"DON'T SHOW ANY SIGN OF A CHIP IN YOUR ARMOR": THE COMMUNICATIVE CO-CONSTRUCTION OF MENTAL HEALTH IN CORRECTIONAL WORK

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by

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The undersigned, appointed by the dean of the Graduate School,

have examined the dissertation entitled

"DON'T SHOW ANY SIGN OF A CHIP IN YOUR ARMOR":

THE COMMUNICATIVE CO-CONSTRUCTION

OF MENTAL HEALTH IN CORRECTIONAL WORK

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A candidate for the degree of

Doctor of Philosophy

And hereby certify that, in their opinion, it is worthy of acceptance.

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To Dad.

You shared your story, the struggles and pleas
As part of humanity, a glimpse now I see
You work behind bars 8 hours a day
A job that requires courage, for your safety I pray
That life comes to those who serve and protect
So that no other officer might meet their death

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TABLE OF CONTENTS

ABSTRACT

This study examined the communicative construction of mental health in correctional work. Using narrative interviews with 25 current and former correctional officers, I explore how macro, meso, and micro D/discourses both enable and constrain communication and action around mental health for correctional employees. The findings suggest that larger cultural Discourses related to masculinity, bounded rationality, and personal responsibility, meso discourses related to organizational expectations, and daily micro-talk about mental health and resources such as the Employee Assistance Program, primarily create and sustain communication barriers that limit correctional workers from communicating about or seeking help for mental health challenges. From a critical perspective, D/discourses related to power and control privileged the rational experiences of workers and marginalized the emotional/physical experiences, a practice I argue has significant implications for the health and well-being of workers.

CHAPTER I: INTRODUCTION

The mental health and wellness of employees is a topic of increasing concern to organizations around the world. In a given year, 43.8 million individuals in the United States will experience a mental illness (National Alliance on Mental Illness, 2015). The World Health Organization (2001) reported that on a global level, nearly two-thirds of individuals suffering from a mental or neurological disorder would never seek help from a health professional. More recent research from the United States reports that, although one in five adults experience mental illness in the United States, only 41% of adults with a mental health condition received mental health services in the past year (National Alliance on Mental Illness, 2015).

When unrecognized and untreated, mental health problems have dire consequences for both the organization and the individual. For organizations, mental health challenges at work are negatively related to productivity, desired organizational outcomes, and job satisfaction (Lee, Lee, Liao, & Chiang, 2008). On the individual level, when employees struggle with mental health challenges, it disrupts their capacity to fully engage in the organizational environment and feel satisfied with their work (Centers for Disease Control and Prevention, 2015). Further, mental health challenges are a risk factor for suicide, which is the 10th leading cause of death among adults and the 2nd leading cause of death among people aged 10-24 (National Alliance on Mental Illness, 2017).

The financial costs of mental illness are also substantial. Employees' mental illness is reported as resulting in 200 million lost workdays each year, costing employers anywhere from $17 to $44 billion (Center for Disease Control, 2016). Globally, the cost of mental illness was nearly 2.5 trillion in 2010, with a projected increase to over 6

trillion by 2030 (The National Institute of Mental Health, 2011). Furthermore, individuals aged 45 to 64 years who retire early due to mental health conditions have 78% lower incomes than their full time employed, healthy counterparts (Schofield, Shrestha, Percival, Passey, Callander, & Kelly, 2011). Thus, the financial costs of mental illness are significant for the individual and the organization. To help alleviate these costs, organizations have instituted Employee Assistance Programs to help promote employee well-being.

Combating Mental Health Challenges: Employee Assistance Programs

Given the negative consequences for both individuals and the organizations that employ those with mental health challenges, organizations have sought to improve the mental health of their employees via wellness programs, sometimes referred to as "Employee Assistance Programs" (EAPs). These EAPs are designed to create safe and healthy workplaces that foster employee well-being. EAPs are considered primary vehicles for addressing workplace health issues, including stress management and other mental and physical health challenges (Kirk & Brown, 2003). Below, I discuss the general design of these programs, the ways in which they have proven successful, and the challenges they face in getting employees to seek and use the mental health services they offer. I then suggest that scholars and practitioners can address the shortcomings of EAPs by reconsidering how the term "mental health" is constructed in such a way that may discourage employees from seeking help for mental health challenges.

EAPs address a wide range of health-related factors by providing counseling and consulting services for employees and their family members; these services include individual counseling, stress management, mediation, and change management (Kirk &

Brown, 2003). Often, these programs seek to alter employee health by offering resources for depression, weight management, health coaching, and smoking cessation (Zoller, 2003). In the United States, over 97% of companies with more than 5,000 employees, 80% with 1,001-5,000 employees, and 75% with less than 1,000 employees have an employee assistance program.

There are a handful of studies that have measured the effectiveness of EAPs in ameliorating employee mental health challenges (Jarman, Martin, Venn, Otahal, Blizzard, Teale, & Sanderson, 2016; Young, 1993). One such study tracked the association between mental health and a comprehensive workplace health promotion program over a three-year period and found that while women's psychological distress decreased over time, this change was only partially attributed to participation in the program. Men's psychological distress did not change over time with participation (Jarman et al., 2016). Thus, use of the program was suggested to be only somewhat responsible for relieving psychological distress, and only for women. However, another study of nine EAP providers in the UK concluded that employees who received counseling reported improved mental and physical well-being and reduced absenteeism (Berridge, Cooper, & Highley-Marchington, 1997). Similarly, a study of Australian EAPs by Young (1993) found that 70-80% of employees who had used EAP services found them to be effective and satisfactory.

Despite some research documenting the effectiveness of EAP programs, there is still relatively little known about the long-term effectiveness of the programs, and what scholars do know appears to be mixed. Kirk and Brown (2003) argued, "EAP evaluations have not yet produced the quality of evidence that would enable an unqualified

endorsement of EAP interventions in the management of stress and other personal and organizational issues in the workplace" (p. 141). In sum, there is more research to be done on the effectiveness of EAP programs for improving the mental well-being of employees.

Beyond the conflicting research on EAP effectiveness among those who do participate, studies have also documented low rates of help-seeking from EAPs among distressed employees who might need mental health services (Clark-Hitt, Smith, Borderick, 2012; Reynolds & Lehman, 2003). This research notes that employees who often need the most help are less willing than their healthier colleagues to use wellness programs (Reynolds & Lehman, 2003). Thus, researchers have sought to understand the basic causes of individuals' reluctance to seek treatment.

Determinants of Help-Seeking Behavior

To date, scholars have argued that stigma, social support, and an organization's social climate are all key determinants of whether an employee engages in help-seeking (e.g., Corrigan, 2004; Reynolds & Lehman, 2003). First, the stigma of mental health challenges creates barriers for employees who want to avoid being labeled unstable or in need of help (Reynolds & Lehman, 2003). Research notes that individuals who are labeled mentally ill often face stereotyping, discrimination, and status loss (Link & Phelan, 2001; Thoits, 2011), key elements of stigma. A 2007 study by the Centers for Disease Control regarding attitudes toward mental illness found that, while upwards of 80% of adults with and without mental health symptoms agreed that treatment could help persons with mental illness, only 25% of adults with mental health symptoms believed that people are caring and sympathetic to persons with mental illness. These statistics

suggest that individuals with mental health challenges perceive these challenges as stigmatizing and may therefore avoid seeking treatment.

Further, social support from colleagues and supervisors plays a significant role in help-seeking from an EAP program. Delaney, Grube, and Ames (1998) found that supervisor encouragement and social support influenced beliefs about EAP efficacy as well as indirectly influenced the likelihood that an employee would seek help. These authors argued that co-workers represent sources of emotional, evaluative, and informational support systems. Additional research has demonstrated that "being prompted to seek help and knowing someone who had sought help were both related to positive expectations about mental health services," as well as "more positive attitudes toward help seeking" (Vogel, Wade, Wester, Larson, & Hackler, 2007, p. 233). In sum, social support is a significant contributor to employee intentions to seek help. Because mental health is stigmatized, employees may perceive a lack of social support from colleagues, thereby causing them to bear their challenges silently. Unpacking how mental health has been constructed in such a way that encourages employees to hide their mental health challenges is one of the first steps in reconstructing the term mental health. Social climate, such as trust in management, also influences the likelihood that employees will seek help (Reynolds & Lehman, 2003). Reynolds and Lehman (2003) argued that efforts to increase EAP use should target the workplace social environment as a whole. This recommendation stemmed from their findings that employees "with greater awareness of the EAP, support for policy, and perceptions of work group cohesion reported significantly greater willingness to use the EAP than did employees with relatively less awareness, policy support, and cohesion" (p. 238). Thus, the workplace

environment plays a large role in whether employees are willing to take advantage of EAPs. The workplace environment is influenced in part by the organizational norms, values, and assumptions that guide behavior. If, for example, an organization encourages employees to remain stoic and guarded when carrying out professional duties, this may decrease the likelihood that employees will reveal information that makes them vulnerable (such as having a mental health issue). Therefore, examining the role of the organization in constructing mental health may shed light on how organizational processes encourage/discourage employees from seeking help.

Considering the Construction of Mental Health

Despite the development of EAPs, it is clear employees continue to struggle when it comes to using EAP services. As detailed above, the reasons for low EAP use are numerous, including perceived lack of support from colleagues, fear of stigmatization, and overall organizational climate. What this research has not considered, however, is how mental health is constructed at the individual, organizational and societal level, and, further, how this construction influences the enactment (seeking treatment or sharing issues with others), or even silencing of (never sharing issues or seeking help) mental health challenges in the workplace. Exploring how employees conceptualize mental health may give scholars and practitioners a fuller picture of why employees may hesitate to use wellness programs and may even begin to explain why mental health challenges sometimes remain hidden in the workplace. Research documents the prevalence, consequences, and contributing factors that influence the treatment of mental health issues. What I suggest is that scholars can address the pervasive nature of mental health challenges by first considering how mental health is constructed across multiple,

intersecting layers at the interpersonal, organizational, and societal levels. By gaining a better understanding of how mental health has been constructed, it is possible to reconstruct what it means to be mentally healthy, and perhaps even begin to normalize the experience of mental health challenges in everyday life.

Thus, the purpose of this dissertation is to explore the communicative construction of mental health at work. Below, I argue that applying an organizational communication lens to the study of mental health can provide a more complex understanding of how organizational processes are tied to mental health challenges at work.

Organizational Communication as a Lens for the Study of Mental Health

As a field of study, an organizational communication perspective can help scholars investigate how mental health issues are crafted through societal discourses, perpetuated by workplace cultures, and maintained in everyday co-worker interactions. In particular, organizational communication has a rich critical tradition that "is increasingly characterized by multiple voices that challenge dominant ways of seeing and thinking about organizations and which therefore challenge the implicit rules about who can legitimately construct organizational knowledge" (Mumby & Stohl, 1996, p. 56). In other words, an organizational communication lens offers a way of questioning hidden power relations at work (Mumby & Ashcraft, 2006) and interrogating the taken-for-granted beliefs that often influence patterns of organizing (Lutgen-Sandvik & Tracy, 2012).

Organizational communication problematizes whose voices are heard in organizing and why, how communication functions *as* organization rather than *in* organizations, how claims to rationality lead to (sometimes harmful) profit-focused

motives, and how the relationship between organizations and society extends beyond the boundary of the organization to include discourses that influence community and identity building (Mumby & Stohl, 1996). This perspective illuminates how hidden power structures and societal discourses participate in individuals communicatively constructing mental health at work. With this in mind, this study seeks to investigate the relationship between organizational processes and mental health, specifically with regards to how macro, meso, and micro discourses shape the construction of mental health in ways that are both enabling and constraining. The current project uses correctional work as the context for this research, a profession that has deeply troubling consequences for the mental and physical health of its employees.

Correctional Work: Consequences and Opportunities

This dissertation examines the construction of mental health in the corrections profession. Correctional officers are responsible for monitoring individuals who have been arrested and are awaiting trial or who have been sentenced to serve time in jail or prison. They are responsible for enforcing rules, keeping order, supervising activities of inmates, aiding in the rehabilitation and counseling of prisoners, searching inmates for contraband items, reporting on inmate conduct, and generally ensuring the safety and security of the facilities where they work (U.S. Bureau of Labor Statistics, 2015).

Correctional institutions are stressful and dangerous environments; in dealing with inmates, officers may be injured in confrontations, exposed to contagious diseases, or witness suicide attempts and death. Thus, the U.S. Bureau of Labor Statistics (2015) reports that correctional officers have one of the highest rates of injuries and illness among all other occupation. Additionally, correctional officers work in a service

occupation, which puts them at greater risk for experiencing mental health challenges than other types of occupations (Centers for Disease Control and Prevention, 2016).

Other consequences of this profession include a lower life expectancy, higher rates of suicide and divorce, and a greater risk for developing post-traumatic stress disorder. The reported life expectancy for correctional officers is 59 years of age, which is 18 years under the average U.S. population (DeAmicis, 2016). According to a study completed by the Archives of Suicide Research, the suicide rate of correctional officers is 39% higher than the average of other occupations (Finley, 2007), and around 31% of officers suffer from post-traumatic stress disorder, a percentage that is comparable to veterans returning from combat, and more than four times the national average (Denhof & Spinaris, 2013). Research has also reported that domestic violence rates are 40% higher among this population, and, although difficult to estimate, correctional officers are also believed to have higher divorce and substance abuse rates than the general population (Bedore, 2012; McCoy & Aamodt, 2010; Summerlin, Oehme, Stern & Valentine, 2010).The negative outcomes associated with this type of work represent a significant social problem that has received attention from communication researchers. Specifically, scholars who have investigated the correctional setting have done so by focusing on the capacity of these workers to experience burnout and other negative health outcomes due to the nature of their work (Schaufeli & Peeters, 2000; Tracy, 2003; Tracy & Scott, 2006).

The troubling statistics associated with this profession make an investigation of the construction of mental health in this context not only an opportunity for furthering a theoretical understanding of the term, but also represent a vital applied concern that,

when addressed, may provide avenues for interventions to help these struggling employees. Thus, this dissertation focuses on how correctional officers construct mental health amidst constraining/enabling macro, meso, and micro discourses. Below, I offer a project overview that details how I investigated mental health in this setting.

