The concept of “emotional labor” was first developed by organizational sociologist Arlie Hochschild. She described the work performed by any service employee who is required, as part of his or her job, to display specific sets of emotions (both verbal and nonverbal) with the aim of inducing particular feelings and responses among those for whom the service is being provided (Hochschild 1983). In this respect, employees are being required to control and use their own emotions in order to influence the emotional state of others (Heery and Noon 2001). The concept of emotional labor has frequently referred to a deliberate disconnect between felt and performed emotion, “surface acting” that is explicitly a part of the job and is encouraged and supported in performance evaluations. Occupations considered to be high in demand for emotional labor include nurses, physicians, therapists, protective service workers, and health service workers (Othman, Abdullah et al. 2008). In the human service field, emotional labor happens when you have to induce feelings you may not have or suppress feelings that you do have. It is the everyday work of virtually every therapeutic encounter and constitutes what can go radically wrong in an encounter that is nontherapeutic. Expressing appropriate emotions when face to face and voice to voice with a client who may be enraged, attacking, frustrated, shamed, sad, or grief stricken is emotionally demanding. Keeping your voice down and containing your own normal threat responses, and not emotionally escalating on the inside, even when a child or adult is cursing at you, spitting at you, or threatening you with bodily harm requires an extraordinary level of self-control and emotional management. And yet that is what human service workers do every day, often every hour of the day.


- Link to Commitment to Emotional Intelligence
- Link to Emotional Contagion
REFERENCES

