger & Skarlicki, 1998). To protect themselves from the self-threatening act of causing harm to another person, performers disengage and distance themselves from their own emotions, from the experience of the target, and from their own humanity. In many cases, this psychological disengagement results in behavior that lacks interpersonal sensitivity. Individuals perform the task as quickly as possible, with little regard for achieving sensitive conduct.

In the present study, we found widespread psychological engagement, which is striking given prior research and theory that underscore the prevalence and likelihood of disengagement. Rather than disengage from the experience of performing a task that imposes harm and entails great stress, many individuals in our study remained attuned to their emotions, to the experience of the target, and to their own humanity, even when causing harm to another human being. Furthermore, rather than simply following a mandated protocol or organizationally supplied script, many performers produced customized acts of interpersonal sensitivity, independent of—and occasionally in direct conflict with—mandated organizational routines, norms, and protocol.[1]

THE CHALLENGE OF DELIVERING SENSITIVE INTERPERSONAL TREATMENT

Little research has examined the performer's perspective on delivering sensitive interpersonal treatment when doing a necessary evil, but research in related areas illuminates just how challenging it is likely to be. Research on harm doing, for example, indicates that individuals typically disengage psychologically, potentially undermining interpersonal sensitivity (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996; Folger & Pugh, 2002). Despite the potential benefits of psychological engagement (Batson, 1998; Grant, 2007), anecdotal accounts provide little sense of what it entails, especially in the context of intense and difficult tasks such as necessary evils, which have been known to submerge and derail task performers (Folger & Pugh, 2002; SUPPORT, 1995; Tesser, Rosen, & Tesser, 1971). We now review this literature to highlight the challenges and possibilities faced by those charged with delivering sensitive interpersonal treatment.

Psychological Disengagement

Research on harm doing suggests that the experience of causing harm to others can be intense emotionally and cognitively (Butterfield, Treviño, & Ball, 1996; Rafaeli & Sutton, 1991; Wright & Barling, 1998) and that performers typically respond to that intense experience by disengaging in three ways (Bandura, 1999; Clair & Dufresne, 2004; Folger & Pugh, 2002). First, they disengage cognitively, thereby preempting negative emotions (Bandura et al., 1996; Clair & Dufresne, 2004; Kets de Vries & Balazs, 1997). According to Bandura et al. (1996), for example, individuals disengage cognitively from harm through a variety of mechanisms: by reconstruing the meaning of their actions as morally justified and better than more reprehensible activities; by distorting and disregarding the consequences of their actions; by minimizing the

[1] For clarity of exposition, we refer to those who must do necessary evils as "performers" or "professionals" and to those who are on the receiving end of these tasks and the harm they cause as "targets" or "victims."

harm, paying selective inattention to the harm, or discrediting evidence of the harm; and by dehumanizing and blaming the victim. In a broader model of how organizational corruption comes to be taken for granted and perpetuated, Ashforth and Anand (2003) identified eight "rationalizing ideologies" that reframe the meaning of misconduct even for those ambivalent about what they are doing. No doubt these ideologies also prove useful to those ambivalent about doing harm in the name of a greater good. All of these disengagement devices cognitively transform harm doing into an act that generates less uneasiness in those who perform necessary evils.

Emotional and behavioral mechanisms provide two other ways individuals psychologically disengage from harm they are doing. In a recent study of downsizing agents, for example, Clair and Dufresne (2004) found that individuals disengaged emotionally, through humor and by depersonalizing the victim, and behaviorally, through avoiding contact with victims and by arranging the conditions and processes of the layoffs—what emotion researchers refer to as "situation modification" (Gross, 1998).

Cognitive, emotional, and behavioral mechanisms of disengagement are not peculiar to harm doing. Theories of emotional labor (Grandey, 2000; Morris & Feldman, 1996) and emotion regulation (Gross, 1998) suggest that cognitive change, emotional suppression, and behavioral maneuvers all facilitate the modulation of intense experiences, and research on performers of "dirty work" has shown a similar set of defense mechanisms (Ashforth, Kreiner, Clark, & Fugate, 2007). But these mechanisms loom especially large in neutralizing intense thoughts and emotions when a person must cause harm (Sutton, 1991; Zimbardo, 1995). With necessary evils, the tendency to disengage may be further accentuated for two reasons. First, these tasks entail heavy stress and an overload of contact with people, precisely the conditions that precipitate the callousness and lack of feeling inherent in burnout (Leiter & Maslach, 1988; Maslach, 1982). Second, affect is inhibited when people operate under high cognitive loads (Skitka, Mullen, Griffin, Hutchinson, & Chamberlin, 2002: 481–483). The set of complex task challenges inherent in performing a medical procedure or firing someone, for example, burdens professionals with a cognitive load (Molinsky & Margolis, 2005) potentially sufficient to inhibit emotions such as sympathy (Skitka et al., 2002: 481–483), which thereby eases the way toward psychological disengagement.

In addition to documenting the various ways in which people disengage psychologically when performing a task such as a necessary evil, research has also drawn a connection between psychological disengagement and behavior lacking in interpersonal sensitivity. The disengagement that accompanies harm doing detaches those who perform necessary evils from the harm they are doing, the experience of the harmed party, and their own potential sympathy, reducing the possibility of delivering sensitive interpersonal treatment that might otherwise ensue. Executives who dissociated from their subjective experiences in Kets de Vries and Balazs's (1997) research on downsizing "became like spectators in the process, going through the motions, but not really feeling part of it" (1997: 34). The classic "MUM effect" (keeping "mum" about "undesirable messages") describes how deliverers of bad news psychologically disengage from the act to protect themselves, and, in doing so, provide less than interpersonally sensitive treatment to bad-news recipients (Tesser & Rosen, 1975). And people in human service roles who experience burnout depersonalize the treatment of those for whom they care (Leiter & Maslach, 1988; Maslach, 1982).

Although the connection between disengagement and behavior lacking in interpersonal sensitivity is well established, research on emotional labor (Ashforth & Humphrey, 1993; Grandey, 2000; Hochschild, 1983; Sutton, 1991) suggests that from a disengaged state, individuals can produce interpersonal sensitivity through surface and deep acting. "Surface acting" entails regulating emotional expression (Grandey, 2000: 96) or "simulating emotions that are not actually felt" (Ashforth & Humphrey, 1993: 92), whereas "deep acting" entails consciously modifying one's feelings in order to express required emotion (Grandey, 2000: 96) and is characterized by "attempts to actually experience or feel the emotions that one wishes to display" (Ashforth & Humphrey, 1993: 93). When performing necessary evils, people may disengage psychologically but still be able to do the tasks with interpersonal sensitivity by relying on surface or deep acting.

In sum, prior research on harm doing and related areas has highlighted the prevalence of psychological disengagement and its relationship to interpersonally sensitive behavior. However, given the prevalence and likelihood of disengagement, important questions remain: First, what shape does sensitive interpersonal treatment take in the hands of those who disengage psychologically when performing necessary evils? Second, is the pairing of disengagement and acting the only way in which those who perform necessary evils handle the tasks? Or are there other ways in which performers approach their tasks and produce an interpersonally sensitive response?

Psychological Engagement

Although most prior research on the subjective experience of doing harm has focused on psychological disengagement and its consequences, there does exist some evidence, albeit anecdotal, that individuals may also engage with their thoughts and feelings, even when performing an emotionally intense and difficult task such as a necessary evil. In Clark and LaBeff's (1982) classic article on death telling, the authors recount the story of a nurse who allows herself to remain attuned to her feelings of sadness, and who believes that sustaining such a connection to emotion is essential for enabling compassionate treatment (1982: 371). Similar efforts are seen in accounts of other nurses (Bolton, 2001), managers (Frost, 2003), and doctors (Groopman, 2002).

Research and theory on "bounded emotionality" also suggest that it is possible for people to engage with their emotion and to calibrate their own authentic (rather than organizationally mandated) emotional expression to the emotional needs of others (Martin, Knopoff, & Beckman, 1998; Mumby & Putnam, 1992). However, this work on bounded emotionality has primarily focused on how authentic emotional experience and expression can be sustained to foster community and interrelatedness rather than to accomplish tasks and serve instrumental objectives (Martin et al., 1998; Mumby & Putnam, 1992). Furthermore, for performers to achieve instrumental objectives, such as treating targets with interpersonal sensitivity when performing a necessary evil, even the research on bounded emotionality points to emotional labor as the primary means, rather than engagement with "spontaneously emergent work feelings" (Martin et al., 1998: 436). Bounded emotionality nonetheless does acknowledge the theoretical possibility that spontaneous and emergent work feelings could guide interpersonally sensitive conduct and that organizations could foster distinct "individual response styles" specific to tasks, the individuals performing them, and the experience the former engender in the latter (Mumby & Putnam, 1992: 478).

Although psychological engagement has been raised as a theoretical possibility and documented anecdotally, prior research has also demonstrated the destabilizing power that intense thoughts and emotions have to submerge and derail task performers (Bazerman, Tenbrunsel, & Wade-Benzoni, 1998; Folger & Pugh, 2002; Loewenstein, 1996), making engagement treacherous and leading to conduct that is self-protective and less, rather than more, interpersonally sensitive. Is engagement therefore a viable alternative, and if so, what would it consist of? Serious work remains to be done to enable scholars to understand psychological engagement within the context of necessary evils. Engagement has been explicated with regard to entire roles, referring to psychological presence: the harnessing of one's self to one's work role (Kahn, 1990), in particular through attention (cognitive availability) and absorption (intensity of focus) (Rothbard, 2001). But with regard to tasks that entail doing harm, there is little systematic empirical evidence about the prevalence and form of psychological engagement or, most importantly, about the relationship between engagement and interpersonally sensitive conduct.