Project Overview

To explore the connections among larger societal, organizational, and micro discourses, I interviewed 25 correctional officers from various institutions in the Midwestern region using narrative as a guiding methodology and lens for understanding how employees construct mental health. Narratives offer meaningful insight into how individuals perceive the world and their place within it; they are powerful accounts of identity that illuminate the individual lived experience (DeGloma, 2014). Further, narratives demonstrate how that lived experience has been shaped by cultural expectations, societal discourses, and institutions (Gubrium & Holstein, 2001). The use of narrative offers a valuable way of examining how correctional employees construct and enact mental health in relation to their identity, as well as how their conceptions of mental health offer insight into broader social discourses that inform their perceptions. Chapter two begins by presenting an in-depth discussion of mental health literature, including how mental health has been defined and measured by scholars primarily in the field of psychology. I use this literature to argue for a more holistic understanding of mental health that accounts for the individual's emotional, social, and psychological well-being, not merely the absence of a mental illness. Further, I suggest that a communicative approach to mental health highlights how d/Discourses influence the construction of mental health in ways that both constrain and enable correctional workers. I use Alvesson

and Kärreman's levels of discourse as a framework for considering the interplay among macro, meso, and micro d/Discourses on the construction of mental health. I then overview how various d/Discourses at the societal, organizational, and interpersonal level may contribute to a communicative construction of mental health that is problematic for the health and well-being of employees. Chapter three discusses my use of narrative methodology to investigate how d/Discourses enable and constrain the construction and enactment of mental health in correctional work. Chapter four presents the findings of this study and analyzes four distinct narratives that emerged in my data about mental health in correctional work. Finally, chapter five discusses the implications of this dissertation research and explores its theoretical and practical contributions.

CHAPTER 2: LITERATURE REVIEW

The purpose of this dissertation is to examine the communicative construction of mental health in correctional work. Specifically, this project addresses how societal, organizational, and micro discourses influence the construction of mental health in ways that are both enabling/constraining for correctional officers. This study not only contributes to a better theoretical understanding of the role of communication in mental health, but also offers practical implications for addressing mental health challenges among correctional employees. In this chapter, I argue that scholars and practitioners can begin to address mental health challenges at work by first examining how mental health is communicatively constructed in ways that can be beneficial or damaging for employee well-being. To develop the theoretical framework for this project, this chapter presents literature on mental health, D/discourses, and correctional work.

I begin with an interdisciplinary overview of mental health literature. In this section, I analyze how mental health has been defined in the past, noting that it overlooks the role of communication in the construction of mental health. I then suggest that a communicative approach to mental health can highlight the role of d/Discourses in the construction of mental health, and I discuss macro, meso, and micro discourses that may constrain/enable how correctional officers communicatively construct and enact mental health at work. In the section below, I offer a distinction between mental health and mental illness, arguing that communication scholars should conceptualize mental health in a way that accounts for the individual as a whole, rather than the presence or absence of mental illness.

Conceptualizing Mental Health

Mental health and mental illness are separate but related concepts (Keyes, 2002, Gilmour, 2014). Mental illness refers to a disorder that affects a person's thinking, feeling, or mood (National Alliance on Mental Illness, 2017). Such conditions include, but are not limited to, bipolar disorder, depression, posttraumatic stress disorder, schizophrenia, and various anxiety disorders. Mental health can be defined as a more holistic construct, one that accounts for an individual's complete emotional, mental, and social well-being (The World Health Organization, 2016). Thus, mental health is more than the presence or absence of a psychological disorder; rather mental health is related to an individual's overall social and emotional well-being.

Distinguishing Between Mental Health and Mental Illness

In much of the mental health literature I reviewed, scholars do not explicitly define their use of the terms "mental health" or "mental illness" (e.g., Corrigan, 2004; Considine, Tynan, James, Wiggers, Lewin, Inder, Perkins, Handley & Kelly, 2017; Thoits, 2011; Quinn, Kahng & Crocker, 2004; Wendt & Schafer, 2015; Wolford, 1964). Often these studies and others use the term mental illness and mental health interchangeably (e.g., Goldman & Grob, 2006; Jane-Llopis, Anderson, Stewart-Brown, Weare, Wahlbeck, McDaid, & Cooper, 2011; Jarman, Martin, Venn, Otahal, Blizzard, Teale, & Sanderson, 2016; Jorm, 2015; Steel, Marnane, Iranpour, Chey, Jackson, Patel & Silove, 2014), failing to make a distinction between mental disorders and overall well-being. Other researchers have noted this shortcoming, arguing that mental health and mental illness have been conflated (Gilmour, 2014; Keyes, 2002; Keyes & Lopez, 2002).

Conflation of the terms mental illness and mental health extends beyond scholarship; Keyes and Lopez (2002) pointed out that until recently, "mental health as something more than the absence of psychopathology remained undefined, unmeasured, and therefore unrecognized at the level of governments and nongovernmental organizations" (p. 89-90). The lack of recognition by practitioners that mental health can be understood as more than merely the presence or absence of mental illness was a limitation in organizations' understanding of the term that has only recently been remedied.

Governmental and nongovernmental organizations first began recognizing mental health as something more than the presence or absence of mental illness in the late nineties (Keyes & Lopez, 2002). In 1999, the Surgeon General released a definition of mental health that accounted for an individual's ability to engage in productive and fulfilling activities and relationships, as well as cope with adversity. The World Health Organization followed suit in 2004, releasing a definition of mental health that acknowledged an individual's overall sense of well-being, ability to contribute to his/her community, and cope with the normal stresses of life (Keyes & Lopez, 2002).

Mental Health as Social, Emotional, and Psychological

Based on these shifts, in 2005, Keyes was the first to operationalize this broadened understanding of the term "mental health" by breaking it into three interrelated concepts: positive emotional, social, and psychological functioning. First, Keyes argued that *positive emotional functioning* was one key element of mental health. Positive emotion is defined as the presence or absence of positive feelings about life. In other words, does an individual feel an overall sense of life satisfaction and are they generally

free of persistent negative feelings such as hopelessness and defeat? Prior research has demonstrated that feelings of loneliness, lack of assurance, and an inability to feel "happy" are related to the experience of mental health challenges (Li & Browne, 2000). Further, Gross and Munoz (1995) argued that an individual's ability to influence the emotions they feel and how they are expressed is essential to mental health. Keyes' claim that one must feel positive emotion to be mentally healthy is a potentially problematic one; what it means to be emotionally well likely shifts from person to person, and emotional changes could happen so rapidly that one person who feels mentally healthy one day may not the next.

Positive psychological functioning is the second element in Keyes' definition of mental health. An individual has positive psychological functioning when:

They like most parts of themselves, have warm and trusting relationships, see themselves developing into better people, have a direction in life, are able to shape their environments to satisfy their needs, and have a degree of self-determination (p. 209).

Scholarship supports positive psychological functioning as a key element of mental health. For example, Gross and Munoz (1995) noted that mental health includes being able to relate to others in a satisfying way, and Li and Browne (2000) argued that lack of control over one's environment was detrimental to an individual's psychological functioning. Although Keyes did not acknowledge the role of communication in positive psychological functioning, it is through communication processes that individuals develop satisfying relationships with others, and it is through social construction processes that they have perceptions of what it means to live meaningful lives.

The third and final element of mental health is *social functioning*. Positive social functioning accounts for a more public evaluation of an individual's functioning in life, including social coherence, social actualization, social integration, social acceptance, and social contribution (Keyes, 1998). As Gross and Munoz (1995) noted, some definitions of mental health emphasize adherence to cultural norms as a key feature of healthy functioning. Social functioning is similar in that it accounts for cultural expectations regarding a person's development and growth across the lifespan. Furthermore, it takes into consideration how individuals see themselves in relation to society; when individuals feel accepted by others, view themselves as valuable contributing members of society, and have an overall sense of society's potential for growth, they are experiencing social well-being. Again communication has a large but unrecognized role to play in this process; communication is the means by which an individual receives positive or negative evaluations of their societal contributions.

Positive emotional, psychological, and social functioning as detailed in Keyes' research represents a valuable way of conceptualizing mental health in a holistic manner, but his research does not account for the role of communication in constructing mental health. Each of Keyes' three concepts relies on social construction processes. For example, emotion is fundamentally social; how individuals make sense of emotional experiences is dependent upon their interactions with others and participation in larger systems of meaning (Waldron, 2012). The same can be said for Keyes' classification of positive psychological and social functioning. Communication is the means by which meaningful relationships are created and sustained, and larger social discourses create the parameters by which an individual may be considered "socially coherent."

The purpose of my extensive discussion of Keyes' work is twofold: first, his research is remarkably useful for thinking about mental health as more than the presence or absence of a psychological disorder. His three components of mental health (emotional, psychological, and social functioning) account for the individual as a whole and provide a useful framework for understanding what the concept of mental health looks like when it is not conflated with the term mental illness. In my research of mental health literature, Keyes was the only scholar that extensively defined and operationalized the term mental health. Second, as I have discussed above, there are several meaningful ways that Keyes' research can be extended to not only account for the role of communication, but to recognize communication as the fundamental means by which mental health is constructed and perceived.

Thus, I suggest that mental health is a communication construct; the way we talk about mental health influences our perceptions of what mental health is, our positive or negative evaluations of the term, and the actions we take to address mental health problems. The current study seeks to understand the social nature of mental health by acknowledging how our interactions with others and participation in larger discourses create and sustain enduring perceptions about mental health that may help or hinder our well-being. Below, I discuss what a communicative approach to the study of mental health can look like based on existing research from the health communication discipline, and I highlight how the field of organizational communication has come close to but has not yet fully explored the construction of mental health at work.

A Communicative Approach to Mental Health

The field of health communication has recently explored the connection between communication and mental health outcomes, but research has yet to fully explore how communication influences the construction of mental health. Rather, health communication broadly focuses on three areas related to mental health: how communication can be used to foster awareness about mental health challenges (Jorm, 2005); encourage help-seeking behaviors (Jane-Llopis et al., 2011; Kim & Stout, 2010; Wilson, Gettings, Dorrance Hall & Pastor, 2015); and impact mental health outcomes for individuals of different cultures and nationalities (Keaton, McCann, & Giles, 2017; Tang & Bie, 2016). Although this research focuses on the role of communication in mental health outcomes, it has not yet examined how individuals communicatively construct mental health. In the paragraphs below, I discuss the three areas related to mental health that are addressed in health communication literature and discuss how my own project builds on and expands this prior work.

First, health communication research can be commended for drawing attention to mental health as connected to communication processes. Though somewhat focused on mental illness, Jorm (2015) argued that mental health literacy, or "knowledge and beliefs about mental disorders which aid their recognition, management, or prevention" (p. 1166) was a vital and neglected part of health literacy research, which has previously ignored mental disorders. He noted that large gaps exist between public and professional understandings of mental disorders, especially with regard to the helpfulness of types of mental illness treatments. However, Jorm's work did not offer a definition for mental health or mental illness, and his discussion of mental health literacy suggests that mental health and mental illness are the same concept. Further, while his research suggests how

communication can increase mental health literacy and improve mental health policy, he does not point to what the concept of mental health literacy should entail, or how communication can be used to modify the beliefs of the general public about mental illness. An important extension of Jorm's research would be to better understand the relationship between communication and mental health perceptions. This dissertation examines the connection between communication and mental health perceptions by considering how mental health is communicatively constructed via larger discourses that influence conceptions of mental health.

Second, health communication research has focused on communication barriers individuals may face when encouraging someone to seek help for mental health challenges (Wilson et al., 2015) and how communication can help individuals cope with the challenges of helping another who is experiencing mental health issues (Callejas & Thompson, 2016). Wilson et al. (2015) described four dilemmas that family members faced when asked how they would talk to a loved one returning from military service who was experiencing mental health challenges. Family members described navigating: 1) telling a loved one that they need help without implying they are not normal, 2) convincing the loved one to seek help without implying they are weak, 3) being persistent and patient, and 3) wanting the loved one to open up about mental health challenges without implying they understand how he/she feels. Family members identified a number of communication strategies they used to navigate these dilemmas, including communicating with care and commitment, framing the talk positively, and being mindful of when/how much to talk about help-seeking. This research points to the discursive difficulties that individuals face when talking about mental health; it is

important to the current project because it sheds light on the challenges individuals face when talking about mental health and offers suggestions for how to navigate those challenges.

Third, some health communication research has pointed to the connections among communication, culture, and mental health outcomes. For example, Keaton, McCann, and Giles (2017) explored how communication perceptions influence mental health outcomes such as personal self-esteem and life satisfaction among age ingroup and outgroup Thai and American adults. The authors found that accommodation (support and attentiveness) led to greater personal and collective self-esteem as well as life satisfaction, while nonaccommodation (nonlistening) and overaccommodation (patronizing talk and nonverbal expressions) led to less life satisfaction and self-esteem. Interestingly, the authors found significant cultural differences between Thais and Americans, such that older Thais experienced lower life satisfaction and self-esteem than older Americans. The authors point to cultural differences as a reason why the groups experience different outcomes, but there is little discussion of how beliefs about what it means to be mentally healthy may differ in Eastern and Western cultures. Although this dissertation does not focus on intercultural differences and conceptions of mental health, I do point to larger cultural discourses that influence perceptions of mental health.

There is one study I identified that explores the connection between culture and mental health perceptions: Tang and Bie (2016) pointed to cultural understandings of mental illness in their analysis of Chinese college students' narratives about mental illness. They found that, in telling stories about mental illness, Chinese students drew upon highly cultural-specific stereotypes and biases about mental illness. Their research

pointed to culture as a primary reason why mental illness goes untreated and argued that further exploration of cultural understandings of mental illness can help create messages that will promote mental health services and reduce the stigma of mental illness. Overall, their piece is an important first step in examining how larger systems of meaning influence perceptions about mental health. Tang and Bie (2016) begin to unpack how cultural discourses influence narratives of mental illness, and my dissertation extends this research by examining the construction of mental health at the crossroads of multiple d/Discourses that are societal, organizational, and micro in nature.

In summary, I have covered three areas of health communication literature that address mental health. First, health communication has considered the role of communication processes in influencing mental health outcomes, but it has not explored how mental health is communicatively constructed in ways that may be harmful to an individual's health. Second, health communication research offers insight into the discursive challenges individuals face when talking about mental health issues, which informs the current project by considering how micro-moments of interaction influence perceptions of mental health. Third, there is a great deal of room for scholars to more thoroughly examine how larger cultural discourses inform conceptions of mental health and the actions individuals may take to address mental health challenges, something this dissertation explores. In the section below, I discuss how organizational communication researchers have explored constructs related to mental health at work, but have not yet fully developed the concept of mental health itself.

Organizational Communication Perspectives on Health at Work

Scholars interested in burnout (Miller, Stiff, & Ellis, 1988), resilience (Agarwal & Buzzanell, 2015), health identities (Farrell & Geist-Martin, 2005; Zoller, 2003) and dirty work (Ashforth & Kreiner, 1999) have written about how employees overcome and manage difficult circumstances at work. This research is certainly connected to the mental health of workers, but scholars have yet to make the leap to discussing mental health specifically. My purpose in discussing this research is to demonstrate how current organizational communication literature has come close to but has not yet examined the construction of mental health at work.

Burnout. Burnout is an area of scholarship that is directly tied to the mental health and well-being of workers. The concept emerged in the field of psychology, where Maslach and Jackson (1981) developed a definition of burnout that included three dimensions: a) depersonalization, b) reduced personal accomplishment, and c) emotional exhaustion. Reduced personal accomplishment includes feeling ineffective at work; emotional exhaustion is the feeling of being emotionally drained from the job; depersonalization occurs when individuals experience troubles connecting with others on a personal level. The consequences of burnout are numerous and debilitating. They include, but are not limited to, physical illness (such as headaches and sleeplessness), psychological issues like loss of self-esteem and motivation, as well as an increased chance of depressed feelings, which can lead to anger and irritability. Thus, the experience of burnout and mental health are closely connected.

Maslach (2001) noted that burnout research has been linked to mental illness in one of three ways. Researchers have either argued that 1) burnout causes mental illness, 2) people with a history of mental illness are more at risk for burnout, or 3) burnout itself

is a form of mental illness. Some scholars have begun exploring these connections more deeply, seeking to define and identify burnout as a distinctive form of mental illness (see Schaufeli & Greenglass, 2001). Research examining the relationship between burnout and mental illness continues to be grounded in the psychology discipline, although organizational communication scholars have studied the concept of burnout in relation to communication practices.

Specifically, organizational communication researchers have examined communication practices as precursors to burnout (Miller, Ellis, Zook & Lyles, 1990; Miller et al. , 1988; Snyder, 2012). This research has found that perceived communicative responsiveness among human service workers is a significant predictor of depersonalization and reduced personal accomplishment (two of the three dimensions of burnout) (Miller et al., 1988), that decision-making ability and social support play an important role in mitigating workplace stress and burnout (Miller et al., 1990), and that employees who can control their expressive behavior and maintain a sense of optimism are better equipped to resist burnout (Snyder, 2012). In general, however, these scholars have not discussed burnout as specifically related to mental health, nor did they explore the concept of mental health and its connection to communication and burnout. For example, although Tracy's (2003, 2004) research noted how correctional officers can experience stress and burnout as a result of their work, she does not explicitly discuss mental health.

Resilience. Resilience, which can be defined as the capacity of an individual or system to experience positive outcomes despite difficult and even traumatic experiences (Houston, Spialek, Cox, Greenwood & First, 2014), is another concept organizational

communication researchers have begun to explore that is related to mental health and well-being). This research has primarily existed in the field of psychology, where attention is paid to the traits and characteristics of an individual that help them thrive despite adversity (Curtis & Ciccheti, 2003; Richardson, 2002; Tusaie & Dyer, 2004). However, organizational communication researchers have recently turned their attention to processes of resilience in the workplace, hoping to understand resilient workspaces wherein employees are able to bounce back, adapt, or even experience transformation as a result of challenging work experiences (Agarwal & Buzzanell, 2015).

Research on resilience from a communication perspective has demonstrated that communication is central to resilience (Agarwal & Buzzanell, 2015; Buzzanell, 2010). Scholars have argued that resilience involves the communicative construction of particular narratives, identities, and emotions that allow for growth after change (Agarwal & Buzzanell, 2015). Further, studies focusing on resilience from this communicative lens have demonstrated that identification, communication networks, use of alternative logics, and the ability to craft normalcy contribute to the creation of resilience (Buzzanell, 2010; Buzzanell, Shenoy, Remke, & Lucas, 2009). Overall, this research indicates that communication allows individuals to draw upon existing social networks, reframe their experience in a more positive light, and construct particular identities to help them overcome and adapt to challenging life circumstances. Although resilience plays a central role in the mental health and well-being of individuals, organizational communication research in this area falls short of discussing mental health; Further, when resilience literature does consider mental health, it is typically outcome focused, such that a person who does not experience a psychological disorder following an adverse event can then be

labeled “resilient” (Bonnano & Dminich, 2013; Curtis & Cicchetti, 2003; Masten & Powell, 2003). As organizational communication scholars continue considering the concepts of resilience and mental health, they should work to better understand the relationship between mental health and resilience, as well as consider ways in which fostering resilient employees can help mitigate mental health challenges.

Workplace Wellness and Health Identities. There are a handful of studies from organizational communication scholars that have begun exploring health identities and wellness at work. This research has primarily focused on how individuals communicate about their health at work, as well as how managerialist imperatives often guide wellness programs, aggravating, rather than alleviating, employee health issues (Farrell & Geist-Martin, 2005; James & Zoller, 2017; Zoller, 2003).

Work by Farrell and Geist-Martin (2005) offers a notable example of research regarding health and wellness in the workplace. Their study investigated how individuals communicate about their social health (relationships with coworkers). There are three findings from this piece that relate directly to this dissertation: first, the authors found that social health transcended organizational boundaries, often overlapping with employees’ public and private lives. Just as social health overlaps with public and private lives, I expect that conceptions of mental health will also expand beyond the boundaries of the organization. Second, the authors argued that organizational culture can promote or sidetrack the development of positive social health. As I will discuss further below, my project considers how organizational discourses, including organizational culture, come together to influence individual understandings of mental health. Finally, they noted that acknowledging that health identities have multiple dimensions that are social, spiritual,

psychological, and physical in nature is one of the first steps in creating holistic wellness programs and reexamining organizational health ideologies to ensure they are empowering. The current project builds on these claims by noting how mental health should be viewed as a holistic construct, and further, how organizational discourses both constrain and enable conceptions of mental health.

Other research on workplace wellness suggests that societal discourses, such as managerialism (the privileging of reason, profit, and efficiency), in addition to organizational health ideologies, play a large role in constructing employee conceptions of what it means to be healthy. For example, Zoller (2003) found that one organization's health promotion program modeled managerialist values by encouraging self-denial and self-control. Zoller noted that the organization's inability to create policies that account for the individual as a whole led to an exclusive focus on the individual as responsible for altering their health and psychological habits, ultimately creating a combative relationship with the body. Further support for the role of the organization in shaping conceptions of health can be found in James and Zoller's (2017) most recent work, which demonstrated how organizational health initiatives influence employee perceptions of health, fitness, and identity. My study draws on Zoller's research to examine how a macro-discourse of managerialism influences the construction of mental health, and to note how macro-level and meso-level discourses work together to create perceptions of mental health that are problematic for employee well-being.

Dirty Work and Stigma. The fourth and final area of organizational communication research that is related to mental health is dirty work and stigma. In the following section, I define the terms dirty work and stigma, as well as discuss how this

literature relates specifically to correctional officers. I argue the corrections profession is a dirty job that is physically, socially, and morally tainted, and suggest that the stigma officers experience due to the nature of their job may influence how they perceive and manage mental health challenges.

Stigma has traditionally been defined as an identity discrediting mark; the term is of Greek origin and was used to describe individuals of questionable moral status (Goffman, 1963). Goffman argued that stigmas can be associated with the physical body (a visually apparent disability), the individual character (laziness, dishonesty), or the nationality (also including race, religion, ethnicity) of an individual. Scholars who have built on Goffman's work have also detailed how stigma can be physical, social, and moral in nature (Ashforth & Kreiner, 1999), as well as how individuals communicatively manage the experience of stigma (Meisenbach, 2010).

"Dirty work" is a term used to describe occupational stigma, which are jobs that carry some sort of social, physical, or moral taint. First conceptualized by Hughes (1951), the term dirty work was used to describe jobs that are considered disgusting or degrading. Dirty jobs are ones that are stigmatized by society because they are either physically dirty, a symbol of degradation, or somehow run counter to moral conceptions held by society. Ashforth and Kreiner (1999) extended Hughes' work, elaborating on social, physical, and moral forms of taint. A job is physically tainted when it is performed under dangerous conditions, or directly associated with dirt. A socially tainted profession is one that involves regular interaction with groups that are stigmatized, or that requires the employee to have a servile role to others. Finally, morally tainted professions are ones that are considered sinful or dishonest in nature, or where the employee is thought to

employ methods that are deceptive, confrontational, or "otherwise defy norms of civility" (Ashforth & Kreiner, 1999, p. 415).

Correctional officers work in a profession that is stigmatized physically, socially, and morally (Tracy & Scott, 2006). Their work is physically tainted because their daily job duties can be considered physically disgusting. For example, "officers are responsible for cleaning up the (literal and figurative) messes occasioned by inmates who, for instance, swallow foreign objects, sexually abuse each other, trash their cells, throw food at officers, or play with their feces" (Tracy & Scott, 2006, p. 15). Furthermore, officers also experience social taint because they work closely with individuals who are considered societal deviants in a space that is relatively invisible to the public eye. Tracy and Scott noted that when correctional officers do appear in the news, it is usually because something negative has occurred such as an escape, riot, or officer misconduct. The officers in their sample expressed anger that the general public holds such a low opinion of their work and explained that they are also looked down upon by other members of law enforcement occupations who see them as "the scum of law enforcement," or "glorified babysitters" (Tracy & Scott, 2006, p. 17). It is for these reasons that Tracy and Scott argued that correctional officers do in fact experience moral taint. Some research has acknowledged the consequences of occupational stigma, including low rates of job commitment, poor work performance, and turnover (Ashforth & Kreiner, 1999), but this research has not addressed how occupational stigma relates to mental health.

In this project, I use dirty work literature to inform my understanding of how correctional officers experience stigma as a result of the work they perform. First, and at

the most basic level, acknowledging that stigma plays a role in these workers' experiences is essential for understanding how they may approach particular issues, including mental health challenges. For example, correctional officers perceiving their work as not valued by society may not only contribute to the experience of mental health challenges, but also make it more difficult to address mental health issues. In general, prior research suggests that stigma may play a significant role in the construction of mental health; not only are correctional officers members of a stigmatized, dirty work profession, but mental health challenges are stigmatized (Jane-LLopis et al., 2011; Thoits, 2011). Being aware of the role and impact that multiple stigmas may have on officers' understanding of mental health is an important factor to consider.

In sum, this section has considered how existing organizational communication research related to the mental health and well-being of workers informs the current dissertation. First, I argued that research shows that burnout and resilience are directly tied to mental health outcomes, however scholars have yet to explore the concept of mental health in and of itself, nor have they defined it in a way that accounts for the individual's health beyond mental illness. Second, I noted that literature on workplace wellness and health identities is useful to the current project because it points to the role of the organization, larger social forces (such as managerialism), and interpersonal discourses in shaping perceptions of health and well-being. Thus, as I consider how the organization and societal discourses influence the construction of mental health, organizational communication research on wellness and health identities will be particularly useful. Finally, I discussed stigma research and dirty work as an important

body of literature for acknowledging how stigmas may play a role in the experience of correctional officers, who work in a stigmatized profession.

Overall, this dissertation takes the first step in understanding, from an organizational communication perspective, how mental health is constructed by larger d/Discourses that influence individual perceptions of what it means to be mentally healthy. The present study is necessary for 1) providing a more nuanced understanding of mental health 2) examining the role of communication at the individual, organizational and societal level on perceptions of mental health, and 3) addressing how organizations can foster a work environment that accounts for the individual as a whole, normalizes the experience of mental health challenges, and offers empowering opportunities for overcoming adversity.

To better understand how d/Discourses may work to shape the construction of mental health at work, I use Alvesson and Kärreman's (2000) discussion of macro, meso, and micro discourses as a framework for examining how societal and organizational discourses influence the construction and enactment of mental health at work by correctional officers.

The Influence of D/discourses on the Construction of Mental Health

Thus far, I have suggested that communication plays a meaningful role in the construction of mental health, and that our interactions with others and participation in larger discourses create and sustain enduring perceptions about mental health that may help or hinder our well-being. In this section, I clarify the role that I believe societal, organizational, and micro-level discourses play in the construction of mental health for

correctional officers. To begin, I review Alvesson and Kärrreman's (2000) discussion of d/Discourses.

Alvesson and Kärreman's Levels of Discourse

Alvesson and Kärreman (2000) offered a framework by which scholars can examine the interplay between discourses (everyday interactions) and Discourses (larger cultural ideologies). They identified four levels of discourse on the "discursive ladder" that researchers may use to better understand how discourses work to enable and constrain Discourses, and vice versa. They identified these four levels as micro, meso, grand, and mega. However, researchers who use Alvesson and Kärreman's framework often collapse grand and mega discourses into one overarching category and focus only on three levels: micro, meso, and macro (e.g., Dougherty & Goldstein Hode, 2016; Fairhurst, 2008; Kuhn et al., 2008).

First, micro level discourse can be understood as everyday communicative interactions. This level of discourse focuses on the language individuals use when interacting with one another; micro discourses are the social texts of everyday life (Alvesson & Kärreman, 2000). Researchers who focus on micro-level discourses often examine how everyday conversations with others shape individual perceptions; examples include how micro-moments of interaction influence how employees understand policies and rules surrounding work-life policies (Sabattini & Crosby, 2016) or how communication practices influence perceptions of what it means to practice healthy work-life balance (Wieland, 2010). For this project, micro-level discourses will be represented by individual conversations with supervisors or coworkers about mental health, as well as conversations with me during the interview process.

Meso-level discourses occur at the organizational or workgroup level and include factors such as organizational culture, policies, and procedures (Lutgen-Sandvik & Tracy, 2012). Meso-level discourses account for language use in more generalized contexts (such as the organization itself) and are often subject to both macro and micro-level discourse. In this study, factors such as organizational policies and practices related to addressing mental health challenges, as well as features of the organizational culture will become a point of focus as I examine how organizational discourses influence the construction of mental health.

Finally, macro-level discourses are "cultural and historical systems of meaning" (Lutgen-Sandvik & Tracy, 2012) that subtly influence the creation and maintenance of enduring perceptions of mental health. These larger systems are difficult to recognize because of their taken-for-granted character. Lutgen-Sandvik and McDermott (2011) characterized macro-level discourses as "belief systems that are the relatively consistent sets of emotionally-charged viewpoints, morals, and customs that act as perception filters" (p. 4). Examples of such types of Discourses include neoliberalism, democracy, managerialism, diversity, etc. The current project considers managerialism as one Discourse that may influence the construction of mental health at work. Below, I turn to how specific societal (macro), and organizational (meso) discourses may influence the construction of mental health for correctional officers.

Societal-Level Discourses. Macro-level Discourses are large-scale, societal-level discourses that influence how we think and talk about issues. Specifically, macro-level Discourses allow me to understand the interplay of societal ideologies and expectations on the co-construction of mental health. For this dissertation, I focus on managerialism as

a macro-Discourse that closely interacts with conceptualizations and experiences of mental health at work. My reason for doing so is as follows: scholars have previously examined how managerialism is connected to individual understandings of health and well-being (James & Zoller, 2017; Zoller, 2003). These researchers have pointed to the damaging impacts managerialism has on conceptions of health and wellness and argued that organizations use managerialist imperatives in ways that create a combative relationship to the body and ultimately serve corporate interests (Zoller, 2003). As I discussed above, I plan to use this prior research to posit managerialism as a macro-Discourse that influences the construction of mental health; this dissertation in part examines the ways in which a focus on control, efficiency, and profit silences mental health challenges and influences societal perceptions of mental health issues as stigmatizing.