Given a paucity of research unearthing the experience of those charged with delivering sensitive interpersonal treatment, and with rising calls for more attention to the emotional experience surrounding justice (Barclay, Skarlicki, & Pugh, 2005; Weiss, Suckow, & Cropanzano, 1999), we set out to understand the experience of those who must deliver sensitive interpersonal treatment in a context where it is both most essential and most challenging—the performance of necessary evils.

METHODS

In our research, we sought to understand how performers of necessary evils responded to their own subjective experience of performing these difficult tasks, and how, in the midst of these experiences, they responded to victims of their actions. Following recommendations to sample broadly in order to generate novel, theoretically grounded insights (Glaser & Strauss, 1967; Vaughan, 1992), we investigated necessary evils in four occupational settings (see Table 1): managers and executives laying off employees, firing people, disciplining others, terminating contracts, and delivering negative performance reviews; doctors performing painful procedures, such as spinal taps and wound cleanings, and delivering bad news; police officers evicting people from homes, repossessing property, and arresting people; and addiction counselors in a "tough love" clinical rehabilitation facility reprimanding, punishing, and expelling clients.

Access to the organizations where we interviewed managers, doctors, and addiction counselors was gained through personal contacts. All interviewees were volunteers recruited through the contact, broadcast e-mails, and formal letters. Access to the police officers was gained through a formal letter sent to the director of one police force, and members of the eviction and warrant units volunteered to be interviewed.

TABLE 1
Sources of Data in the Four Occupational Settings for 111 Participants and 230 Task Episodes

Occupational Setting	Participants and Task Episodes	Types of Necessary Evils	Summary of Data Sources
Management	44 managers (25 male, 19 female) 90 task episodes (49 male, 41 female)	Layoffs Firings Contract terminations Performance reviews Disciplining	Interviews Key informants Archival materials
Medicine	12 doctors (5 male, 7 female) 13 medical students (5 male, 8 female) 58 task episodes (15 male, 43 female)	Medical procedures (e.g., lumbar puncture, nasogastric tube insertion, wound cleaning) Delivering bad news	Interviews Key informants Diaries (medical students only) Limited observations
Police work	22 officers (17 male, 5 female) 49 task episodes (34 male, 15 female)	Evictions Warrants Repossessions	Interviews Key informants Limited observations
Addiction counseling	20 counselors (6 male, 14 female) 33 task episodes (10 male, 23 female)	Behavior modification discipline Expulsions	Interviews Key informants Limited observations

Settings

We interviewed 20 managers (8 female, 12 male) from an apparel company and 24 managers (11 female, 13 male) from a range of other organizations: 7 managers worked at a federal transportation organization, which described itself as an "entrepreneurial, market-driven organization" providing fee-for-service research; 9 worked at major insurance companies; and the remaining 8 worked in a range of industries from energy to high-technology, security, and consumer goods. The doctors we studied worked in a metropolitan pediatric hospital affiliated with a medical school. We studied 12 doctors (7 female, 5 male), ranging in experience from first-year residents to fellows and attending physicians; to capture the early experience performing necessary evils, we also included 13 medical students (8 female, 5 male) who had just completed an extended rotation through the pediatric hospital. Police officers in our study came from a large metropolitan county. We interviewed 22 officers (5 female, 17 male), with 16 specializing in evictions and 6 specializing in serving warrants, typically for arrest or property repossession. The addiction counselors worked at five facilities run by a single nonprofit organization that had been operating for over 30 years in a large metropolitan region. The facilities were all residential treatment programs known as "therapeutic communities." We interviewed 20 members of the clinical staff (14 female, 6 male), including 10 addiction counselors, 6 addiction therapists, and 4 vocational counselors. For ease of description, we refer to the four groups as managers, doctors, officers, and counselors.

Among all 111 participants, ages ranged from 24 to 60, with a mean of 39.4. Participants also ranged in experience level: 32 were novices (less than two years combined work experience in current occupation and performing necessary evils); 33 were intermediates (two to five years combined of work experience in current occupation and performing necessary evils); and 46 were veterans (more than five years combined work experience in current occupation and performing necessary evils).

Data Collection

Using a purposeful sample distributed over types of necessary evils, we conducted semistructured interviews with 104 informants and gathered data through weekly diary questionnaires from seven of the medical students. (See the Appendix for the interview protocol and diary questionnaire.) Interviews lasted between 30 minutes and two hours, and all were conducted on site after we had received informed consent from the participant. Interviews were recorded and transcribed. All informants were asked to describe at least one vivid recent example of a necessary evil, and some interviewees chose to describe several recent examples.

The medical student diary questionnaires, distributed at a set time through a weekly e-mail, provided an alternative means of data collection, allowing us to validate our insights with data gathered as close as possible to the episodes themselves. Both the interview questions and the diary questionnaires focused on specific episodes of necessary evils (Strauss & Corbin, 1990), asking participants to detail a specific occurrence of a necessary evil, focusing particularly on their lived experience performing the task and on the ways in which they handled the interaction (Flanagan, 1954; Motowidlo et al., 1992). In total, study participants described 230 discrete episodes.

Social scientists have offered conflicting views about the utility and reliability of interviews as a form of data collection. Some have suggested that self-reports and firsthand narratives are a fruitful and underutilized way of understanding the experience and management of stressful situations and emotionally intense work experiences (Erickson & Ritter, 2001; Folkman & Moskowitz, 2000). Others have suggested that self-reported data may be unreliable in the sense that individuals are biased to adjust their responses in order to maintain positive self-images and create favorable impressions (Greenberg, 1990; Paulhus, 1984). Accordingly, we used interviews as our primary source of data, but we also attempted to offset the limitations of this method by using additional methods where possible.

Interviews were elaborated and checked against data from several sources. First, we collected diary questionnaires from 7 of the 13 medical students. The diaries generated a source of data potentially closer to the time the reported experience occurred, thus providing a means for checking the insights gained from our interview data. We found no systematic differences between the conceptual insights that emerged from the diary and interview data, so we collapsed the two for analysis. Unfortunately, this form of triangulation was only possible with the medical students, because of the access and time constraints our other participants faced. Although we could only gather diary data from medical students, we determined that the benefits of such data for a theory-building exercise outweighed the methodological limitations of an unbalanced design.

Second, we gathered written and video materials, ranging from a filmed eviction to layoff training manuals and a videotaped orientation for doctors rotating through a hospital emergency room. These materials helped us gain a broader and deeper understanding of the tasks we were studying. Third, at each research site, we developed a relationship with at least one key informant (Meyerson, 1994; Miles & Huberman, 1994; Sutton, 1991); these informants provided us with additional background information, responded to our questions (e.g., about the prevalence of certain forms of sensitive interpersonal treatment), and directed us to additional resources that would provide insight into the ways people responded to their experience performing necessary evils and producing interpersonally sensitive behaviors. Fourth, we were granted permission to observe necessary evils in three of the four settings. In view of the sensitive nature of necessary evils, both for the person affected by the task and the person performing it, as well as organizational codes of conduct and legal restrictions, direct observation was limited. For legal and ethical reasons, we were not permitted to observe necessary evil episodes of managers. However, we were able to arrange a daylong "ride-along" with eviction officers (during which 20 evictions were performed) and to observe medical procedures and diagnosis delivery in the pediatric hospital's emergency department. In addition, the interviews with addiction counselors all occurred during a week spent on location at therapeutic communities. Even though limited, these sources of direct observation of necessary evils provided evidence of sensitive interpersonal treatment in practice, permitted real-time interviewing (Barley & Kunda, 2001), and surfaced professionals' "perspectives in action" (Snow & Anderson, 1987)—patterns of talk formulated to accomplish a task—all of which provided another means of testing the observations emerging from our interview data. Our systematic analyses, however, were performed primarily on the interviews and diaries.

Data Analysis

As a first step in understanding the performer's subjective experience of necessary evils, we independently read interviews, applying open in vivo coding with the qualitative data analysis program Atlas/ti (Scientific Software Development, version 5), which also enabled us to exchange memos to capture themes and broad observations. We spoke and exchanged memos every week, and sometimes multiple times during the week, and we met several times a month while we were analyzing the data. The intent was to develop a unified coding scheme for each construct of interest, and we resolved discrepancies through discussion and debate. We were both struck by the intensity of performers' experience and their efforts not merely to get the task done but to address the needs, interests, and concerns of the harmed party. We moved iteratively between our data, conceptualizations emerg-

ing in our memos and discussions, and relevant literature to refine our insights and develop conceptual dimensions and categories (Eisenhardt, 1989; Vaughan, 1992).

Our analyses began to revolve around two central themes that emerged from the data more sharply as we examined these data in light of the literature on justice and harm doing in organizational settings. First, our interviewees described a variety of creative efforts to deliver interpersonal sensitivity, and, second, they were not simply distancing or detaching themselves from the intense experience of the task and doing harm. With these two themes more prominent in our minds, our subsequent analyses focused on two questions. First, what form does sensitive interpersonal treatment take in practice, in the hands of those on the front lines charged with delivering it—in circumstances that are challenging but typical of when sensitive interpersonal treatment is most important? Second, how do those who perform necessary evils respond to their experience of these distinctive tasks, and how does that response bear on the form of interpersonal sensitivity they deliver?

To understand the shape interpersonal sensitivity takes in the hands of those charged with delivering it, we analyzed our interviews for evidence of interpersonal sensitivity as conveyed in participants' descriptions of their actual behavior. There was evidence of sensitive interpersonal treatment in 165 of 230 episodes (72%). Using the constant comparative method (Glaser & Strauss, 1967), we formulated categories based on instances of sensitive interpersonal treatment; sorted those instances into the categories while refining the categories in light of the specific instances; revisited instances already categorized to sort them more accurately or to refine categories; and distilled two underlying types ("offers" and "manner of interaction"), which then allowed us to condense the number of discrete categories to 11. Eight of those 11 categories had instances in all four occupational settings, and the remaining three had instances from three of the four occupations studied.