Managerialism. Managerialism is an "ideology that is marked by control, instrumental reasoning, and an emphasis on increasing efficiency and profits" (Zoller, 2003, p. 176). Deetz and Mumby (1990) detailed the rise of managerial capitalism, arguing that managerialism has resulted in an increased concern for control. This shift happened over time with increased reliance on managerial training, skills, movement up the corporate ladder, and the development of a professional identity. Movement to "professionalize management" resulted in the emergence and glorification of reason as grounds for decision-making. This focus led managers to seek stability and control, resulting in the codification of procedures and a workplace focused on reason and consensual rules. However, as Deetz and Mumby articulate, this focus came with new,

often hidden, forms of domination (i.e., individuals began disciplining their own bodies and engaging in self-surveillance).

Parker (2002) argued that managerialism arises out of our need to control and be controlled: it is central to the human idea of progress. Not only is management one way of making things subject to the control of human beings, but it is also necessary for taming a wild and unruly "human nature" to better coordinate societies to the benefit of all. Thus, management functions to offer the human race a clear, accountable, and precise way of efficiently ordering people in order to achieve agreed upon collective goals.

However, as Parker argued, managerialism has functioned to justify considerable cruelty and inequality. Specifically, managerialism represents a form of power that is not coercive in nature, but is often represented by freely given consent, often to the advantage of the powerful. Further, managerialism extends beyond the boundaries of the organization: "It is altering the language we use in our conceptions of home, work and self, and both relies on and reinforces deeply held assumptions about the necessary relationship between control and progress" (Parker, 2002, p. 9). Thus, just as managerialism influences our conceptions of home, work and self, I believe it also plays a role in how we conceptualize mental health.

One study by Sotirin, Buzzanell, and Turner (2007) demonstrated how managerialism functions to influence conceptions of work-life balance. The authors found that corporate values, practices, and relationships often serve to structure family life. They demonstrated how managerialist discourse has played a notable role in the blurring of work-life boundaries through the construction of metaphors that create ideals for what it means to have a "well-managed family," or to "manage" work-family

tensions. This research demonstrates how a macro-Discourse of managerialism often informs corporate values, practices, and relationships, which in turn influence the construction of work-life balance.

The strict focus of managerialism on control, reason, efficiency, profit, and progress has created a number of problematic workplace practices including the valorization of reason over emotion (Mumby & Putnam, 1992), and the suppression of conflict (Deetz, 1992). Below, I discuss how the manipulation of emotions for organizational ends (called emotional labor), and the silencing of conflict (called discursive closure) are products of a managerialist macro-Discourse that can create problems for the mental health and wellness of employees.

First, scholars have argued that the manipulation of emotions by organizations is an exercise of control over the individual, furthering managerialist motives by turning emotions into commodities that are then sold to the public (Hochschild, 1983; Schuler & Sypher, 2000; Tracy, 2000). Hochschild (1983) first named the process of using emotions to meet organizational ends as "emotional labor," or a set of rules put forth by an organization for the purpose of regulating the facial and bodily display of feeling. She argued that this type of emotional control allowed the organization to commercialize feeling and reframe employee emotions in a way that benefits the organization. From a managerialist perspective, the control of emotional displays allows the organization to harness emotion towards a profit-oriented, rational end (Denker & Dougherty, 2013). These norms are often deeply engrained in the employees themselves, such that employees are highly aware of what constitutes a "professional" display of emotion (Kramer & Hess, 2002), and will work to deny, reframe, or otherwise control their

emotions to reinforce managerialist norms privileging rationality over emotionality in the workplace (Dougherty & Drumheller, 2006).

Mumby and Putnam (1992) used the term "bounded rationality" to describe how managerialist values (intentional, reasoned, and goal-directed behavior) lead to the valorization of mental processes and the marginalization of emotional experiences. They argued that the marginalization of emotions isolates the emotional/physical self from the process of organizing. The potential costs of such isolation include burnout, which is a feeling of emotional exhaustion, depersonalization, and reduced personal accomplishment (Miller et al., 1990; Miller et al., 1988). As previously discussed, burnout can lead to negative mental health outcomes that are physiological, psychological, and behavioral in nature (Miller, et al., 1990).

Aside from emotional labor, managerialism also functions to silence and or distort conflict (Deetz, 1992). This process is known as discursive closure, and it represents the ways in which conflict is suppressed in organizing (Deetz, 1992). There are eight different types of discursive closure that contribute to the silencing of conflict in organizing: disqualification (not allowing someone to participate in conversation); naturalization (claiming, "that's just the way things are" in response to criticism); neutralization (treating value-laden ideas and concepts as if they were value free); topical avoidance (discouraging certain types of conversation (i.e. politics or sex); subjectification of experience (refusing to engage an issue by passing it off as simply "the opinion" of the person talking); plausible deniability (for example, the use of strategic ambiguity to create a space where what is expected and what is communicated is different); legitimation (where overarching values such as "hard work" are invoked to

encourage action); and pacification (making a reasonable attempt to engage the problem, but really bypassing the issue).

Research by Thackaberry (2016) demonstrated how powerful mechanisms of discursive closure can be; her piece on wildland firefighting demonstrated how creating "discursive openings" allowed firefighters to imagine an organizational culture where they would be encouraged to think critically in the moment, rather than simply obey regulations. Despite this hopeful finding, Thackaberry noted that mechanisms of discursive closure worked to undermine any cultural change the organization might experience and instead reinforce bureaucratically managed safety rules that restrict firefighters from making decisions in the moment, defending them, and having a say in changes regarding safety protocol. Thus, discursive closure often works to silence the voice of the individual, and leaves little room for the growth of new ideas, or a feeling of control over one's work environment, which research has demonstrated is an important component of mental health outcomes for employees (Bond & Bunce, 2003).

Discursive closure also contributes to destructive workplace practices such as sexual harassment and bullying that not only impact the mental health of employees, but also may play out in the silencing of mental health challenges. For example, research has demonstrated that sexual harassers use discursive closure to reframe sexual harassment claims as "misunderstandings," or to fail altogether at labeling their behavior as sexual harassment, resulting in the creation of pressure for women to further tolerate unacceptable sexualized behavior (Dougherty, 2001). The pervasive finding by researchers that victims of sexual harassment rarely seek out formal channels of reporting pays testament to managerial norms of silencing conflict. In the same way that sexual

harassment victims may fear they will not be believed or perceive a lack of support for reporting harassment, individuals with mental health issues may face similar challenges, choosing not to seek help in favor of avoiding conflict and appearing self-sufficient.

Similarly, organizational research on bullying has demonstrated that macro-level Discourses privileging managerial values contribute to the manifestation of adult bullying. In particular, discourses that "encourage disregarding or minimizing worker mistreatment…goading people at work in the name of productivity and objectifying them" have contributed to the creation of employee abuse (Lutgen-Sandvik & Tracy, 2012). Overall, they noted that bullying often occurs as a result of managerial values that privilege reason, individualism, and corporate interests. In the same way that managerialism plays a role in destructive behaviors such as bullying, I believe it also influences problematic conceptions of mental health. Specifically, if reason, efficiency, and profit are the core values of working life, then an individual with a mental health challenge may see him/herself as not contributing meaningfully to their work environment; what's more, they are stigmatized for not meeting societal expectations that privilege productivity, individualism, and rationality.

In conclusion, this section has discussed how prior research suggests that a macro-Discourse of managerialism functions to influence conceptions of work, home, and self in ways that privilege the organization. Managerialist values are associated with the valorization of reason over emotion, and the suppression of conflict in such a way that has negative consequences for how individuals conceptualize and act on mental health challenges. Managerialism is not the only Discourse that may influence the construction

of mental health; societal norms related to gender, specifically hegemonic masculinity, also shape how individuals communicate about mental health challenges.

Hegemonic masculinity. Connell (1990) described "hegemonic masculinity" as "the culturally idealized form of masculine character" (p. 83). Hegemonic masculinity represents a macro Discourse about the ideal male; it describes and reinforces "what it means to be a man" (Hanke, 1990, p. 232). According to this Discourse, the ideal male is one that demonstrates physical force and control, occupational achievement, familial patriarchy, frontiersmanship, and heterosexuality (Connell, 1990). Additionally, Bird (1996) noted that expectations related to emotional detachment, competitiveness, and the sexual objectification of women are also directly related to conceptions of masculinity. She argued that these expectations are reinforced through (micro) interactions with others where "men are held accountable despite individual conceptualizations of masculinity that depart from the norm" and "help perpetuate a system that subordinates femininity and nonhegemonic masculinites" (p. 120). Expectations around masculinity relate directly to mental health help-seeking behaviors.

Specifically, past research has revealed that gender plays a role in mental health attitudes. Men are more likely to have "negative attitudes toward mental health professionals, underutilize mental health services, and report greater stigma associated with seeking help" (Yamawaki et. al, 2016, p. 1551). In general, low rates of help-seeking for mental health challenges have been documented for men across age, race, ethnicity, and nationality (Addis & Mahalik, 2003; Wendt & Shafer, 2015).

Addis and Mahalik (2003) noted that ideas about what it means to be masculine likely influence lack of help-seeking for men. The notion that men must be tough,

competitive, and emotionally inexpressive represent enduring cultural norms and values regarding the male gender role and can contribute to mental health challenges for men. Researchers have also called for more research on male-dominated professions to better understand the mental health challenges men navigate (Considine et al., 2017).

In considering the potential role of hegemonic masculinity Discourse in constructing mental health for corrections officers, it is worth noting that the corrections profession has historically been a male dominated field. In 2006, there were 127,000 women working as baliffs and correctional officers as compared to 324,000 men (U.S. Bureau of Labor Statistics). Based on what prior research has documented on gender and mental health challenges, I expect that ideas about masculinity will influence correctional officers' construction of mental health, as well as their willingness to seek help for mental health challenges. Macro Discourses shape, and are shaped by, meso discourses that operate at the organizational level. Thus, in the next section, I examine how discourses specific to correctional work may influence the construction of mental health for officers.

Organizational-Level Discourses. Meso-level discourses include organizational policies and practices (e.g., how employees are encouraged to report a mental health issue, or what programs exist for them to seek help for mental health challenges). Traditionally, scholars have examined meso-level discourses by looking at specific organizational policies or other organizational texts (e.g., formal trainings, documents and meetings). LeGreco and Tracy (2009) wrote "policy texts themselves can serve as meso discourses, because they attempt to coordinate practices across several local sites"

(p. 1519). Thus, considering texts such as newsletters, training documents, and policies are important for understanding discourses at the organizational level.

However, as Lutgen-Sandvik and Tracy (2011) noted, "meso- or mid-level communication processes at the organizational and workgroup level include factors such as organizational climate and culture" (p. 9). In this study, I consider not only the policies and procedures that may impact how correctional officers perceive mental health, but I consider how organizational culture contributes to a particular construction of mental health that can be constraining and/or enabling for officers. Below, I offer a definition of organizational culture and discuss how material and discursive conditions present in the correctional environment create a challenging organizational culture that shapes, and is shaped by, micro discourses.

Organizational Culture. Organizational culture has been defined as "the set(s) of artifacts, values, and assumptions that emerges from the interactions of organizational members" (Keyton, 2011, p. 28). Thus, organizational culture is created and sustained through micro communication practices. As organizational members communicate with one another, they shape expectations around appropriate behavior, beliefs, and values in the workplace. As Meisenbach and Brandhorst (in press) wrote, an organization's culture "is communicatively constituted in meaning-making at all levels and by all members of an organization." In this dissertation, I conceptualize organizational culture as a meso-level discourse that shapes, and is shaped by, micro-level discourses.

The material features of the correctional environment are dangerous and challenging; officers may worry about their physical well-being, or experience stress as a result of dealing with poor inmate behavior, including demands and manipulation

(Keinan & Malach-Pines, 2007). Both the threat and the experience of violence contributes to officer stress, and it has been reported that 33.5% of all assaults in prisons and jails are committed by inmates against staff, and that in a 20-year career, officers can expect to be seriously assaulted at least twice (Bedore, 2012). Researchers have demonstrated that working in such challenging conditions can contribute to increased levels of burnout (emotional exhaustion, depersonalization, reduced sense of personal accomplishment) among staff (Peeters & Schaufeli, 1995). Additionally, officers work alone for long periods of time, increasing the sense of isolation they feel (Tracy, 2003). Thus, the work environment itself is both difficult and demanding, potentially resulting in an organizational culture marked by suspicion and stoicism.

Tracy's (2003) research on two prison facilities explored how an organizational culture of paranoia and suspicion was constructed as officers would talk about the nefarious actions of inmates and attend organizational trainings that emphasized being wary of inmate motives. She noted how, in pursuit of meeting a variety of organizational norms, officers "play a part in constructing organizationally harnessed emotional identities—identities that are marked by paranoia, withdrawal, detachment, and an "us-them" approach toward inmates" (p. 529). She concluded by discussing how these demeanors are "made" through micro and meso communication practices. Tracy's research offers a starting point for understanding how organizational culture shapes conceptions of mental health. This dissertation research takes a closer look at how organizational culture, created and maintained by micro and macro Discourses, enables and constrains how officers communicate about mental health. Like organizational

culture, competing discourses in the correctional environment contribute to officer stress and may influence how they communicate about mental health challenges.

Competing Discourses. Research has noted that correctional officers must navigate contradictory tensions that arise at the intersection of competing organizational discourses. Tracy (2003) identified four contradictory tensions that officers find difficult to navigate, and in the paragraphs below I discuss each tension as it is related to meso-level discourses. My purpose in reviewing this literature is to highlight various organizational discourses that manifest as paradoxical tensions for correctional officers to manage.

Tracy's (2003) study used data from two correctional facilities to identify various tensions that officers experience as a result of competing organizational discourses. She argued that correctional officers experience four tensions that include respect vs. suspect; nurture vs. discipline; consistency vs. flexibility; and solidarity vs. autonomy. Each of these tensions is paradoxical; officers are asked to adhere to roles that are contradictory in nature, contributing to feelings of stress when they are unable to perform both roles simultaneously.

The first tension Tracy (2003) discussed is respect vs. suspect. Organizational discourses mandate that officers not only respect inmates, but also be suspicious and conscious of inmate motives. I found evidence of this in my own research, which was a rhetorical analysis of articles posted by a website called CorrectionsOne (Brandhorst, 2016). In the articles that were analyzed, I identified that officers were not only encouraged to pay individual attention to inmates in a way that made them feel cared for and understood, but officers were also asked to be on guard against inmates who might be

"faking" a health issue for attention, or manipulating them to receive special treatment (Brandhorst, 2016). Thus, the need to respect and show kindness to inmates, as well as be wary of their intentions, represents two competing organizational discourses that correctional officers must leverage as they perform job duties.