As we compared instances of interpersonal sensitivity within and between these categories, another intriguing dimension emerged: the personalization of interpersonally sensitive acts. As a result, we had a research assistant code each of the 279 instances of interpersonal sensitivity, specifying whether or not the instance was personalized. We coded instances of sensitive interpersonal treatment as "personalized" when the performers themselves actively crafted that treatment, typically in response to the specific features or unfolding conditions of the necessary evil or the harmed party's response. Rather than simple execution of a programmed script or routine, these personalized behaviors involved some degree of customization, an effort to shape the sensitive interpersonal treatment to fit the situation or reflect the performer's own touch. These acts were often improvised and independent of—and occasionally in direct conflict with—mandated organizational routines, norms, and protocol. To establish coding reliability, one of the authors also independently coded a sample of 60 episodes (approximately 25 percent of the overall sample) stratified by occupation, containing 88 instances of interpersonal sensitivity (Miles & Huberman, 1994; Orlikowski & Yates, 1994). Intercoder agreement on categorizing the instances was very high (92%).

Our second line of analysis revolved around the surprising observation (surprising in light of the existing literature on the prevalence of disengagement among actors doing these sorts of tasks), that the managers, doctors, officers, and counselors in our study often psychologically *engaged* with the intense experience. Three signature indicators emerged inductively as evidence of engagement: (1) experience of prosocial emotion, such as sympathy, empathy, guilt, or sadness; (2) attunement to the target's experience, either through registration of sensory cues issued by the target (Elfenbein, 2007), humanizing the target, or grasping the human toll of the task's negative consequences; and (3) humanizing the self, either through affirming one's own humanity or integrating one's private, personal experience into an understanding of one's role. Disengagement was coded in a symmetric way as either (1) denial of any experience of prosocial emotion; (2) active dissociation from the target's experience, through dehumanizing the target or minimizing the task's negative impact; or (3) dehumanizing the self through either deindividuation (Postmes & Spears, 1998; Reicher, Spears, & Postmes, 1995; Zimbardo, 1969) or attribution of one's personal actions to the role, job, or organization rather than to one's private, personal agency. To determine the prevalence of engagement versus disengagement, we had a research assistant code each of the 230 necessary evil episodes for evidence of engagement and disengagement. To establish coding reliability, the other author also independently coded a stratified sample of 60 episodes (approximately 25 percent of the overall sample) (Miles & Huberman, 1994; Orlikowski & Yates, 1994). Intercoder agreement was very high (98%).

After categorizing acts of interpersonal sensitivity and coding each episode for engagement or disengagement, we took the final step of relating these two lines of analysis. We examined patterns both

quantitatively and qualitatively, examining links between the ways in which performers responded to their own experience of the task and the ways in which they responded to targets of necessary evils. At this point, the notion of a *response style*, combining an internal approach toward engaging or disengaging with external behavior that was or was not personalized, began to emerge. Throughout the data analysis process, as new concepts and categories emerged, we moved from data to literature and back to our data in order to refine our thinking. For example, as our analyses revealed a relationship between engagement and personalization, the contrast of this finding with prior research documenting the prevalence of psychological disengagement and depersonalization, as well as the possibilities envisioned in the theory of bounded emotionality, helped us sharpen our insights and refine our typology of response styles.

We now turn to the findings that emerge from our data, which we lay out in three steps. First, we describe how individuals who perform necessary evils respond to the intense experience of performing these tasks, either by engaging with or disengaging from their intense internal experience. We then document the multiple forms interpersonal sensitivity took in their hands, falling along two dimensions: the content and personalization of behavior. Finally, we identify patterns that connect how people respond to their own experience with how they respond to those hurt by necessary evils, and we delineate a typology of four response styles. We conclude with a discussion of the implications of our findings for theory and practice.

FINDINGS

As crucial as interpersonal sensitivity is when a person performs necessary evils, the intense and dissonant experience of performing these tasks can derail individuals, provoking tendencies to avoid doing the task or to disregard the harmed human being on the receiving end. Either way, sensitive interpersonal treatment is jeopardized. Necessary evils thus put those who must perform them in a difficult bind, for sensitive interpersonal treatment is both essential and difficult to deliver. Individuals in all four occupations we studied did indeed succumb at times to the dissonant experience of performing necessary evils and failed to deliver sensitive interpersonal treatment. Most often, though, they navigated the bind and delivered respectful and caring interpersonal treatment.

They did so through two processes of response. First, how they responded to their own subjective experience of these tasks, either through engaging with the experience or disengaging from it, provided one means of addressing the challenge of delivering sensitive interpersonal treatment while performing a necessary evil. Second, how they responded to the target, through resourceful action and personalization, provided another means of navigating the destabilizing subjective experience of necessary evils. We describe these two processes of response—response to self and response to other—and then, combining the two, identify four typical response styles.

Response to Subjective Experience

Our analyses revealed two distinct ways in which managers, doctors, police officers, and addiction counselors responded to their own subjective experience of performing necessary evils. Although prior research and theory have documented the prevalence of disengagement, especially in cases of harm doing, our data reveal how people often actively engaged psychologically with the necessary evil they were performing. In 124 of the 230 episodes (54%), individuals psychologically engaged, and in 106 episodes (46%), they disengaged. Table 2 illustrates engagement and disengagement across the four occupational groups we studied.

Engagement. Psychological engagement was evident among the professionals in our study in one of three ways. Engagement involved connecting with, rather than detaching from, one's own emotional experience of a task; recognizing, rather than dissociating from, the negative experience of the target; or embracing one's own personal, human reaction to the task.

A first indicator of engagement was the experience of prosocial emotion. Those who psychologically engaged when performing a necessary evil reported experiencing feelings of sympathy, empathy, sadness, or guilt. For example, one manager recounted her experience firing an "underperforming" employee: "The emotion that I feel is genuine in terms of the unhappiness or the sorrow that I am feeling that I am having to deliver this message to someone" (manager 8).

Second, psychological engagement entailed attuning oneself to the target's experience, especially its human toll. The comments of another manager, describing a layoff he performed, reveal both the strong emotional experience indicative of engagement and acute attunement to the impact on another human being: "It is very difficult from an emotional standpoint knowing you are dealing with somebody's livelihood. Dealing with somebody's ego. Dealing with somebody's ability to pro-

TABLE 2
Evidence of Engagement and Disengagement

Form of Engagement or Disengagement	Illustration
Engagement	
Prosocial emotion	
Manager	*Firing an underperformer*: "I was feeling sadness because somehow I couldn't reach the individual. . . . I was sad because as a human being and a mother, and there are so many—a myriad of—emotions that I felt because if I could have prevented it from happening I would have." (manager 40)
Doctor	*Drawing blood from an immuno-suppressed infant*: "I would start to think [and] get upset that I was hurting him, and he was going to die. . . . and I'm sad. I mean, really sad." (doctor 2)
Officer	*Eviction*: "We're human also, that we feel some compassion towards this person." (officer 16)
Counselor	*Expelling a client*: "I felt like where did I go wrong? What did I not do for this person? . . . And a sadness because all addicts that come into treatment have a second chance." (counselor 9)
Attunement to target's experience	
Manager	*Firing an underperformer*: "You feel compassion because you see the facial expressions. You see the physical reaction . . . You can't help but think about the kids, the car payment, the rent." (manager 9)
Doctor	*Draining a wound*: "When the man was writhing in pain, shaking, sweating, and calling out in pain, I felt awful." (medical student 10)
Officer	*Arresting someone*: "Now I start looking at the people involved, and whether that's a good thing or a bad thing, I don't know, but I started thinking not just that I'm holding a warrant, but now when I go and arrest this person, what's the overall effect?" (officer 20)
Counselor	*Disciplining a client*: "You're dealing with human beings. You're not dealing with machines or books or that kind of thing." (counselor 14)
Embracing own humanity	
Manager	*Terminating a consultant*: "Anytime you are telling someone they don't have a job and you are the person delivering that message that should be difficult if you're human." (manager 30)
Doctor	*Disimpacting a patient*: "So I think it's important that you're cognizant of your own emotions and your own state and the fact that you're a human being yourself." (medical student 5)
Officer	*Eviction*: "You wouldn't be human if you didn't feel bad. To me, you wouldn't be human if you didn't feel bad on some situations." (officer 10)
Counselor	*Disciplining a client*: "If I shut down my human side and tell myself, 'No, you're not going to feel this,' that's wrong. I'm human. I do feel and I should express them." (counselor 20)
Disengagement	
Detaching from emotion	
Manager	*Layoff*: "You try to be unemotional. Especially when you are doing a series of layoffs you can't get too invested in it." (manager 1)
Doctor	*Drawing blood from a child*: "I clench my teeth. I'll, like, turn it off. I'll literally like turn off my feelings." (medical student 3)
Officer	*Eviction*: "I did not feel any sympathy for her. We tried everything to get her to come out. We had electric bullhorns. We knew she was in there and she refused to come out. I had no sympathy at all when they carried her out of there. I did not really feel anything other than just doing my job." (officer 2)
Counselor	*Expelling a client*: "I wasn't feeling sad, or mad, or happy, or glad, or anything. Pretty, pretty non-emotional for me. I wasn't feeling bad for him. I wasn't feeling sad for the family, nothing, nothing." (counselor 5)
Dissociating from target's experience	
Manager	*Firing an underperformer*: "I had resigned myself to . . . try not think about the issues about him having a wife and two children, the time of year. It was just, 'I've got to get this over with.'" (manager 28)