The second tension identified by Tracy (2003) is nurture vs. discipline. This tension also stems from organizational-level discourses that encourage officers to not only rehabilitate inmates, but also discipline them when necessary. Tracy noted that in her observations of organizational trainings, officers were encouraged to remain detached and tough while also nurturing inmates by making them feel heard. In an excerpt from a book written by a 20-year veteran of a New York prison, he warned readers to "take the time to listen to what the inmates have to say" (p. 15), but set limits because inmates may be "assaulting another inmate, using drugs, or trying to escape" (Koonce, 2012, p. 17). Like the respect vs. suspect tension, officers are not only being asked to carefully listen and talk with inmates, but also be vigilant about not "getting personal" with them. Further, organizational discourses encourage officers to develop respectful and trusting relationships with inmates to help teach them the skills necessary for reintegration into society, but also ask them to be diligent in ensuring inmates do not engage in harmful behavior towards themselves or others.

Consistency vs. flexibility is the third tension discussed by Tracy (2003). This tension is a product of meso-level discourses; organizational procedures that ask officers to carefully follow the rules, but also know when to "be flexible," create a contradictory tension that asks officers to simultaneously follow rules in a "black or white" manner, while being able to successfully identify "gray areas" and act accordingly. Tracy gave the

example of officers being accused of being "badge-happy" by colleagues when they were too concerned with following the rules to the letter rather than using their good judgment.

The fourth and final tension is solidarity vs. autonomy. This tension is a result of organizational discourses that not only ask officers to rely on others when they are in need of backup, but also avoid being seen as "too needy." Officers who are seen as being needy may be accused of not knowing how to do their job, or lacking confidence and the overall skills necessary to complete work tasks. Included in this meso-level discourse is the expectation that officers work to handle problems on their own before informing a supervisor, while at the same time reporting any wrongdoing by their colleagues to an administrator. Overall, Tracy (2003) noted that these contradictory tensions offer a way of understanding officer burnout, high levels psychological distress, and lower life expectancy from a structural standpoint. I want to take a moment to emphasize that each of these tensions is a product of organizational-level discourses that may also influence the construction, enactment, and experience of mental health challenges for correctional officers.

As a general rule, stress and burnout in correctional facilities has been approached from an individualistic, rather than structural, standpoint (Tracy, 2003). Officers are asked to handle problems related to stress and burnout on their own, or by seeking help from employee assistance programs, where issues are dealt with privately. Tracy (2003) argued that this approach is problematic for three reasons. First, it does not address elements of the work environment and job duties that contribute to the creation of stress; second, it focuses primarily on alleviating the symptoms of the stress, rather than the source of the stress itself, and third, employee assistance programs tend to be

underutilized in general because employees may fear stigmatization. To solve these problems, Tracy (2003) argued for further examination of "organizational structures and norms that construct stress in the first place" (p. 91). Tracy's (2003) work is an important first step in identifying the meso-level discourses that contribute to officer stress and burnout; this project uses the structural approach advocated for by Tracy in order to examine how organizational procedures and climate contribute to the construction of mental health in ways that may be problematic for officers facing mental health challenges. What remains unclear is whether or not these elements create mental health challenges for officers, and, further, if they influence how officers think and communicate about mental health. In part, this dissertation examines this question by exploring the interplay of d/Discourses and the communicative co-construction of mental health.

Summary

In this chapter, I argued that prior research on mental health has not considered the role communication plays in constructing mental health. I suggested that a communicative approach to mental health can highlight the role of d/Discourses in the construction of mental health, and I discussed the societal, organizational, and micro discourses that may influence how correctional officers communicatively construct and enact mental health at work. As such, this dissertation examines the following research question:

> RQ 1: How do correctional officers construct and enact mental health amidst constraining/enabling macro, meso, and micro discourses?

CHAPTER 3: METHODOLOGY

In this dissertation, I seek to understand how correctional officers construct and enact mental health amidst constraining/enabling macro, meso, and micro discourses. To answer this question, I propose narrative methodology as a valuable way of exploring mental health in the correctional field. This chapter begins with a discussion of my philosophical commitments and, further, how those commitments shape the research question I have posed. Next, I provide an overview of narrative methodology and discuss why it is a useful approach for this dissertation. Included in this discussion will be an explanation of the specific methods, procedures, and data analysis techniques I used to complete this narrative project. The chapter will conclude with an overview of the validation techniques employed to ensure the quality of this study.

Philosophical Commitments

As a communication scholar, I adopt assumptions that are in line with the discourse of critical studies (Deetz, 1996), or what Mumby (1997) called "a discourse of suspicion." As such, I have certain ontological, epistemological, and axiological assumptions that guide my research. These assumptions inevitably shape the questions I ask, how I conduct the research itself, and finally, how I interpret my findings.

I want to begin by emphasizing that knowledge is socially constructed. I believe we construct our reality in interaction with one another and in conjunction with larger systems of power that often privilege certain identities while marginalizing others; our reality is based on power and identity struggles we experience as we navigate these larger social structures (Creswell, 2013). As Hyde (2012) argued, it is through language that we can construct, reconstruct, or deconstruct our reality in meaningful ways. Through

dialogue and research that examines larger social systems and mechanisms of power and control, we can both understand and transform social life (Morrow & Brown, 1994).

As I have alluded to above, I believe we are all participating members of overarching systems of power that we shape and are shaped by. These systems, which tend to privilege some over others, are responsible for a great deal of social and economic inequality. Further, when we experience privilege or marginalization has a great deal to do with our race, ethnicity, gender, class, sexual preference, and mental abilities (Creswell, 2013). My obligations as a scholar are to critically interrogate systems of power as well as acknowledge where I stand in relation to them in order to explore my own subjectivities.

My epistemological (understanding of what counts as knowledge and how it is created) assumptions include the understanding that knowledge is subjective, rather than objective (Creswell, 2013). My research is grounded in the experiences of the correctional officers I interviewed, and the data I used to support my findings come from the stories told by correctional staff as they negotiate their own understanding of mental health at work. Because I believe knowledge is socially constructed, I am both a collaborator and contributor to the interviews I hold with participants. In many ways, I shape the narratives shared with me.

Finally, I acknowledge my research as value-laden. Values play an integral role in shaping the interpretation and analysis of narratives shared with me. Throughout my project, I worked to honor the diverse values of my participants and recognize how those values are negotiated in interaction with others. I recognize the stories voiced represent "an interpretation and presentation of the author as much as the subject of the study," and

that my values, and those of my participants, influence the construction of the narratives shared (Creswell, 2013, p. 20).

What's more, I view advocacy as an essential part of praxis; ultimately, the research I do should help those in need and begin to challenge problematic practices that marginalize vulnerable populations. Calling for action and change is a fundamental component of critical scholarship. Deetz (1996) characterized critical studies as having "a suspicious and therapeutic tone, but also a theory of agency which provides and additional activist tone. People can and should act on these conditions" (p. 202). Through improved understanding and dialogue, we can shift the nature of power and oppression.

A critical approach to this dissertation is appropriate because I have posited that larger systems of meaning (e.g., macro, meso, and micro D/discourses) influence how mental health is constructed and enacted. I aim to demonstrate how mental health, as socially constructed in conjunction with larger social structures, relates to the marginalization and stigmatization of those with mental health challenges. Further, in examining the role of organizational discourses in the construction of mental health, I am not only assuming that organizations are social sites that consist of rites, rituals, and other activities that reinforce social norms, but that they are political sites that influence and structure behavior to benefit their interests. In sum, this dissertation seeks to understand and critique how social institutions influence the construction of mental health in ways that are problematic for employee health and well-being. Critical scholarship allows for the emergence of meaning, and meaning can often emerge via storytelling. As such, I conducted a narrative study, which I will explore in further detail below.

Narrative Research

Narrative inquiry views stories as fundamental to the human experience (Tracy, 2013). A narrative can be defined as "a spoken or written text that gives an account of events/actions that are chronologically connected" (Czarniawska, 2004, p. 17). Stories offer insight into how people interpret their identities and experiences. Stories "serve to construct and shape experiences" and "narrative provides a window for understanding how others interpret a certain situation and create a reality that they, in turn, act upon" (Tracy, 2013, p. 29). Thus, narrative is a valuable method for exploring lived experiences.

Ewick and Silbey (1995) clarified three ways that narrative can be used in scholarly research; narrative can be the object of inquiry, the method of inquiry, and/or the product of inquiry (p. 201). This dissertation employs narrative as the *method* of inquiry, meaning that I "solicit, collect, and examine narratives as a way of accessing or revealing some other aspect of the social world" (Ewick & Silbey, 1995, p. 202). When using narrative as a method, the purpose is not necessarily to examine how the narratives are constituted, produced, or function in social life, but to use narrative as a lens of analysis to better understand how officers perceive and enact mental health at work. In analyzing my data and presenting the findings, I attend to how the narratives function in social life, as well as consider how they influence participant communication about mental health. For example, as I demonstrate in Chapter four, a narrative about the armor of emotional control and impersonalization functions to keep officers safe, but also impacts their willingness to talk about mental health challenges.

As a method, narrative involves the "experiences as expressed in lived and told stories of individuals" (Creswell, 2013, p. 70). Thus, narrative researchers collect stories

from individuals about their experiences. These stories are collaborative in nature; for example, stories are often co-constructed between researcher and participant, or may be intended as a performance to convey some point (Creswell, 2013). Narrative stories are often gathered through interviews, but they may also be collected through observations or documents. In this study, I interviewed correctional officers with the purpose of soliciting stories regarding their experiences with mental health at work.

Narrative is an appropriate method for investigating the interplay of macro, meso, and micro discourses on the communicative co-construction of mental health because narratives offer insight into how the self is constructed in relation to cultural discourses (Brockmeier & Carbaugh, 2001). Maynes, Pierce, and Laslett (2008) wrote that individual life stories are embedded in social relationships and structures that are expressed in culturally specific ways; when read carefully, "they provide unique insights into the connections between individual life trajectories and collective forces and institutions beyond the individual" (p. 3). In other words, narratives allow for the exploration of the connections among macro, meso, and micro level discourses, offering insight into the relationship between self and society.

Further, stories reflect larger social contexts and as such draw upon the norms and regulations that reflect already existing narratives (Gubrium & Holstein, 2001; Maynes, Pierce, & Laslett, 2008; Riessman, 2008). As an individual constructs a life story, the story intersects and reflects historical contexts, such as institutions, organizations, or other large-scale cultural events that the person has encountered in their lifetime. Further, the creation of the story itself is influenced by culturally specific rules and expectations about what makes for an interesting and significant life experience. As such, "the specific

shape and content of any life story are marked by the cultural norms and forms of personal narrative that prevail at the time and place of its emplotment" (Maynes et al., 2008, p. 13). Because narrative methodology offers insight into the influence of larger social forces on stories told, it opens the door for me to examine the role d/Discourses in the construction and enactment of mental health at work.

Further, critical scholars have used narrative to unmask mechanisms of power and control that shape lived experiences. Examples of this kind of research include the construction of narratives that act as a form of resistance to medicalized understandings of the body (Bell, 2002; 2006), the creation of a counter-narrative that addresses the silence surrounding the internment of Japanese Americans (Creef, 2004), and the use of stories to reflect the complexities of racial identity for pregnant teens (Luttrell, 2003). In general, this scholarship demonstrates that narratives offer a meaningful way of exploring individual struggles for power and control at the intersection of larger social forces.

There are at least four types of narrative analysis that a researcher can employ when analyzing data: thematic, structural, dialogic/performance, and visual (Riessman, 2008). A thematic approach to narrative analysis focuses on the *content* of a story. In other words, "what" is said, written, or shown remains the exclusive focus in a narrative thematic analysis. There is minimal focus on how the story is told; instead, the researcher pays attention to the participants' reports of events and experiences. Conversely, a structural analysis focuses on the "telling" of the story. Specifically, a structural analysis pays attention to how the narrative is spoken or written and the structures of language used by the participant. Third, a dialogic/performance analysis combines elements of a thematic and structural analysis while also exploring a close reading of the context in

which the story occurred. This approach asks "who" a story is directed to, "when," and "why." Finally, a visual analysis moves beyond words to incorporate visuals such as photography, painting, collage, etc. This approach allows the researcher to "see as the participant sees" (Riessman, 2008, p. 142).

For this dissertation, I use elements of both thematic and structural analysis to explore the content (thematic) of the stories shared with me, and the elements of those stories that are reminiscent of larger d/Discourses (structural). The content of officer stories helps me understand their perceptions and lived experiences regarding mental health challenges, but the form of their stories (who they are constructed for, when, or why) reveals a glimpse of the power dynamics that shape stories told. For example, I depict how officer stories influence their perceptions of mental health, and address how the structure of their narratives (particular words, phrases, or discursive shifts) offer additional insight into how officers may/may not act on mental health challenges. To analyze my data from a thematic and structural perspective, I used narrative interviews as a method of inquiry.

Method

This study employs a qualitative approach and methods to understand the communicative construction of mental health by correctional officers. In this section, I discuss how I conducted this study by first overviewing my participants and how I recruited them. Next, I will discuss interviewing as my primary method of data collection and explain how I analyzed my data using a narrative analysis. Finally, I will discuss the validation techniques I used to ensure the quality of this research.

Participants

Participants for this study were 25 individuals (18 male, 7 female) ranging in age from 27-53 (with an average age of 43). Participants had 1-26 years of work experience, with an average of 18 years at anywhere from 1-6 federal institutions, ranging in security level from minimum (low staff-to-inmate ratio) to high (high staff-to-inmate ratio, close control of inmate movement, and highly secured perimeters). Although some participants had experience working at a variety of prisons across the United States, all were or had been employed at institutions in the Midwest region, including facilities in Illinois, Indiana, Kansas, and Missouri at the time of data collection. Of the 25 participants, 3 were retired at the time of the interview, but had worked at a correctional facility less than 2 years before (see appendix A).

Because I was broadly interested in how officers construct and enact mental health at work, I accepted correctional staff with varying degrees of experience in the field, ranging from newcomers to retirees. By seeking out officers with a wide range of experience, I was able to hear multiple perspectives from those early in their career (1-6 years of experience), mid-career (7-17 years of experience), and late-career (18-20 + years of experience). Thus, I did not place restrictions on the amount of time a correctional officer needed to have worked in prison. The final sample included participants from various stages, including four that were early-career, seven that were mid-career, and 14 that were late-career.

Participants were recruited via snowball sampling. Initial participants were contacted using a personal connection with an officer who is currently a Captain with the Federal Bureau of Prisons. During the early stages of data collection, I gave this contact a flyer (approved by the institutional review board) that explained the purpose of the study

and called for participants (see appendix B). This flyer included my phone number and email. I received approximately nine participants from this first round of recruiting. I reached out to each participant via phone, explaining the purpose of the study and requesting an interview. At the completion of each interview, I asked participants to share the contact information of others who would be willing to speak with me. This method resulted in approximately 20 additional contacts. In addition to the participants recruited via this form of snowball sampling, my initial contact continued to send me the contact information of more individuals who expressed interest in the study.

Interviews

Interviews are often used as a primary method of data collection in narrative studies (Creswell, 2013). For this dissertation, I used semi-structured, narrative interviews to solicit stories from correctional officers regarding how they construct and enact mental health at work. Kvale (2007) referred to "narrative interviews" as interviews that focus on the stories that participants tell. These stories can be both spontaneous and solicited by the interviewer. For example, I crafted questions in my interview protocol that were meant to encourage the participant to share their story. Examples of questions such as these include, "tell me about your first day on the job" or "tell me about a time you experienced something you would consider violent or traumatic at work." I also asked officers to describe how they share difficult experiences when talking with colleagues. Although narrative interviews do contain questions worded with the intent of producing stories, they may also include other generally open or close-ended questions aimed at providing the interviewer with context and additional knowledge. In the case of these questions, I asked officers if their organization offers an EAP, or whether or not

they would be willing to use it and why. Overall, my questions were designed to solicit stories that reveal how officers perceive and act upon mental health challenges they may experience. Appendix C includes a copy of the interview guide, and Appendix D represents the demographic questionnaire used during data collection.

Interviews occurred over the phone since participants were from various institutions and geographical locations. Once interviews were completed, a hired transcriptionist transcribed them. Transcripts were then verified by me to ensure the accuracy of the transcription. All participants received a pseudonym and all identifying information was removed to protect the identity of my participants.

In narrative interviews, the interviewer's role is often to listen to participants as they share their stories. An interviewer may interrupt occasionally to ask clarifying questions or assist the interviewee in telling his/her story (Kvale, 2007). As narratives are co-constructed during the interview process (Creswell, 2013; Kvale, 2007; Riessman, 2008), through my silences, affirmations, and prodding questions, I influenced and helped produce the stories told. Because of this, I carefully considered the conditions by which narratives are produced, including the rules, temporal constraints, and other factors that influence which events and details were shared in the story.

Constraints that always influence the co-construction of the narrative include power dynamics and privacy concerns (Riessman, 2008). Power dynamics between the researcher and participant play a meaningful role in what is shared and how. For example, as the interviewer, I influenced the structure and flow of the interview, as well as the questions asked. It is possible that officers modified their stories to fit my questions, shifted the details to enhance their self-image, or struggled to share their

experience in the form of a story (not all individuals are necessarily good storytellers). Further, my initial interview participants were all connected to my personal contact in the field, which may ultimately impact the information shared with me. This is not necessarily negative: if the participant knows I have been recommended by a fellow colleague and friend, they may feel more comfortable sharing information with me, and I may automatically have some level of credibility that I would not otherwise enjoy. However, this method also has its constraints; when participants are connected to one another, their stories and experiences may be similar to and influenced by one another. As with any narrative study, it is important to acknowledge how participant stories are contextually bound, shaped by their experiences, and connected to the people and places where the stories are told.

Overall, building rapport with my participants was an important mechanism for navigating power dynamics and fostering trust. Kvale (2007) recommends using broad questions to begin the interview (such as "tell me about yourself," or "how did you come to be in this profession?") that help the individual feel more comfortable and open prior to tackling larger, more personal issues that may be face-threatening. I eased my participants into sharing more difficult stories by first asking questions that helped me get to know them.

Privacy concerns are another constraint that can influence how officers share stories. Policies that require them to keep names and places confidential may influence the depth of the story told, and I had to be carefully tuned into the sub-text of the story in order to catch things that are implied but not necessarily stated. Reminding my participants they may skip questions that make them uncomfortable or are unable to

answer was important for addressing privacy concerns, as was assigning pseudonyms to protect the identities of my participants.

Narrative research is best suited for capturing detailed stories; therefore, the number of participants in a narrative study ranges from a single individual, to the lives of a small number of individuals (Creswell, 2013). Past narrative research has focused on the narratives of as few as one or two families (De Fina, 2011; Tovares, 2010), individuals (Whooley, 2006) or up to 20-30 people (Tang & Bie, 2016; Williams, 1984). Creswell (2013) noted that in a narrative study, the focus should remain on whom to study: "individuals who are accessible, willing to provide information…and shed light on a specific phenomenon or issue being explored" (p. 147). In a larger narrative study expanding beyond a single person or unit of analysis (such as a family), saturation can be used to determine when it is appropriate to stop collecting data. Saturation occurs when no new information emerges from the stories told (or the information shared sounds similar to the stories shared by others); once saturation is reached, the researcher may begin the process of ending data collection.

For this study, signs of saturation occurred around the 21st interview. It was at this time I noticed no new information was appearing in the stories shared with me. The answers to questions I posed became somewhat predictable such that I recognized and was not surprised by their content. I began ending data collection once I noticed signs of saturation, ultimately completing four more interviews before transitioning to data analysis. These final four interviews yielded no new data. As such, I felt comfortable ending data collection.

Data Analysis

This dissertation employed a form of narrative analysis to analyze officer stories. As mentioned above, I used elements of thematic and structural analysis. To conduct the analysis, I put Riessman's (2008) approach to narrative inquiry in conversation with Tracy's (2013) iterative approach by alternating between emergent readings of the data and etic use of existing theories and explanations. Although Tracy's (2013) iterative approach is based on similar analytic techniques to grounded theory, it provides a systematic way of analyzing qualitative data. The iterative approach involves coding and analytic memoing, which I will discuss next.

Coding. Coding involves the labeling of data in order to capture the essence of what is happening in a particular data set. Codes are often short words or phrases that identify data as belonging to or representing some type of phenomenon (Tracy, 2013). I adhered to Tracy's (2013) suggestions for coding, which include working from "primary-cycle," and "first-level" codes to "secondary-cycle" and "second-level" codes. Primary-cycle coding refers to the initial coding that occurs as the researcher examines the data. During this process, I began by reading the transcripts of interviews and assigning words or phrases that captured the essence of the data I was reading; these codes focused only on "what" is present in the data, offering only descriptions, rather than interpretations of events. Examples of my first-round codes include "watching," "safety," "firm," or "manipulation."

Following this process, I engaged in secondary-cycle coding where I critically examined the codes I had already created and begin to organize, synthesize, and categorize them into interpretive concepts (Tracy, 2013). These "focused codes" included conjectures about what I believed was happening in the data, and borrowed from other

fields, assumptions, and existing theories. While I coded, I kept my participant's narratives intact (Riessman, 2008) by coding stories in the data that appeared as brief, bounded segments of interview text. Examples of these types of codes included "compartmentalizing work and life," "displaying masculinity," or "emotion regulation." As I worked through the process of descriptive coding to more focused, analytic coding, I used memoing to help me understand how my data was related to the research question I posed.

Memoing. Memo-writing is both part of the analysis process and analysis outcome (Tracy, 2013). Memos focus on the meaning of codes and the connections between them, helping researchers "figure out the fundamental stories in the data" (Tracy, 2013, p. 196). Memos act as a key step in the transition between coding and writing a draft of the analysis. Memos can focus on defining a code as carefully as possible, providing examples of data that illustrate the code, specifying the context surrounding the code, or explicating how the code relates to other codes (Tracy, 2013).

As I conducted my data analysis, I used memos to organize my ideas and work through the stories shared. Memos often included thoughts on how my data connected to the research question, including how particular stories were indicative of macro, meso, or micro D/discourses, or how participants' language use around mental health might offer insights for their perceptions and understandings of the term. Occasionally memos took the form of drawings when I would brainstorm how concepts related to one another and work through how to best organize them.

Validation. Riessman (2008) discussed two types of validity for narrative projects: the validity of the story told by the participant, and the validity of the analysis, or story

told by the researcher. She argued that narrative scholars need to be clear about the subjective nature of stories and be transparent about their own biases during the research process. Further, researchers should disclose each methodological decision so that the reader can understand how and why certain decisions were made. If possible, the researcher should check the validity of stories being told by comparing them to other accounts, leaving room for some margin of error. She also argued that this form of research should be politically/socially ethical and seek to make a difference in the lives of the individual. For this dissertation, I not only followed the recommendations set forth by Riessman for narrative projects, but also engaged in three additional validation techniques: thick description, member checking, and peer debriefing.

Rich, thick description is achieved by "explicating contextual meanings specific to the cultural group at hand, and by providing lush material details about people, processes, and activities" (Tracy, 2013, p. 235). To achieve rich, thick description, I offer exemplars that seek to not only keep the narrative intact, but also provide densely textured details regarding the context and background of each story. Creswell (2013) argued that rich, thick description allows readers to understand the extent to which information can be transferred to other settings.

Second, I engaged in member checking to allow my participants to affirm the credibility of my findings and interpretations. This process involved taking data, analyses, interpretations, and/or conclusions back to the participants so they can give feedback on the credibility of the account (Creswell, 2013). To engage in member checking, I had numerous conversations with my personal contact in the field over the course of the data collection process. These conversations revolved around the emerging

findings of the study and offered me a participant perspective on my conclusions. Additionally, I shared my findings with participants, three of whom gave me detailed feedback on the preliminary findings of the study. Their feedback focused on the prominent concern for safety in the correctional environment and how that plays a role in recommending that officers keep personal information to themselves and practice work-life separation. I incorporated this feedback into my analysis, using it to consider my own assumptions about the data and reframe my interpretations.

Third and finally, I engaged in peer debriefing, which serves as an external check of the research process. During this process, I presented my findings and interpretations to a scholarly peer, who acted as "devil's advocate" by asking hard questions about methods, meanings, and interpretations (Creswell, 2013, p. 251). This session was useful for thinking about how I organized, shared, and reflected on the stories shared in my data.

Conclusion

This chapter has offered a review of my philosophical commitments as a researcher and acknowledged the ways in which they shape the present dissertation. I have outlined a justification for my use of narrative methodology and discussed the details of how I conducted a narrative analysis via the use of coding and analytic memos. By using narrative interviews as a method of data collection, I was able to more fully understand how correctional officers construct and enact mental health at work amidst constraining and enabling macro, meso, and micro discourses. In the next chapter, I turn to the findings of this study and explore how participants constructed a story of mental health that reflected their lived experiences related to work-life balance, strength, emotional control, and EAP use.

CHAPTER 4: FINDINGS

It ate at his mind like an awful disease
As part of humanity that no one else sees
He lived behind bars, eight hours a day
It tore up his soul, threw his spirit away
Too late to change what is already done
First to the drink and then to the gun
His death finally came but not from a knife
Another officer took his own life

This poem was written by my father, a Captain with 25 years of experience as a federal corrections officer. His words reveal thoughts on a job performed behind bars, one hidden from public view and served in isolation and silence. I use his words as a starting point for sharing the stories of my participants. Although distinct, these stories share overlapping characteristics that reveal the complex and dynamic construction of mental health in correctional work. In this chapter, I present the findings of a narrative analysis focused on how correctional employees communicatively construct mental health at work and further, how this construction is formed at the intersection of multiple D/discourses at the macro, meso, and micro levels.

The purpose of this dissertation was to examine the following research question: RQ: How do correctional officers construct and enact mental health amidst constraining/enabling macro, meso, and micro discourses? To answer this question, I examine how stories shared with me by my participants shape and are shaped by their conceptions of mental health. This chapter explores four narratives about mental health in correctional work; the first explores how officers storied inmates' mental health, and the following three demonstrate how officers storied their own mental health. Overall, the four narratives include: 1) Storying inmate mental health, 2) Putting on armor: Appearing

strong, 3) Guarding the border: Protecting mental health by setting work/life boundaries, and 4) Constructing barriers to EAP use. I share these stories below and highlight how each is constrained and enabled by D/discourses at the macro, meso, and micro levels.

Storying Inmate Mental Health

To me, somebody with mental health is what I see with a lot of the inmates at work. When you see somebody eating their own feces or spitting their ... just being crazy, screaming, beating their head on the wall, that to me is. I don't know. I feel like there are different levels and different variations of it. A lot of those guys are medicated and they still, they're crazy like that.

– Jake, 39, Officer Specialist, 11 years of experience

The first narrative represents how officers storied inmate mental health. When I asked participants to define mental health, they told the story of *inmate* mental health, focusing on their experiences with inmates who have severe mental health conditions. As Jake's anecdote above depicts, mental health typically was constructed as involving an inmate's severe and largely uncontrollable mental illness. This narration matches prior research findings that mental health is often viewed as the presence or absence of a psychological disorder (Gilmour, 2014; Keyes, 2002; Keyes & Lopez, 2002). Further, participants often defined mental health as a problem possessed by "others" rather than themselves. Of note though, my participants acknowledged that their mental health definitions might be different from others' because of their experience working with inmates who have severe mental health conditions.

The excerpts below analyze one narrative about mental health shared by my participants. In sharing their definitions of mental health, participants shared stories of inmates who are "crazy," out of touch with reality, or otherwise cannot be helped, regardless of access to medication or mental health services. In connecting mental health

with inmates who suffer from severe mental illness, participants construct mental health as a problem. Further, stories shared depict inmates with mental health conditions as partaking in dirty or disgusting behaviors, eliciting an image of mental health as associated with danger, fear, and incompetence.

First, officers shared definitions of mental health that depict it as the presence of a psychological condition. Examples of such conditions include schizophrenia or severe depression. These conditions are explained as out of the control of the individual, often impacting their ability to perceive and process reality. 49-year-old Mitch offered a definition of mental health that is synonymous with mental illness:

> Mental health, working at [name of institution] has a lot of mental health patients there. I think mental health was a broader range of stuff when I was younger... Now I look at it, and I know these are older terms and they're probably not politically correct. So to me, you now have a retardation of some sort, which is something-... that cannot be controlled. Mental health is someone who is actually schizophrenic or has um, a mental health problem that they cannot control.

Mitch constructed mental health as an illness that is difficult to control ("they have a retardation of some sort, something-that cannot be controlled"). He gave the example of schizophrenia, connecting mental health to an overall inability to perceive reality. 50-year-old retired lieutenant Frank similarly explained:

> [Mental health is] a person's state of mind. And perception of the world around them. Good mental health is knowing who you are, where you are, and perceiving that everything is okay around you, and you do not hear or see things that are not

there. That's from dealing with, that's from dealing with mental health inmates, though-

Frank's excerpt suggests some assumptions about mental health and control. Someone with *good* mental health has some control in that they are able to perceive who they are, where they are, and do not have an impaired sense of reality (he too refers to the psychological condition schizophrenia). Both participants noted how their perceptions of mental health have been influenced by work experiences. 44-year-old senior officer specialist Ellie likewise commented, "Because when you say mental health and we're talking about work, I would actually think crazy."

Second, as suggested by the quotes above, when defining mental health, officers told stories of inmates partaking in physical, dirty, or scary behaviors. Recall the introductory excerpt from Jake. He acknowledged his conception of mental health as tied to inmates with mental health conditions and described inmate behavior as "crazy," unpredictable, and out of control. He gives examples of inmate behaviors such as eating feces, screaming, or harming themselves. Other participants shared similar stories. 47-year-old corrections supervisor Claire said:

> Mental healthy. Well I don't talk to things that aren't there (laughs) At least not that I know of. I don't ... I still like to do things. I don't sit and cry at night for no reason. I'm still looking forward to things (laughs) So that's good. I've seen enough of cutters and people who smear shit on the walls to know that I'm still good. I don't put poop in my mouth, so that's good.