TABLE 2
Continued

Form of Engagement or Disengagement	Illustration
Doctor	*Inserting an IV*: "To hear a child cry is a helpless thing. Going, 'Stop it, stop it, stop it.' You sort of have to shut that out." (doctor 12)
Officer	*Eviction*: "You just have to not think about it. You have to think, well—like if I start feeling bad for somebody, like somebody with kids, I think, 'Well, they put themselves in this situation. And what about the landlord or the owner of the place? You know, what about them?' So, you have to—you have to kind of turn that off." (officer 7)
Counselor	*Expelling a client*: "I don't really get connected with them on an emotional level like that, you know. They're here to receive a service and if something they do warrants removal from the service, then don't get connected like that. So for me, as far as the consequence or how I feel behind it, I mean it's more just how we have to proceed." (counselor 4)
Subjugating own humanity	
Manager	*Layoff*: "Internally, I would, in the conversation, personally disconnect it, so it's not a personal issue for me. I represent something to them which is the corporation." (manager 7)
Doctor	*Delivering diagnosis of cancer*: "If someone tells you to do something, you have to do it because that's your job in a sense. . . . You just see it as part of the job." (medical student 4)
Officer	*Eviction*: "At the time I am like a robot. Do my job knowing what has to be done." (officer 1)
Counselor	*Disciplining a client*: "It's almost like I remove myself from the situation, and it's just something that's got to be done, and I'm doing it." (counselor 16)

vide for their family" (manager 10). Attunement could also entail sensitivity to the harmed party's immediate sensory cues. A counselor recounted his poignant experience of expelling a client who would, as a result, have to return to jail:

> He just gave me that puppy dog look, and my heart sank, you know, because I felt his pain, I really could. You know, my heart sank, and as they handcuffed him, and took him out, I had such a wide range of emotions, you know? I was hurt and disappointed, angry at the process that we had to do. (counselor 7)

A doctor described how the reaction of an infant and parent to a difficult intravenous insertion provoked his own response to performing the necessary evil: "As mom's getting more frustrated, and as the baby's screaming, it just becomes very difficult obviously and you just reassess a little bit of, do we really need to do this? Is there any way around it?" (doctor 10). Far from disengaging, this doctor consciously grappled with and reconsidered his action.

A police officer's account of an eviction connected this second dimension of engagement—attunement to the negative impact on another human being—to the third dimension differentiating engagement from disengagement, humanizing oneself:

> It was one of those things where I said [to myself], "Gosh, maybe I could just let them stay at my house for a couple of days." It's a thought that runs through your mind that lets you know that you still are human and you have not totally blocked out the things that you should be sensitive to as a human being. (officer 14)

Another officer described her efforts to resist disengagement and sustain her sense of her own humanity:

> Most people are just a paycheck away from being homeless. You have to realize that. I think it helps you remain human. It is very easy to become a machine and not have any feeling behind it, but I told myself a long time ago that I did not want that. . . . I think that you can do your job more efficiently if you are human. (officer 4)

As though summarizing the three dimensions of engagement in reverse order—sustaining one's own humanity, attunement to the target's experience, and prosocial emotion—a manager reflected on his experience laying off 60 percent of a workforce: "It is never easy. You have to guard against making it easy . . . . You don't want to lose your own humanity, and you are affecting someone else's life. You have to give them every bit of consideration and empathy that is appropriate" (manager 2).

Disengagement. In contrast to psychological engagement with performing a necessary evil, those who disengaged denied experiencing prosocial emotion, described active efforts to dissociate from the harmed target's experience, or displaced their own humanity.

First, some professionals described episodes in which they simply did not experience any feelings of sympathy or sadness, or they actively sought to "turn off" their emotions. One manager described his ability to turn off emotion, given its lack of importance in the business world: "I don't want to say I'm not very emotional, but I have the ability to turn it off when I need to in the business world. I don't see any reason to be that emotional" (manager 13). Another manager related her experience firing an underperformer, revealing how little emotion could be generated and how little she cared about the target's experience: "I have no negative feelings at all about delivering the message. The day she gets fired will be no skin off my nose at all" (manager 1). A counselor described how disciplining and terminating clients did not bother her at all: "I don't even think my blood pressure, it doesn't even fluctuate, because it's part of my job. . . . It doesn't bother me at all" (counselor 16).

Disengagement also occurred through tuning out the humanity of the target of a necessary evil, either through gradual desensitization or active efforts to ignore the target's experience or the negative impact on the target. One doctor, an attending physician in the emergency department of a pediatric hospital, described the way in which patients' sensory cues no longer registered on him:

> Sometimes when we have new people coming through our ER and they say, "My gosh, what is that child screaming about?" And you realize that you didn't even hear the child screaming. You just get so used to hearing it all day long—it's kind of background noise. (doctor 9)

Gradual desensitization was not the only means through which the professionals in our study would dehumanize the targets of necessary evils. A medical student described how she actively attempted to disregard the target's humanity: "I do my best to ignore this person as a human being, such as actively avoid looking at their face while I was inflicting a painful procedure on 'em" (medical student 7). A police officer offered a similar description:

> You have to put up the barriers, and not look at them so much as a human being . . . like, "Oh, you know, he's a nice guy, or what about this poor guy? Where is he going to go?" You have to just immediately put up the barriers and say, "Okay, now, this guy. . . ." You kind of detach yourself. (officer 7)

Whereas engagement often entailed active recognition of the professional's own humanity and efforts to sustain his or her spontaneous personal reaction to doing the necessary evil, disengagement entailed displacing one's own humanity, subjugating any personal response to one's role. A manager who had to lay off his secretary described how "with her in that moment I was still detached," elaborating how "I am not there as myself, I am there as the company" (manager 6). This same manager revealed the other two facets of disengagement, experiencing no prosocial emotion and dehumanizing the target by referring to her as an "ailment":

> I went in there feeling nothing because I felt it was truly the right decision. . . . I was personally affected by what I perceived as her lack of service and commitment. So this to me was a chance to upgrade and to get rid of an ailment. [manager 6]

An officer tied together the three dimensions, describing his efforts to block out any emotions he might experience, as well as any further details about the evictee and his or her experience. The officer reduced himself to "a number" and the task to one that was, ultimately, a job he was expected—and needed—to get done:

> But to be honest I block a lot of it out. I hope this never happens to me personally. I like to know there is more to the story but that is not my place or my job. If I don't do what I am ordered to do, there are people on the list right below me that will take my job. I am like a number. If I can't handle it they will find someone else that can. I worked hard to get this position. I have a mortgage to pay and kids to feed. I block it out because I can't let it affect me. (officer 1)

Differences by occupation and experience. Modest differences across occupations and levels of experience indicate no clear tendencies for when engagement is more likely than disengagement. Rather, analyses by occupation and tenure suggest a broader finding: engagement with the internal experience of performing a necessary evil is as likely a response as disengagement, across occupations and levels of experience.

As Table 3 reveals, managers and counselors reported slightly more episodes in which they disengaged than episodes in which they engaged, whereas doctors and officers more frequently engaged than disengaged. We found no discernible patterns in the types of necessary evils in which engagement or disengagement was more common. For example, contrary to what might be expected, managers did not simply engage when the necessary evil involved causes beyond the target's con-

TABLE 3
Engagement and Disengagement by Occupation and Experience Level

Response	Total Episodes	Occupational Group[a]				Experience Level[a]		
		Managers	Doctors	Officers	Counselors	Novices[b]	Intermediates[c]	Veterans[d]
Engagement	124	43	37	30	14	36	27	61
	54%	48%	64%	61%	42%	50%	47%	60%
Disengagement	106	47	21	19	19	36	30	40
	46%	52%	36%	39%	58%	50%	53%	40%
Total	230	90	58	49	33	72	57	101

[a] Percentages refer to the percentage of total episodes for that occupational group or experience level.
[b] Novices are individuals with less than two years combined of work experience in current occupation and performing necessary evils.
[c] Intermediates are individuals with two to five years combined of work experience in current occupation and performing necessary evils.
[d] Veterans are individuals with more than five years combined of work experience in current occupation and performing necessary evils.

trol and disengage when the necessary evil was attributable, at least in part, to the target him- or herself. Some managers reported engaging with emotion and grasping the negative impact on the target when they were performing a layoff for which victims were not at all causally accountable, yet other managers engaged with emotion and attuned themselves to the human toll when firing underperformers, feeling bad that the victims had brought this upon themselves. So too, knowing the target could have different effects. At least in our data, having a prior relationship with a "direct report" or with a patient sometimes resulted in engagement and sometimes resulted in disengagement.

The pattern that might be expected for level of experience—that over time, veterans become desensitized to doing necessary evils and thus are more likely to disengage—also did not emerge, as Table 3 reveals. Our qualitative data indicated that disengagement did not necessarily accompany increasing experience. One manager who had worked at three organizations performing layoffs reported that she would be leaving her current organization because she could not disengage and, in fact, did not want to. A counselor recounted how he had been "gung ho" about disciplining clients when he first started but, with experience, was "more in tune" with the effect necessary evils had on both him and his clients. Experience seemed to have contrasting effects, illustrated by the following two officers, both seasoned veterans. The first manifests engagement increasing with experience, and the second manifests disengagement increasing with experience:

> When you first start this assignment, and you start doing it, you don't look; all you look at is you've got a warrant on someone, and your whole purpose is to go find this person and arrest this person on a warrant, leaving everything else out that you're dealing with a human being. You look at it as a piece of paper, but I found out over the years, that as the years go by and I get older, I start now looking at it—I start looking at the people involved, and whether that's a good thing or a bad thing, I don't know, but I started thinking not just that I'm holding a warrant, but now when I go and arrest this person, what's the overall effect? (officer 20)

> I have probably learned to tune it out more than before. When you first go on and the first few times you experience this stuff, you think, "How can people live like that?" Well, eventually you see so much of it, it is just another day. It is so often, it doesn't bother you anymore. I think I have reached the point where I could probably rule on anything now and nothing would really make that much of an impression anymore. (officer 2)

Finally, we did not find major gender differences, with engagement occurring in 51 percent of episodes for men compared to 57 percent of episodes for women.

Response to Target

To deliver interpersonally sensitive treatment, finding a way to respond internally to one's own unsettling subjective experience of performing a necessary evil was crucial. But it was only a first step. The manager, doctor, officer, or counselor also had to respond to the human being who was the target of the necessary evil. Sensitive interpersonal treatment—respect, dignity, empathy, and concern—has been found to be essential for the targets of harm, but what shape does this treatment take in the hands of those who face the difficult bind of delivering it? Our data reveal two dimensions that characterize the practical efforts of professionals to

respond to targets with interpersonal sensitivity: the content of their sensitive interpersonal treatment (i.e., *what* they do), and the personalization of that response (i.e., *how* they formulate the sensitive interpersonal treatment). These two dimensions provide further insight into how professionals navigate the bind of delivering sensitive interpersonal treatment when performing necessary evils.

Content. In the hands of those charged with ensuring respectful and compassionate treatment while performing necessary evils, the content of sensitive interpersonal acts fell into two broad categories: offers and manner of interaction. *Offers* consisted of valuable resources that a performer made available to a target in order to demonstrate concern, cushion the blow of the necessary evil, and help the target begin to recover and move forward. Organizations had standard items that those performing necessary evils could offer, such as severance packages managers could offer layoff victims, popsicles doctors could offer pediatric patients, referrals to shelters that officers could offer evictees and counselors could offer to addicts. Along with these standard offers of *material or physical aid*, we found five other types of offers common among the professionals we studied. They offered *time*, such as when doctors would devote precious time in their packed schedules to check back on a patient or when officers would grant evictees more time to gather their belongings than mandated by official protocol. Offers of *instrumental counsel and emotional support* were also common, especially among managers guiding victims of layoffs or firings. But other professionals as well took the time to provide practical guidance, which could also serve as emotional support for the target. An officer, for example, reported how he would instruct evictees about the law, so they could protect themselves.

Managers, officers, and counselors also offered *connections* to other individuals and organizations who could provide aid, whether a network of potential employers for layoff victims, social service providers for evictees, or a local chapter of Alcoholics Anonymous for expelled drug addicts. Perhaps most intriguing were two types of interpersonally sensitive offers that professionals integrated into the delivery of necessary evils. They would sometimes share *personal stories*, recounting their own experiences in similar circumstances, such as getting laid off or falling on hard times, seeking to reassure and comfort the targets. In addition, they would offer *options or opportunities* in the midst of delivering the harm, indicating to an addict, for example, that the door would be open for a return to the treatment facility or giving a demoted underperformer a set of alternatives for his or her next position.

Alongside offers, professionals also conveyed interpersonal sensitivity through their *manner of interaction*. Manner of interaction can be divided into five specific types. First, the actual content of professionals' *verbal expressions* was a central vehicle for conveying interpersonal sensitivity. Each occupational group had an accepted, and sometimes even mandated, script designed to ensure that performers of necessary evils expressed a baseline level of respect and concern. As we describe below, individuals would also construct their own means of expressing respect and concern independent of the mandated protocol. Second, professionals reported adopting a certain *tone* in their voice or mannerisms intended to convey compassion. Doctors and managers, for example, spoke about using a calm and soothing voice in an effort to reassure patients and laid-off employees. Counselors and officers adopted a similar tone—"very low key," in the words of one officer—in order to keep targets from experiencing disrespect beyond the necessary evil itself and potentially reacting in an extreme way.

Beyond active expressions of interpersonal sensitivity, either through the verbal content or tone of interaction, the individuals in our study sometimes delivered sensitive interpersonal treatment simply through their *supportive presence*. Listening patiently as the target of the necessary evil vented his or her emotion, or simply accompanying the target as he or she packed up belongings, in the course of leaving a home or workplace, functioned as a means of sensitive interpersonal treatment from the performers' perspective.

Discretion and restraint constituted a fourth way in which performers expressed interpersonal sensitivity through their manner of interaction. Individuals exerted tremendous effort to be discreet and restrained in performing necessary evils. For example, physical locations were used to provide the discretion considered essential to save the target from face-threatening embarrassment: managers used private rooms away from foot traffic to convey bad news; counselors delivered discipline in the privacy of their offices (in an otherwise very public treatment facility); and doctors at the pediatric hospital used dedicated treatment rooms where procedures could be performed away from the safe haven of patients' hospital beds. In addition, for officers and doctors, discretion was embodied through restraint. Officers reported efforts to use far less physical force than they were actually permitted, and doctors reported limiting the number of attempts at a procedure (such as blood draws), all to constrain

the amount of harm any one patient or evictee experienced.

A fifth and final way in which performers expressed interpersonal sensitivity through their manner of interaction was by performing necessary evils in a *direct and expeditious manner* to minimize the duration of the harm. Doctors recounted their efforts to focus on the mechanics of a procedure so as to limit the length of time the patient might experience pain. Officers recounted their efforts, in some circumstances, to deliver notice of an eviction and remove people in as efficient a manner as possible in order to ensure not only the officers' own safety but that of those they were evicting. Quick action could keep reactions from igniting and reduce the likelihood of further harm to the target. For managers and counselors, this manner of interaction involved being clear, direct, and frank with the message delivered to employees or addicts. To avoid misunderstanding and any possibility of prolonging the pain and confusion a target might experience in learning he or she had been fired or expelled, managers and counselors alike reported the importance of direct and crisp communication, cutting out all extraneous small talk.

Across occupational groups and experience levels, instances of sensitive interpersonal treatment were distributed in a comparable pattern between offers (range of 52% to 58% of instances) and manner of interaction (range of 42% to 48%). In addition, 8 of the 11 specific types of content were reported in all four occupational groups and experience levels; the remaining 3 types (personal stories, options and opportunities, direct and expeditious manner) were reported in three of the four occupational groups.

Personalization. Beyond the variety of interpersonally sensitive acts, what was most striking about professionals' efforts were the creativity and personal involvement they devoted to formulating those acts. We found that in each occupational group, individuals personalized the sensitive interpersonal acts they delivered. Rather than simply consisting of a mandated protocol or organizationally supplied script, these personalized behaviors involved some degree of customization, a personal effort to shape the treatment to fit the situation or reflect the performer's own touch. These personalized acts were often improvised and independent of—and occasionally in direct conflict with—mandated organizational routines and norms.

Personalization of offers and manner of interaction were prevalent in all the occupational contexts. For example, one manager recounted laying off an employee scheduled to transfer to a foreign office. The employee had just given up her apartment in preparation for the transfer, so she now had no job and no place to live. The manager made special arrangements to be able to offer the employee temporary housing. Managers also personalized their manner of interaction. For example, one manager described her efforts to exercise discretion by documenting a direct report's poor performance and typing the performance plan all at home, at night, to protect the poor performer from embarrassment that might occur if the report were done at work. Another manager described an extemporaneous act of supportive presence, accompanying a fired employee out of the building:

> If there was a way I could help him preserve his respect and dignity in a very difficult setting, then that is what I wanted to do, and I walked with him all the way out, down in the lobby to the door of the building and shook his hand. (manager 40)

Among doctors, personalization often entailed gauging how best to reduce the pain a patient experienced during a procedure. Sometimes this involved moving expeditiously to complete the procedure, or calibrating the amount of anesthetic or building in pauses for the patient during a procedure. In an illustration of a personalized offer, in this case the offer of an option, one medical student described how he gave a patient diagnosed with lupus the option of hearing more from him about the disease right then or later. Another doctor described a combination of discretion (working out of the field of vision of the patient) and inventive improvisation while stitching a wound on a toddler who did not speak English:

> I try to work out of the child's vision, if I can, so I'm not right in the face with the glasses and the needle and all the tools, because I think it's a little more frightening. . . . It was a situation that was a little more difficult for me because I couldn't talk to him. And the father didn't really know what to do. So we're going through and I did all the painful stuff, and the kid is hollering and hollering and hollering. And what I remember particularly about this situation was being frustrated that I could sense his dad was engaging with him, but really didn't know what to do, and there was not much I could do because of the language and because of the age. And so in this situation . . . I talked to the father about what I thought he could do for his son. . . . I started to coach the father, I talked to him, "Sing a song to him." And what was so interesting to me about it was almost as soon as his father started talking to him, the child stopped crying and went to sleep. And once he was asleep, it was heaven, because I wasn't hurting him, he wasn't afraid, and we finished the wound repair, and it was done. (doctor 6)

TABLE 4
Personalized Acts of Sensitive Interpersonal Treatment by Occupation and Experience Level

Act	Percentage of Episodes[a]	Percentage of Acts[b]	Illustrative Examples
Offers	28	52	
Managers	20	34	Opening own Rolodex to laid-off employees
Doctors	34	62	Comforting infant patient by giving finger to suck on
Officers	39	66	Giving money, food, and extra time to pack up
Counselors	24	64	Giving access to counselors' own support network outside the facility
Novices[c]	26	57	
Intermediates[d]	28	53	
Veterans[e]	30	48	
Manner of interaction	38	70	
Managers	41	71	Letting the layoff victim dictate the pace of the conversation
Doctors	34	54	Listening to a schizophrenic patient tell her story
Officers	49	96	Saying "I'm sorry" (against regulations)
Counselors	21	64	Removing all clients from location where expelled client would be handcuffed to spare him embarrassment
Novices[c]	32	64	
Intermediates[d]	32	72	
Veterans[e]	47	73	
Total	55[f]	60[g]	

[a] Percentages refer to the percentage of episodes with a personalized act of interpersonal sensitivity; 230 total episodes.
[b] Percentages refer to the percentage of offers or manner of interaction that were personalized. There were 279 total separate acts of sensitive interpersonal treatment, with 13 of those coded both as offers and manner of interaction.
[c] Novices are individuals with less than two years combined of work experience in current occupation and performing necessary evils.
[d] Intermediates are individuals with two to five years combined of work experience in current occupation and performing necessary evils.
[e] Veterans are individuals with more than five years combined of work experience in current occupation and performing necessary evils.
[f] Percentage of episodes with at least one act of personalized sensitive interpersonal treatment.
[g] Percentage of all acts of sensitive interpersonal treatment that were personalized.