Claire describes her own work experiences with inmates who have mental health conditions and uses them as a point of comparison from which to say "I'm still good." Of

note, her description of people who “smear shit” and “put poop” in their mouths as mentally unstable paints a picture of inmates with mental health conditions as partaking in unclean and dirty practices.

Other participants told stories of inmates with mental health conditions acting in alarming or irrational ways. Mitch commented, “until you chew off your finger, you’re not really crazy in my world. Because I’ve seen crazy.” Similarly, 40-year-old special investigative agent Clayton told the story of an inmate whose actions are often irrational due to a mental health condition:

> To me when I hear it [the term mental health], my mind immediately goes to crazy person, but I guess that'd be more mentally ill, but mental health, mentally healthy. I really don't know how to answer that one, I'm sorry. We've got one [an inmate] here that every day, listening to his phone calls is very interesting because [he tells people] "all of the crimes I've committed against him, I'm going to be put to death." We had a psych unit there in [location of institution], so we've been around a lot of loony ones. It makes me pray that nothing happens to me to where I end up like that, that's for sure. Some of these guys' reality is so skewed…

Clayton’s excerpt also makes assumptions about mental health and control. The inmate he described has little control over his reality (it “is so skewed”), or behavior (the inmate is painted as behaving irrationally). As in the other excerpts, the term mental health is framed in relation to inmates with severe mental health conditions.

These stories of inmate behavior not only construct mental health as an inmate’s “problem,” but also something to be feared and avoided. As Clayton commented, “it makes me pray that nothing happens to me to where I end up like that.” Others noted how

inmate experiences may make officers wary of sharing their own experiences out of a desire not to be associated with inmates who act in "crazy," "dirty" or dangerous ways. For example, 39-year-old correctional counselor Elija said:

> All these crazy people we work with…..everybody tries to play it [mental health challenges] off more because they don't want to be associated with those guys. They [other officers] don't realize probably 60% of our work force right now is veterans that saw combat 'cause we've had a lot of wars in the last 16 years. A lot of veterans ... we're all on some of the medications these inmates are on, for different reasons, but it's the same medication. Nobody wants to come out and admit it 'cause nobody wants to be that guy who's taking the same pills as these idiots that's locked on the other side of this door. Does that make sense?

For Elija, working with "crazy people" makes him and others wary of talking about mental health challenges out of fear that he too will be associated with those "crazy idiots."

Section Summary

In this narrative about mental health, officers tell the story of inmates' mental health. This story depicts mental health as a problem that inmates are unable to manage; it leaves them with little control over their environment, behavior, or reality, and causes them to partake in dirty, alarming, and irrational behaviors. That is, in this story, mental health is constructed as the opposite of health; to have mental health is to have a mental illness of some kind.

One officer even noted that narrating mental health as an inmate's severe mental illness creates barriers for officers when it comes to sharing their own mental health

challenges. As Elija described, officers may not share their own struggles to avoid being associated with mentally ill inmates. Use of language such as "retardation," "crazy," or "loony" also creates enduring negative perceptions of the term mental health. At a micro level, this story perpetuates a societal stigma associated with mental health and is linked to the next three stories of the officer's mental health, which preserve the appearance of strength, rationality, and control, characteristics that are revered at the organizational level in prison facilities.

Putting on Armor: Appearing Strong

It [mental health] is stigmatized. Nobody wants to be viewed as weak. I mean, mentally ill is a sign of weakness in our…it's one thing…you don't ever want to show weakness around inmates.

-Roland, 49, Special Investigative Agent, 26 years of experience

In the second narrative, officers storied their own mental health by emphasizing the importance of avoiding the appearance of weakness in the correctional environment. Specifically, participants told the story of the ideal correctional officer as putting on "armor" to appear strong. In describing the work environment, 52-year-old retired unit manager Vivian told me, "you don't want to show any sign of a chip in your armor;" Similarly, 49-year-old captain Mitch said, "any type of weakness is a crack in your armor that allows them [inmates] to get in." In this story, the appearance of strength was accomplished through emotional control and impersonalization, both forms of armor that allowed officers to maintain the appearance of strength at work. Participants framed emotional control and impersonalization as important armor for avoiding inmate manipulation (getting "too close" to an inmate and being taken advantage of) and earning the respect of colleagues. Participant stories about emotional control and

impersonalization represent micro discourses that are reinforced at the organizational level and are further solidified by Discourses related to masculinity and bounded rationality.

The Armor of Emotional Control

In this part of the story, emotional control represents one form of armor officers may use to appear strong to inmates and coworkers. Participants shared stories of practicing emotional control in gendered ways; displaying emotions such as "crying," or sharing personal information (specifically mental health challenges) was constructed as feminine and weak, while displaying anger, toughness, and numbness were far more common, acceptable, and masculine behaviors. This form of armor draws on a Discourse of hegemonic masculinity and bounded rationality that is reinforced at the micro level when participants share stories with one another, and at the meso level when such stories become enduring beliefs about the organization's culture and norms for behavior.

A Discourse of bounded rationality represents the privileging of rational behavior over emotional experiences, particularly in the workspace. Research documents how "reason" and "emotion" have consistently been cast as dualisms; this binary emerged from historical expectations regarding the masculine workplace and the feminine home; where rational behavior was expected in the workplace, and emotional behavior was expected to remain private (Ahlander & Bahr, 1995). Mumby and Putnam (1993) argued, "bureaucracy perpetuates the belief that rationality and the control of emotions are not only inseparable but also necessary for effective organizational life" (p. 41). The marginalization of emotion in favor of reason functions as an "important means of controlling workers by limiting not only how they accomplish tasks, but how they think

and talk about the organization" (Denker & Dougherty, 2013, p. 245). Thus, workers are expected to suppress private emotions. My data revealed an expectation that workers control their emotions, but also carefully regulate emotional displays considered more feminine. 44-year-old senior officer specialist Stacy shared:

> You can't show weakness. If you do, especially being a female, inmates take advantage of that, staff take advantage of that, not that ... it's like ... I don't even know, like "Lord of the Flies" or anything with staff, that's not what I'm saying, but we all read and look at people on how they act and that's what we do and when somebody does whatever you file it away, you know, you don't forget stuff. You can't be crying at work and that's for men too. You just can't ... there's no crying in baseball and there's no crying in corrections.

Stacy addressed her gender identity before reinforcing that it was even *more* important for her, as a female, to practice emotional control to earn the respect of colleagues and inmates. She drew on traditional ideas about masculine and feminine behavior, highlighting that feminine emotions (described as crying) are more likely to be connected to the appearance of weakness and should be avoided. Likewise, 39-year old associate warden Craig described how emotional displays and discussions about feelings are stigmatized given the organizational culture:

> The Bureau of Prisons itself has a culture of you want to be the toughest guy or the toughest woman. You want to be the best, you want to be known as somebody who is squared away. No problems, no problems at all. With that culture comes an apprehensiveness of not telling someone how they really feel or what's really going on with them. It's my opinion, this is just my opinion, of that's why we have

> such high rate of suicide within the correctional system because of that, because people don't know how to, or maybe they do know how to reach out but they just can't.

Craig's narrative illuminates his perceptions of his organization's culture and norms around emotion: emotional displays (telling someone how they really feel) is viewed as synonymous with weakness, while "toughness" is valued and performed as the antithesis of emotion. Craig's excerpt reinforces the rational/emotional divide, emphasizing that rational and masculine behavior are appropriate, while more feminine displays are not.

Masculine displays of emotion, particularly anger, were considered more acceptable. A Discourse of hegemonic masculinity is apparent in these acceptable forms of emotional display. Hegemonic masculinity represents enduring ideas about the ideal male, who is constructed as demonstrating power through strength, control, and toughness (Trujillo, 1991). In sharing stories that place emphasis on emotional control, officers perpetuate and reinforce beliefs about masculine behavior, inadvertently showing a preference for strength, control, and dominance over emotional displays, openness, and transparency, constructed as both feminine and problematic. This tendency was particularly apparent when participants shared stories about violent or traumatic events where the only emotion they discussed feeling was anger or numbness. For example, Vivian shared:

> Well the guy [referring to an inmate] was going to get released the next day so he goes and decides to go string himself up in a closet because he was a sex offender and he knew what was waiting for him the next day. So he knew, while we were all tied up during that stabbing [another incident that was happening at the

> institution at the same time], that that's an opportune time to go hang yourself. And then, you know, you get the stabbing cleared and then the officers start making the rounds and I'm still in the special housing unit dealing with that and another body alarm goes off. And it's just like, "what the hell?" So you're one of the first ones there and you're literally cutting him down. I was pissed. Like, now I have more paperwork to do. So you get so numb. There's no emotion other than getting angry because now I got more work to do.

In recalling this experience, Vivian focused on her feelings of anger and numbness. She emphasized the source of her anger as "having more work to do" but does not reflect on the violence itself. In a similar example, 27-year-old senior officer Josh said:

> I mean you can't really stop that [violence] though. If it happens, it's just gonna happen. So I never really had issues. I got punched one time when I was at the state [prison]. That was it. It was by a drunk inmate. Other than that, I've seen a couple of murders. If it's gonna happen, it's gonna happen, but I've never had any personal issues. I've had inmates threaten me, threaten to come after my family. I've had piss, feces thrown at me. It's one of the things you just have to, I mean, deal with. Like yeah, you're gonna get ... Especially when it happens the first time, you're gonna get pissed, you're gonna get angry. But there's nothing you can do because these guys, yeah, I mean they'll get a shot, but some of these guys are in for the rest of their life and they don't care if they get a write up.

Like Vivian, Josh focused on feelings of anger. He recounted multiple violent experiences but framed them in matter of fact ways ("I never really had issues…I got punched one time…other than that, I've seen a couple of murders). He chose to discuss

feelings of anger over any other emotion. Anger as an acceptable emotion to feel and express is closely tied to beliefs about control and strength in this work setting. For example, both Vivian and Josh talk about experiencing and controlling feelings of anger. An ability to *hold back* their anger (to experience and express it but not necessarily act on it by being violent) is viewed as a demonstration of strength. However, the ability to hold back sadness is not viewed in the same way. Instead, sadness is constructed as weakness regardless of whether it is felt, expressed, or controlled.

In a vast majority of the stories about emotional control, participants were sharing experiences of inmate suicide. Despite seeing death, officers do not discuss feeling or displaying sadness around these experiences. Instead, they appear to struggle with identifying how and what they should feel. 39-year-old Jake told a compelling story:

> I'd been an officer for probably two years at the time. I used to work a morning walk shift and I worked the worst unit we have at the prison. I was on [my unit] on my Friday and that morning when we got them [prisoners] out for breakfast, one of them was acting up. I ended up having to fight him. That was fine, it got over with or whatever. Then by Monday I came in and they'd moved him over to [a different unit]. It was just really weird because I'd never really had any problems with this inmate, but I got into a fight with him on Friday. Monday, I'm making my rounds. He'd actually killed himself and I didn't know it. He had real long fingernails and he'd dug into the inside of his elbow. He used to sleep by the door. He'd sit on the floor and sleep by the door. It wasn't unusual for him to be sitting there, but he'd put his arm underneath the bed and I couldn't see that he was bleeding. He'd dug into his arm with his own fingernails and bled himself out.

> Every time I was at work, I thought about it. I don't know, it's a weird deal. You feel bad, but on the other hand, you don't feel bad.

Jake described where he was in his career and what units he was working at the time of this experience. The detail in the story suggests this event is one that Jake remembers well. In fact, it was the first example he gave me when I asked him to share a time when he had experienced violence at work. Jake recalled how he had to fight with this inmate (notice he describes this rather rationally, "that was fine, it got over with, or whatever), and how later he found out that this inmate had killed himself. Jake painted a disturbing picture of the inmate's suicide. In doing so, Jake suggested that he missed the suicide because the inmate was acting normally (by sleeping by the door). Jake admitted to feeling bad but controlled his emotions by saying "it's a weird deal. You feel bad, but on the other hand, you don't feel bad." In this excerpt, Jake appears to have unresolved emotions about the experience, and he admits these feelings preoccupied him ("every time I was at work, I thought about it"). He felt that he *should feel something* about the inmate's passing, but he was unable to identify what; the organizational norms that taught Jake that he should not display emotion leave him wondering about how he should feel about this inmate's death.

I argue that one reason why Jake (and others) express discomfort around emotion is because of meso-level expectations about emotional control in the work environment. These expectations provide scripts for how staff conceptualize and discuss emotional experiences. For Jake, he admitted to *feeling* emotion, but he could not identify it. Because organizational norms encourage officers to control emotions, Jake had no frame of reference to make sense of this work event emotionally. Subsequently, he struggled to

know what to display. In the vivid and final excerpt below, I share a portion of an interview that not only highlights emotional control, but also demonstrates the difficult time participants had identifying and expressing emotions around inmate death. In the excerpt, Mitch described the violence he has experienced over the course of his 25-year career:

> Mitch: I've seen violence of every fashion and form. I think the first thing that I saw that was the most shocking to me ... was an inmate who committed suicide. He had taken a couple of razors and put them in toothbrushes. And laid down on his bunk and reached down and cut both femoral arteries at the same time with razors. When we got to the cell, responded, uh, the amount of blood that was on the bed, on the wall, was quite shocking. You know, that was the first time I remember being shocked or just, you know, uh ... until you see how much blood the human body has in it the first time ... you just don't even realize. Um, so, but, I mean, I can go on and I could tell you stories from one end to the other about violence and stuff people have done to their self, and, and stabbings, and ...You know, I watched a guy sit on top of another guy and, and stab him through the chest 'till we got him pulled off. You know, uh, so violence at a level that most people have never seen and never will. And I've seen fights, I've seen gang fights, I've seen stuff like that, but I, I don't know that you've seen ... most normal people don't ever see a, a suicide to that level.
>
> Jackie: How did these experiences impact your life outside of work?
>
> Mitch: It is hard for me to judge that. My wife has told me that I had nightmares or that I would wake up in the night, you know, and scream at the towers to shoot.

> Because uh, you know, I was dreaming that I was being attacked and standing under the tower. So psychologically somehow. You know, that stuff gets in there and it digs around, and um, I think I handle uh, stuff pretty well. Sometimes I just have to uh, think on it a little bit, and shove it back to the back of my mind, and move on with the job. I'm pretty numb to it anymore. So uh, it doesn't phase me to the point that most people are shocked by how little it phases me. I think it's just from deadening. You know? If you sit down right now and hit yourself in the same spot on your knee, you know, a couple of times it's going to hurt, but if you do it 500 times, it goes numb.