Numerous officers recounted personalized offers of food made to evictees, such as milk, bottled water, and sandwiches, despite department protocol against doing so. In an illustration of personalizing sensitive interpersonal treatment along multiple dimensions, one officer recounted his effort to cushion the eviction of some failed musicians through a manner of interaction the officer referred to as a "verbal hug," which entailed devoting more of his time amid a busy schedule and offering instrumental counsel, which also served as emotional support:

> I am glad I took the time to talk to them. It was after the eviction was complete, they were outside, I spent ten minutes talking to them. Giving them what I thought was good advice, not that they would take it or anything. They needed a hug. That is what I was doing. Talking to them. A verbal hug. (officer 3)

Among counselors, perhaps the most common form of personalization involved offering opportunities and options. When punishment was called for, counselors would often give addicts opportunities to make amends or options for punishment, rather than relying solely on the mandated list of punishments associated with offenses. The intense and confrontational nature of the therapeutic community made it difficult to personalize the manner of interaction with clients during necessary evils, but several counselors nonetheless sought to adopt what they deemed a "calm and nurturing" approach to that direct confrontation.

As Table 4 reveals, more than half of all episodes had at least one act of sensitive interpersonal treatment that was personalized. The range across occupations went from 42 percent of episodes for counselors to 67 percent of episodes for officers, with managers (52 percent) and doctors (57 percent) in between. In general, manner of interaction was more likely to be personalized than were offers, though one-third or more of all acts of sensitive interpersonal treatment were personalized, across content types, occupations, and tenure levels. Two notable outliers were managers, who made fewer personalized offers than the other groups, and officers, whose manner of interaction was considerably more likely to be personalized than those

TABLE 5
A Typology of Response Styles

Response to Own Subjective Experience	Response to Target	
	Nonpersonalized	**Personalized**
Psychologically engaged	*Guarded* Performer engages with own subjective experience but does not incorporate it into interpersonally sensitive response, which is standardized, rather than personalized	*Integrated* Performer engages with own subjective experience and incorporates engagement into personalized treatment of victim
Psychologically disengaged	*Mechanical* Performer disengages from own subjective experience and produces standardized, rather than personalized, interpersonal sensitivity	*Detached concern* Performer disengages from own subjective experience but still produces personalized interpersonal sensitivity

of the other groups. Both patterns may manifest features of the occupations. Managers performing layoffs, firing people, or disciplining direct reports often offered standard, organizationally provided resources (such as third-party counseling or severance). Officers, on the other hand, faced strict constraints in how to conduct themselves with evictees while, at the same time, operating in the variable conditions of the evictees' homes. As a result, if the officers delivered sensitive interpersonal treatment through their manner of interaction, they almost perforce had to improvise and craft their response to fit the situation.

A Grounded Typology of Response Styles

Professionals navigated the bind posed by necessary evils through the ways they responded to their own subjective experience of performing necessary evils—either engaging or disengaging—and through the various ways they responded to the human beings they were harming, in some cases providing highly personalized treatment. Our data indicate that these two processes of response, to self and other, are also associated with one another. In 94 percent of the episodes in which professionals psychologically engaged, they reported an act of sensitive interpersonal treatment, whereas in 46 percent of episodes where individuals disengaged, they reported an act of sensitive interpersonal treatment. When examining these acts of sensitive interpersonal treatment, 65 percent were personalized for episodes in which professionals psychologically engaged, compared to 46 percent for episodes where individuals disengaged. These results suggest that when managers, doctors, officers, and counselors engaged with the experience of performing a necessary evil, they were more likely to deliver interpersonally sensitive treatment and personalize it. However, these results also indicate that even in episodes when individuals disengaged, interpersonal sensitivity and personalization were possible.

The presence of personalized interpersonal sensitivity with both engagement and disengagement led us to identify four distinct response styles (see Table 5) connecting how individuals responded to their own experience of performing necessary evils with how they responded to the targets of those tasks. As Table 6 shows, the dominant response style across occupations and experience levels combines engagement with personalization. But evidence of the other three styles also exists for each occupation and experience level. We briefly illustrate the four response styles, which we label "integrated," "mechanical," "guarded," and "detached concern."

Integrated. When performers engaged with, rather than disengaged from, their experience of tasks and incorporated this engagement into how they responded to the targets, they adopted what we call an integrated approach to performing necessary evils. In these episodes, there was a confluence between professionals' personal efforts to connect with their own experience of the task and their subsequent personal crafting of sensitive interpersonal treatment. An officer illustrates this style, indicating how attuned she was to her target's experience, and how she embraced her emotional need to reassure him or her. In turn, her response to her own experience of the task, which revolved around acknowledging her own humanity, was then channeled into her treatment of the target, as she shared a personal story about her mother:

TABLE 6
Individual Response Styles: Number of Episodes by Occupation and Experience Level[a]

Response to Own Experience	*n*	Response to Target's Experience	
		Nonpersonalized	Personalized
Engagement		18	98
Managers	38	7	31
Doctors	35	7	28
Officers	30	3	27
Counselors	13	1	12
Novices	34	7	27
Intermediates	25	4	21
Veterans	57	7	50
Disengagement		20	29
Managers	23	7	16
Doctors	14	9	5
Officers	8	2	6
Counselors	4	2	2
Novices	18	10	8
Intermediates	12	3	9
Veterans	19	7	12

[a] Of 230 total episodes, 39 had evidence that the individual failed to deliver sensitive interpersonal treatment, and 26 had no evidence of sensitive interpersonal treatment. That leaves a total of 165 episodes that had at least one act of sensitive interpersonal treatment.

> You know they are hurting and they are just humiliated. I just want them to know . . . that I think no less of them. That I can relate because I am human. I understand. I have even gone to the point where I told someone, "You know I understand, my mom got laid off." I have told them that. And I don't tell people anything personal about me. Especially when I am working. But sometimes you feel a need to do that. Because I feel a need to comfort people sometimes. (officer 4)

Likewise, a veteran manager illustrates this style. He had conducted four major layoffs over 15 years and referred to himself as a "feeler" who found the most recent layoff "sad" and "hard." He accorded interpersonal sensitivity in two ways. First, he personally offered to call—and indeed called—people in his network to help those laid off find jobs. Second, he recounted how, in one-on-one meetings to deliver the news, he shared the story of his own experience:

> I chose to talk about personal experiences. . . . I talked about my personal experiences going through this transition. . . . My wife was expecting, I worked for a good-size company. They were just closing down a facility. How I had to deal with it . . . I think they felt my sincerity. (manager 9)

Mechanical. At the opposite end of the spectrum was a style that paired disengagement with acts of programmed interpersonal sensitivity that conformed to accepted protocol. To be clear, a mechanical style still entails delivering interpersonal sensitivity. However, that interpersonal sensitivity does not sprout from the professionals' psychological engagement with their subjective experience of the task.

One counselor described how she "shut off" her emotions: "Most of the time I am not really concentrating on my emotions. . . . I ignore it or push it off" (counselor 13). She described how, in performing the necessary evil of punishing clients for violations of facility rules, she would accord sensitive interpersonal treatment by engaging in a conversation with the client, in which she would ask the client if he or she understood the reason for the punishment and would help the client understand the rationale. However, for this counselor, this was simply a routinized sequence to step through, rather than a personalized or customized act of interpersonal sensitivity.

Another illustration of the mechanical approach came from a first-year resident who performed a lumbar puncture (spinal tap) on an infant. The resident recounted how "I can't say I really had a lot of emotional feelings while doing it" (doctor 7), and for this necessary evil, sensitive interpersonal treatment consisted of what she referred to as a programmed "series of techniques," which for her included direct and expeditious completion of the procedure, followed by giving the parents a scripted and brief reassurance that the procedure went well.

Guarded. When performers engaged psychologically with their own experience but did not channel this engagement into their treatment of targets, they adopted what we referred to as a guarded approach. Rather than personalizing their external behavior, the interpersonal sensitivity that they produced was programmed and routinized. An officer displayed a guarded approach in his interactions with a family he evicted. Internally, he described how sad he felt evicting a woman and her children, wondering what his own children would make of his actions and wondering himself, "Is there something I could do?" (officer 6). Despite his own psychological engagement with the necessary evil and its negative toll on the woman and her children, his behavior reflected the standardized procedure for explaining the result and offering the required time to the family, rather than personalized assistance that some of his colleagues offered in other situations. When the mother appealed for more time, he noted: "I also have to explain to them

that it is not up to me to give you more time or not to go through with this." He gave her the mandated amount of time to collect her belongings and leave, but no more. Notwithstanding his heartfelt concern for this evictee and her family, his interpersonal sensitivity was "by the book." As opposed to some of his colleagues, this officer did not extend additional time or personalize the assistance he offered in any way.

In another illustration of the guarded approach, a counselor recounted how she had to expel a client who refused to accept a punishment for violating facility rules. Her interpersonally sensitive behavior included no personalization: she arranged for a male counselor to accompany the client as he packed his belongings (facility rules dictated that male clients leaving the facility were to be accompanied only by a male counselor) and, in keeping with the facility's policy, she called his family to provide some instructions and guidance. However, internally she was nonetheless psychologically engaged, even moved, by this necessary evil:

> I felt like, "Where did I go wrong? What did I not do for this person? Is it me or is it really that he thinks he's prepared and he's ready to go?" And a sadness because all addicts that come into treatment have a second chance, you know, to make some differences. And if you don't take advantage of it, it's like it's a waste for you, you know, and you feel sad about that. You feel like, "Did you do all the things that were necessary to reach this person, you know, or is it your fault that he didn't get it, you know?" (counselor 9)

Detached concern. The reverse of the guarded style paired psychological disengagement with personalized acts of interpersonal sensitivity. This is the classic pattern documented among doctors (Halpern, 2001; Lief & Fox, 1963), in which they remain psychologically disengaged from patients while responding to patient needs with tailored acts of sensitive interpersonal treatment. A medical resident who exemplified this style described how, when doing a lumbar puncture on an infant, he felt little emotionally when doing the procedure. Instead, his attention was focused on the task:

> You know, for me, doing these procedures, whether it's an IV, which is often much more difficult than a lumbar puncture, just in terms of getting it in, doing the lumbar puncture, doing a lot of procedures, it doesn't bother me to do them . . . . I was thinking mostly about the technical aspects of it: the placement, where's my hand, is this clean, what am I going to do with it . . . . Why does a five-week-old child have a fever of 103.9? (doctor 11)

However, despite his internal disengagement, his external behavior manifested personalized interpersonal sensitivity. Knowing how many procedures the child had already been through that day, he explicitly encouraged the parents to join him in the treatment room. As this doctor noted, "I think I'm a little unusual in that I encourage parents to be there if they want to." Unlike many physicians, who either discouraged parents from entering the treatment room (to shield the parent from witnessing the child in pain, to keep the child from associating parents with pain, and to remove a potential distraction to the doctors), this physician felt that the parents' presence would be a comfort both to their child and to them.

This style is also illustrated in an episode a manager recounted about putting a direct report on a 90-day performance plan. As the manager said, "I didn't feel bad or anything emotionally," yet he intentionally delivered the feedback one on one, personalizing the instrumental support he offered and according customized discretion. His approach deviated from the typical approach of having at least one witness in the room when delivering this sort of bad news:

> I didn't want the person to feel as though someone was quote unquote witnessing it and that way he honestly felt like he was getting a 90-day shot at it . . . . I did more of sort of like just a very simple, "Let's just sit down together and have a conversation together." (manager 35)

Navigating the bind. Whether a performance plan, an eviction, an expulsion, or lumbar puncture, necessary evils call for sensitive interpersonal treatment, even as they threaten to ignite in the performer an intense and dissonant experience that makes it difficult to deliver that sensitive treatment. The four response styles reflect the range of ways managers, doctors, officers, and counselors navigated this bind posed by necessary evils. Performers of necessary evils responded by combining an engaged or disengaged approach for managing their internal experience with an external approach that manifested either personalized or programmed interpersonal sensitivity. The prevalence of an "integrated" response style across all professions and experience levels suggests that, contrary to previous research, individuals can engage with their subjective experience and even channel their subjective thoughts and feelings into interpersonally sensitive treatment toward targets. Furthermore, the presence of multiple possible response styles suggests that individuals are also flexible in how they respond, tailoring their style to suit their own sensibilities, the nature of a specific necessary evil, and the unfolding interaction with the target. Each style reflects a solution to the challenge posed by

necessary evils—that interpersonal sensitivity is both essential and highly challenging to produce.

DISCUSSION

Our findings sketch a portrait of sensitive interpersonal treatment from the perspective of those charged with delivering it. Although research on justice has indicated how crucial sensitive interpersonal treatment is, systematic inquiry into the experience and perspective of those charged with delivering it has been missing. Those charged with delivering sensitive interpersonal treatment confront a bind. Such treatment, as research has shown, is especially crucial to the delivery of negative outcomes. Performing necessary evils—tasks that impose harm on others in order to advance a greater good—is a case of delivering negative outcomes. But these tasks are psychologically unsettling and technically demanding, making sensitive interpersonal treatment challenging to deliver when it is also most essential.

Our study unearths how individuals navigate that bind. They do so in three ways. First, they respond to their own subjective experience of performing a necessary evil by engaging with or disengaging from that experience. Second, they fashion the content of interpersonally sensitive treatment of victims in diverse and flexible ways, offering resources of value and modifying their manner of interaction. Finally, performers express interpersonal sensitivity through their personalization of behavior. They tailor their actions in creative ways that reflect their own sensibilities and efforts to meet the unfolding demands of the task and reaction of the target.

Theoretical Contributions

Our findings about the ways individuals navigate the bind of necessary evils, fashioning interpersonally sensitive conduct when subject to the intense psychological pressure of these tasks, contributes in a number of ways to theory and research in the fields of harm doing and justice in organizational settings.

Harm doing. Past research on harm doing has focused primarily on psychological disengagement and its capacity to undermine interpersonally sensitive behavior. Although we found evidence of the previously observed tendency for people to distance emotionally, cognitively, and behaviorally when imposing harm (Bandura, 1999; Folger & Pugh, 2002; Folger & Skarlicki, 1998), we also found ample evidence that those who perform necessary evils frequently respond to their own unsettling experience through psychological engagement rather than disengagement. They do so by engaging with their own emotions, with the target's experience and the negative impact the task has on the target, and with the performer's own humanity. A main contribution of this research, therefore, is to empirically document psychological engagement as an alternative, viable response for individuals charged with the task of causing harm, and to delineate its multiple dimensions. This finding also contrasts with prior research on burnout, which has shown that an overload of contact with people, especially in human service jobs, can lead to "depersonalization," an "unfeeling and callous response" to those one is caring for (Leiter & Maslach, 1988).

Although psychological engagement may contribute to burnout for some people (Frost, 2003), our findings suggest that engagement and personalization—especially when combined in an integrated response style—may provide a means of sustaining and expressing all facets of the self, perhaps forestalling burnout. Whereas disengagement may be an effort to protect the self from dissonance, stress, and overload, it may also prove exhausting and counterproductive, much as efforts to suppress a thought do (Wegner, Schneider, Carter, & White, 1987). In contrast, by engaging and personalizing, people allow their authentic responses to emerge and find constructive ways to channel otherwise submerged facets of their self-concept. Doing so may reduce the dissonance and depletion otherwise experienced in performing necessary evils.

An additional contribution of our research to the literature on harm doing is to document the ways in which, even when psychologically disengaged, performers are capable of treating victims in an interpersonally sensitive manner. Although our results suggest that interpersonally sensitive behavior is both less likely to occur and less likely to be personalized when performers are disengaged, we nonetheless also find that, even when disengaging from the experience of harm doing, individuals are capable not only of sensitive interpersonal treatment but also of personally customizing their treatment of victims. These insights into the multiple ways in which psychologically engaged and psychologically disengaged performers produce interpersonally sensitive treatment enriches theory about the experience of harm doing, indicating that how professionals respond to their internal experience can be linked with a number of different forms of treatment of victims.

Justice and interpersonal sensitivity. Justice researchers have long recognized the importance of treating recipients of necessary evils with interpersonal sensitivity (Bies, 2001; Brockner & Wiesen-

feld, 1996). However, justice research has offered less insight into the challenges of producing interpersonally sensitive conduct. Our results contribute to this literature by offering insight into the black box of justice delivery from the performer's perspective. We detail the ways in which performers of necessary evils respond to the intense and potentially debilitating internal subjective experience of causing harm, and we document the relationship between these internal psychological responses and external behavior toward victims.

We also contribute to the justice literature by broadening understanding of the different forms that interpersonally sensitive behavior can take. In particular, our findings highlight the ways in which performers of tasks requiring harm can customize their delivery of interpersonally sensitive treatment. Past research has distinguished among distributive, procedural, and interactional (informational and interpersonal) justice, revealing their independent and interactive effects on victims and witnesses of injustice (Brockner & Wiesenfeld, 1996; Colquitt, Conlon, Wesson, Porter, & Ng, 2001). In our study, all four categories of justice were present in the interpersonal conduct through which professionals accorded targets sensitive treatment. For example, officers offered food and money to evictees (distributive); managers gave layoff victims the opportunity to set the pace of the discussion (procedural); doctors explained medical test results (informational); and professionals in all occupations used a calm and subdued tone and shared personal stories (interpersonal).

What our research also adds is the notion of personalization. We found that rather than retreating to well-worn routines or simply relying on strict adherence to commonly accepted, and organizationally prescribed, approaches to sensitive interpersonal treatment, necessary evil performers were capable of customizing and improvising their response to targets, sometimes even deviating from prescribed practice. This sort of specific tailoring has been shown to be crucial when giving explanatory accounts to those harmed or receiving bad news (Greenberg, 1993; Shapiro, Buttner, & Barry, 1994). Extending those findings, our research indicates that tailoring occurs in all forms of sensitive interpersonal treatment and that, in addition to its benefits for those on the receiving end, personalizing justice enables those delivering it to navigate the bind they face. Customizing interpersonally sensitive conduct may be one way managers, doctors, officers, and counselors called on to perform necessary evils resolve integrity violations they experience in their identities (Pratt, Rockman, & Kaufmann, 2006). Personalized acts of sensitive treatment express and affirm a facet of identity threatened when a professional performs a necessary evil.

Limitations and Future Research

As is the case with any attempt to build a grounded theoretical framework from a relatively small qualitative sample, some important limitations suggest directions for future research. One area particularly deserving of systematic investigation is the conditions under which individuals adopt different response styles when performing necessary evils. The selection of a response style is likely to be influenced by a number of different factors, including individual-level variables, such as professional experience and trait empathy; organizational factors, such as norms and espoused values; and situational factors, such as a target's reaction and available time (Darley & Batson, 1973). These factors may all be important, yet they may interact differently for different individuals, generating different response styles depending on the individual. As our own qualitative data revealed, experience increased the likelihood of engagement for some individual professionals and decreased it for others. The impact of experience may also vary slightly with occupation. We found that in 25 of 33 episodes they recounted (76%), veteran officers engaged; this ratio was slightly higher than that for veterans in the other occupations, who engaged in 36 of 68 episodes (53%), but for veterans in all occupational groups, engagement was at least as common as disengagement. In the case of novices, medical students and first-year interns reported engaging in 30 of 44 episodes (68%), compared to just 6 of 28 episodes (21%) for all other occupations. Put together, these two findings suggest that managers, counselors, and especially officers may become more likely to engage as they gain experience, whereas physicians in training follow the opposite path, becoming less likely to engage as they gain experience. The qualitative and cross-sectional nature of our data makes any such conclusion at best tentative but nonetheless worthy of future investigation.[2]

[2] Although our sample as a whole was fairly balanced over experience levels, there was variability within occupations. Expressing episodes by experience level as a percentage of total episodes we sampled, levels for novices ranged from 8 percent (officers) to 76 percent (doctors); levels for intermediates ranged from 7 percent (doctors) to 45 percent (counselors); veterans ranged from 17 percent (doctors) to 68 percent (officers). At least 15 percent of episodes for each occupational group came from each level of experience, with the exception of

Another area deserving of future investigation is the outcomes of delivering interpersonally sensitive treatment. Although we did not gather data about outcomes, either for those targeted by the necessary evils or for those in our study who performed necessary evils, future research can build on our inductive portrait of performers' experiences to identify and measure the consequences for them of delivering sensitive interpersonal treatment. For example, it would be fruitful to examine the extent to which engagement and personalization affect not only recipients of necessary evils, but also the performers. By engaging and personalizing their behavior toward victims, and thereby affirming that side of their moral identity otherwise threatened by their performance of the harm (Steele, 1988), the act of engaging and personalizing may also provide a means for performers to reduce the dissonance posed by necessary evils, and thereby guard against deindividuation and dehumanization.

A subsequent step would be to measure consequences for all involved parties simultaneously, though our experience suggests that legal constraints and ethical safeguards may make it difficult to collect these data. Creative approaches and innovative experimental designs may be necessary (Greenberg & Tomlinson, 2004). However, an aspiration for future research should be to capture and connect the multiple effects in real practical settings of how a necessary evil is handled and sensitive interpersonal treatment delivered. For example, what are the effects of different response styles on a performer's well-being, long-term commitment, moral sensitivity and beliefs, and learning; on a target's well-being, self-esteem, and resilience; and on an organization's functioning?

Our data suggest that when performing psychologically taxing and morally challenging tasks such as necessary evils, people may be able to navigate dueling imperatives by engaging psychologically with the challenge and by personally crafting action in response. Psychological engagement and personalized behavior toward a victim may serve as viable alternatives to disengagement and depersonalization. Our findings also suggest that psychological engagement is more likely than disengagement to prompt creative, resourceful responses to morally challenging tasks—responses that address the competing demands raised by the task. Future research can investigate these implications in a broader set of tasks and occupational settings. The patterns we found regarding engagement and disengagement, content of sensitive interpersonal treatment, and personalization cut across occupational settings and experience levels, giving us confidence that these findings and our conceptualization of response styles are generalizable to necessary evils more broadly. However, future research should extend inquiry to other occupations, other necessary evils, and even other psychologically and morally challenging tasks.

Finally, in this study, we relied primarily on interview data. Our aim was explicitly to unearth the subjective experience of those who must perform necessary evils and deliver sensitive interpersonal treatment, so interview data were particularly well suited for developing a grounded framework to capture their firsthand experience. Subsequent research can test and revise our theory with a broader sample of tasks and occupational groups, using observational, experimental, and survey methods, while also gathering outcome data.

Practical Implications

Our data indicate that individuals can be quite resourceful in finding ways to deliver sensitive interpersonal treatment, and they vary in the routes they take to do so. Given the crucial importance of sensitive interpersonal treatment and the intense demands of tasks that call for it, organizations must be flexible in supporting the different approaches professionals adopt—if those organizations hope to foster the treatment deemed so essential. But organizations also confront a bind. Support that may be well suited for a guarded or mechanical response style may in fact constrain an integrated style, and even one of detached concern.

Because necessary evils are so unsettling, and because sensitive interpersonal treatment is often neglected, organizations tend to focus on standard operating procedures and carefully scripted routines. Carefully choreographed sequences for layoffs, for example, along with verbatim scripts and handy phrases may be vital in preparing people to deliver necessary evils with at least a minimum of sensitivity. The intense and dissonant experience of doing a necessary evil makes these "off the shelf" practices, on the one hand, prudent. After all, for those who disengage, the motivational power of dissonance recedes, leaving little motivational force to propel sensitive interpersonal treatment. For those who engage, the dissonance threatens to overpower them, and standard protocol provides ballast to get them through. At the same time, these

intermediate doctors (7 percent of total episodes reported by doctors) and novice officers (8 percent of total episodes reported by officers).

same practices can impede an integrated response style, for those situations and individuals for whom combining engagement with personalization would be possible and preferable. Even as companies provide the standard policies and practices for ensuring a basic level of sensitive interpersonal treatment, they might also find ways to enable personalized responses.

Perhaps most important in facilitating flexibility around response styles, organizations could design training that educates and exposes those who perform necessary evils to the underlying dynamic that leads to engagement and disengagement, variety and personalization. Training could prepare people for the palpable experience of dissonance and self-threat that they will encounter when performing a necessary evil. In that way, they might develop ways of responding to their own subjective experience, as well as to the experience of the harmed human being in their presence, when in the grip of a psychologically destabilizing task situation.

For individuals, recognizing the styles one can apply may increase the likelihood of sensitive interpersonal treatment and reduce the toll on them of handling such psychologically demanding tasks. Individuals might be encouraged to develop a repertoire of styles, so that they can apply one that meets the specific contours of their task and reaction of its target, while still fitting their underlying preferences for how to respond.

Conclusion

Although individuals at work would ideally be able to achieve good without causing harm, the reality of organizational and professional life suggests that this will not soon be the case. As a result, we have sought to illuminate the often-overlooked perspective of the very people responsible for doing harm to advance valued objectives. Understanding how those asked to perform necessary evils respond both to their own experience of these tasks and to the human beings harmed is critical for management scholars as well as practitioners. By generating a framework grounded in the experience of individuals performing necessary evils, we may not reduce the unfortunate and inevitable reality of harm, but we may bring research and practice closer to mitigating its ill effects, supporting both those who must absorb it and those asked to impose it.

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APPENDIX

Data-Gathering Instruments[a]

Interview Protocol

1. What I would like to talk with you about today are times on your job where you know what you're doing has bad consequences (it causes emotional or physical pain or discomfort, for example) BUT it's something that you have to do—it's necessary in some way. What I'd like you to do is take a few moments to think about a particularly vivid recent experience of this from your job. Try to remember as much as possible— what you were thinking and feeling; when it happened; where it took place. Really try to place yourself back in that moment. Starting from the very beginning, can you tell me what happened?
   a. When it took place
   b. Where it took place
   c. Who was involved
2. So, at that moment, do you recall what you were feeling physically?
3. Do you recall what was going through your mind? What you were thinking?
4. Do you remember what you were feeling?
5. So you were feeling [repeat feelings interviewee mentioned] and you were thinking [repeat thoughts interviewee reported], but this was something that you had to do. How did you handle this?
   a. Are there any specific techniques you use, or learned, for handling a situation like this?
6. Do you think the other person sensed what you were going through?
   a. Why?
   b. Why not?
7. Do you think your peers or colleagues sensed what you were going through?
   a. Why?
   b. Why not?
8. How do other people around here deal with these types of situations?
9. Do you see differences between how people handle these situations around here and in other places you have worked?
10. Aside from your own personality and your personal way of going about things, what else do you think influences the way that you or others handle these types of situations around here?
11. Can you think of any other examples of what we have been talking about in the work that you do—times on your job where you know what you're doing has bad consequences (it causes emotional or physical pain or discomfort, for example) but it's something that you have to do—it's necessary in some way.

E-Mail Diary Questionnaire[a]

Instructions

There are no right or wrong answers to these questions. You will not be evaluated in any way. We seek your honest and candid responses to these questions, which are designed to capture your thoughts, feelings, and reflections. Some people find it helpful just to sit down and write after reading a question, capturing whatever comes to mind.

There are 4 broad questions below. Please answer all of them, taking as much room as you need for each. We are interested in as rich and detailed a perspective as you can provide.

Question 1: Brief Description of an Episode

Please take a few moments to think about a particularly vivid experience of a necessary evil you either had to perform yourself or assisted with since you started your clerkships/rotations. These are instances when what is being done has bad consequences for another person (it causes them emotional or physical pain or discomfort, for example) but it is something that has to be done— it's necessary in some way.

What took place? Please be as specific as possible. Provide a factual and chronological account of the episode you have in mind from any one of your rotations. The account should enable someone to recreate the scene in their mind. (When referring to patients and other

medical professionals please use pseudonyms, first names, or position ["patient," "intern," "senior"].)

Question 2: Your Personal Experience—Autobiographical Account

As the event you described above unfolded, what were you experiencing personally? Please describe the experience as though you were writing an autobiographical account of the episode. The account should be one that you would give to a roommate, very close friend, or significant other.

Please be sure to describe what you were thinking and feeling as the episode unfolded. What thoughts, if any, were going through your mind? What emotions, if any, were playing upon you? Also describe what you were experiencing physiologically (e.g., in terms of focus/distraction, heart rate, muscle tension, perspiration, stomach upset, tone of voice).

Question 3: The Moment Itself

(a) At the very moment that the necessary evil occurred, what thoughts and emotions—if any—did you have regarding yourself, the task to be performed, the other doctors in the room, and the patient?
(b) How did you handle this situation? That is, how did you get the task done?

Question 4: Reflections

What specific ways, if any, have you picked up or developed over the course of your rotations/clerkships for handling "necessary evils"? What makes these practices useful to you? How did you learn them?

If you have any other reflections you might want to share, please feel free to do so below:

[Questionnaire ends with open space]

[a] The texts of the interview protocol and the diary questionnaire appear here verbatim in the forms in which they were presented to informants.

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