Despite the psychological impacts of the job, (initial shock, nightmares), Mitch described the process of "deadening," that occurred over the course of his career. He did not speculate on how his experiences have impacted him aside from what his wife has told him, and he did not discuss emotions aside from feelings of shock (notably, he framed the shock as a result of the amount of blood in the room, *not* the act of violence itself, and he did not discuss displaying shock to others). Sadness over the loss of inmate life is not a primary focus in this narrative, instead Mitch framed the process of working through violent experiences in rational terms: he "think[s]" about experiences, shove[s] them to the back of his mind, and move[s] on with the job. He emphasized that he handles "stuff pretty well" and it doesn't "phase" him, but his story suggests that it is the experience of *numbness* that allows him to cope. Emotional control also helped officers engage in depersonalization; this process served as another form of armor that protected officers.

The Armor of Impersonalization

In this part of the story, the armor of impersonalization demonstrates how officers limited the sharing of personal information as an additional form of protection from inmates. By limiting personal information shared at work, officers keep inmates from learning and using personal details about their lives (i.e., manipulating them). Stories of controlling how, what, and when officers share personal information are informed by a larger Discourse of professionalism and play out at the micro level when officers train newcomers about the dangers of sharing too much, and at the meso level when the organization teaches officers to watch out for inmate manipulation tactics.

Prior research from Tracy (2004) explored how organizational training documents for officers warn them to remain "professional" in order to avoid inmate manipulation. She noted how trainers "tell officers they must be suspicious of inmates and wary of being "sucked in" by "inmate games" (p. 512). In my data, inmate manipulation was described as "getting close" to an inmate who would then use that relationship to ask for personal favors (special access to items or locations in the institution). In extreme cases, inmate manipulation was described as resulting in an intimate or sexual relationship between an officer and inmate. Although stories about *how* inmates would use personal information to manipulate officers were not discussed, significant value was placed on the steps an officer can take to protect themselves from manipulation. These steps included limiting the sharing of personal information and were alluded to as one way the officer could protect their mental health and well-being at work. Overall, impersonalization was a theme that appeared in the micro stories of my participants and was reinforced at a macro level by masculine norms of professionalism. For example, Craig described:

> My wife has asked me years ago, "Why don't you ever bring pictures to work and put them on your desk?" I tell her, "I don't want an inmate to know about my family. I don't want them to know that I have children, or that I went on vacation here or there." They can figure all of that out through a picture. You want to definitely separate that. Of course you want inmates to know that you're human, but at the same time, you want to separate that side of the coin. You want them to just see you as being the correctional officer, or the staff member, and not the other side. If they figure out a little bit about the other side, they're going to try to manipulate that.

Craig's narrative draws on a macro Discourse of professionalism; he articulated a clear separation between the person he is at work "the staff member" and the person he is at home "the other side." He places a boundary between these two sides and focuses on his professional self as distinct from his personal self. Inherent in Craig's narrative is the assumption that sharing information about oneself (something as simple as a photo or a favorite vacation spot) opens the door for inmate manipulation. The solution becomes to hide or separate aspects of the "personal" self from the work environment. The consequences of hiding information about oneself include not talking about personal feelings, experiences, or topics that might otherwise be considered as "unprofessional" in the workspace.

My analysis suggests that stories about inmate manipulation were reinforced at a micro level when officers would share stories with newer recruits about being mindful of how they share information. For example, 48-year-old lieutenant Cooper shared a story he learned from a veteran officer that he now passes on to others:

> When I was a trainee, I was paired with an older officer and he taught me a valuable lesson. There was, it was some kind of magazine about log cabins. You know how you have magazines for everything? This was like some construction of log cabins or something. So he told me, he said, "I want you to fold this up, put it in your back pocket and go make a round," so I did. I had this magazine in my back pocket and made rounds. Then I was like, "Why did you want me to do that?" He said, "You just wait and see what they [the inmates] do." Next time I made a round, they're all asking, "So, you're into log cabins? You like log cabins?" I'll never forget that lesson. That's why I always try to teach, especially all these young people now too, they [inmates] pick up on every little thing. That's their job. They have nothing else to do. It's all not for nefarious purposes, don't get me wrong but my personal life is my first life and work is totally different so I try to talk to these people [staff] that are wearing like Denver Broncos, memorabilia, stuff like that. It's like, "Are you a Broncos fan?" They're like, "Yeah," and I'm like, "Well, do you want all the inmates to know you're a Broncos fan?" because they know everything. The inmates know usually more than staff does.

In sharing this with me and with others, Cooper's micro communication practices reemphasize the value of controlling personal information in this setting. While Cooper admits that inmates do not always look to connect with staff for "nefarious" purposes, the general assumption is that allowing inmates to get to know you personally can be dangerous. By limiting how and what they share, officers are able to remain professional, but impersonal with inmates.

Section Summary

The narrative of the healthy correctional worker as putting on armor to appear strong is constructed, enabled, and constrained by D/discourses at the macro, meso, and micro level. A macro Discourse of bounded rationality and hegemonic masculinity manifests and is interwoven with discourses at micro level as correctional staff tell stories of emotional control and impersonalization, and work to adhere to organizational (meso) level norms regarding behavior. Workers pass on stories about the importance of avoiding the appearance of weakness and hiding personal preferences from inmates. These everyday (micro) discourses influence and construct organizational (meso) expectations around behavior for workers, and further serve to reinforce problematic dualisms between "reason" and "emotion," and "masculine," and "feminine." These norms also constrain officers' ability to communicate about and seek help for mental health challenges. Arguably, the stigma of mental health may be even more intense in the correctional environment, where appearing strong, in control, and able to take care of oneself is opposite of how individuals with mental health challenges are perceived. Thus, a culture of silence around mental health conversations is cultivated by workers as they display and discursively emphasize emotional control and impersonalization. Not talking about mental health challenges and maintaining a distinct separation between a "professional self" and "personal self," allowed participants to appear strong in the work environment. Similarly, placing firm boundaries between the "work" and "home" space allowed officers to guard against inmate manipulation.

Guarding the Border: Protecting Mental Health by Setting Work/Life Boundaries

You just get to where you have to mentally just…decompress or…if you take it [work] home with you, you punish the ones you love with it. I don't know how to best put it. You get to where you can just leave it at work.

-Kory, 47, Senior Officer Specialist, 15 years of experience

Time and again, participants shared stories of how they strive to separate their work and personal lives as part of maintaining their mental health. This story depicts the ideal correctional officer as practicing work-life separation and includes cautionary tales about the consequences of failing to separate the borders between work and home. When workers fail to protect the borders, they become subject to their personal lives impacting their work performance and vice versa. As I explore below, this narrative is shaped and maintained by D/discourses related to corporate colonization, the protestant work ethic, and individualism.

This sub-story connects to the larger narrative about mental health; in separating work and life, employees maintain a sense of control over how their work impacts their personal life and are able to protect themselves from becoming too close to an inmate. However, such a firm border between work and life limits a participant's ability to bring their whole self into work and results in perceived conflict between work and home when spillover occurs. The cautionary tales told by participants depict the dangers of failing to maintain boundaries between work and life, and place responsibility on the individual to set strict borders between the two worlds. Despite their best efforts, participants experience and manage spillover as corporate expectations structure their private lives.

Cautionary tales of Border Crossing

Participants shared cautionary tales of the consequences of inadequately separating work and home life. Cautionary tales pointed to the experience of conflict at

home (when work would interfere), or conflict at work (when home would interfere) and connected to a macro Discourse of individualism by placing responsibility solely on the individual to maintain the borders. Consider 39-year-old officer specialist Jake's perspective:

> [Work] It's not something we dwell on every day, you know what I mean? What happens at work stays at work. We try not to bring ... If we got something we want to vent about or whatever, that's cool. Yeah, it's funny. You have to learn after awhile. If you let that job take you over, you're going to be a miserable person. I think that's where a lot of the suicides come in is people take too much stuff personally. They can't shake it and they can't turn it off when they leave and it's just nonstop.

In this excerpt, Jake pointed to the importance of work-life separation as key to ensuring that work experiences do not "take you over." For him and many other participants, leaving "work at work" was one way to separate themselves from the work environment and maintain a sense of balance. Of note is Jake's belief that suicides are connected to a person's inability to separate work and home, thus taking things too "personally." Jake's excerpt suggests the belief that individuals are responsible for making choices that impact their own mental health ("if *you let* that job take you over, you're going to be a miserable person" emphasis added). Further, Jake's excerpt represents a cautionary tale of the personal dangers that can occur when officers are unable to maintain a firm boundary between work and life. Below, 51-year-old Adam's interview also acts as a cautionary tale. In his excerpt, the inability to adequately protect the border between home and life can result in problems for an officer's family:

> Outside of work, I don't let this job affect me outside of work. When I go in, it stays inside the fence. When I leave, it stays inside the fence. I don't take it with me. As soon as I walk out the door, I turn it off because what happens at work, stays at work. I don't take it home. You have to because if you don't, then you're gonna still be compressed on the way home, you're gonna be compressed when you get home. Your family is gonna feel it. As soon as I walk out the door, it stays at the door and then I try to decompress on my drive on the way home.

Adam was insistent that keeping work "inside the fence" is essential for not letting the more stressful aspects of the job impact his home life. Like Jake, Adam argued that an inability to separate work and home will lead to problems outside of work (i.e., being "compressed"). His language emphasizes a belief in taking personal responsibility for maintaining boundaries and offers a warning about what will happen if these borders are not adequately protected ("*You have to* because if *you* don't…your family is gonna feel it" emphasis added). Somewhat incongruous is Adam's assertion that "it stays inside the fence," but that he tries to "decompress" on his drive home.

Others commented on the conflicts that arise when work-life spillover occurs. Ellie (a 44-year-old officer specialist with 20 years of experience) shared:

> I've had bad days, been totally stressed out, been pissed off and the whole nine yards, but I try not to bring it home. Does it come home? Yes, but I try not to take any of this from home in there. So I try to make that clean break…but I'm to the point now where I'm pretty honest about it, I'm like, "Don't talk to me." "Just don't talk to me because I'm in a foul mood."

Ellie detailed the experience of emotional spillover when her job impacts her home life and vice versa. She discussed how, over time, she became more honest and communicative about how work impacts her. Although Ellie's narrative focused less on the importance of separating work and life, her excerpt suggested that she sees the value of separating the two. Stacy, a 44-year-old officer specialist with 11 years of experience, also expressed how she tries to separate work and home life, but sometimes is unable to maintain the boundary:

> I'm pretty good at separating work and home but when you're unhappy at work…If there's something going on at work and I'm stressed out about it, I get a little snippy at home and that goes back to being married to somebody who understands, he doesn't take it personally, I know that I'm doing it, I apologize, but it's never like ... you're just short or whatever, we don't fight about it or anything like that. It's just ... it is what it is. Like if there's something bothering me at work, he already knows because we've already talked about it. If something is bothering him, we've already talked about it, I already know. So we know it's not personal and it's never directed at the other person.

Like Ellie, Stacy placed a boundary between work and home. In this excerpt, she admitted that she failed at adequately guarding the border ("I know I'm doing it, I apologize"). She talked about the advantages of having a spouse who worked in the same profession and acknowledged that they both occasionally brought work home with them. Overall, participants not only detailed how they experienced conflict as a result of failing to guard the borders between work and life, they also reflected on how, despite their best efforts, the attitudes and behaviors of the workplace structured their private lives.

Workplace Behaviors, Attitudes, and Private Life

Over and over, participants shared how despite their border work, attitudes and behaviors of the workplace influenced their actions and beliefs in private life. These stories reflect a discourse of corporate colonization. Deetz (1992) argued that corporate colonization is the extension of workplace values and behaviors into the private sphere; colonization occurs as organizational members bring home organizational expectations that structure their private lives. As Denker and Dougherty (2013) wrote, "Corporate expectations are incorporated into individuals' lives and these values then transition to the home since family members are not immune to discourse they hear everywhere" (p. 243). Thus, organizational expectations play out at the micro level when workers take expectations home with them.

Most prominently, participants reflected on how they adopted attitudes and behaviors related to heightened awareness, suspicion, and cynicism as a result of workplace experiences. 39-year-old associate warden Craig explained how the profession caused him to change his behavior:

> My wife will tell you that, and she's used to it now, but when we go out to restaurants or somewhere like that, I always have to be sitting at a table to where I'm facing the door, or facing ... It sounds strange… and have my back to a point where I can know what's behind me, or if there's a threat behind me. That's fine. I really do, I try hard not to do that, or to display those behaviors, but it's just one of those things where ... A prime example, if you're inside of the prison, and you're standing in a housing unit, see a correctional officer stand against the wall. They watch the open space because you don't want to have any space behind you.

> That's just for your protection. It's the same thing outside. I see myself doing that. I don't like being in crowds. My wife likes to go to concerts and stuff with my daughter and all that stuff like that. I'll do it, but it's not my favorite thing to do. I tell you another thing. If I'm out somewhere and I see somebody running, somebody run past me, or run in my direction, that perks my attention.

Craig noted the work behaviors that have influenced how he behaves privately (always facing the door, watching open space, being aware of the actions of others). He talked about how these behaviors keep him safe in the workplace ("that's just for your protection,") but that he notices them bleeding into his life outside of work. Tim, a 34-year-old correctional officer shared a story that exemplifies the depth and breadth of how both corrections and his experience in the army has shaped his perceptions of the outside world:

> I always just assume that basically everybody that is in the general public wants to rob me, kill me-- and I know they don't. But when I really realized how much I had been institutionalized by being a correctional officer-- two years ago I started my master's and I had to do two internships for it to finish it. And so one of them was at this place called [name of organization]. And I worked in the housing department that dealt with homelessness and near homelessness and all that stuff. And every event that we would have that I would help out at, whatever, I could not turn that part off. And I--regardless of how well intentioned that organization is and the people that I was working with are or were, the fact is the vast majority of the quote unquote, "clients," that they dealt with were just complete shitheads, just looking for as much free crap. Even just-- I don't know-- very, very entitled,

> which is like the keyword for inmates, essentially. And that was super hard for me. And I told my supervisor, I was like, um, I think that we need to focus more on administrative stuff and grant research and writing and so on, because I'm telling you right now, if you make me be around these people, I don't think is going to pan out very well, because I can't turn this off. And so that definitely happened. But any time that I'm anywhere really. I don't think it's just from being in the prison. It's also from being in the army and all that. But, you know, I'm always checking, looking around, seeing what-- just walking—even just walking downtown in the daylight, I'll still-- there's those little entryways and doorways that are kind of tucked back and I still recognize that and will move to the-- move a foot outwards, so that if somebody is in there ready to try to rob me-- I don't know. All kinds of other stuff like that. But I do I always assume the worst about people, that people are always out to do something shady.

Tim discussed specific behavior changes that occurred as a result of his experience in both corrections and the army. A sense of heightened awareness regarding his surroundings, a tendency to be suspicious of people's motives, and specific changes in the way he carries himself (moving to the other side of the street, adjusting his body to be ready for an attack, etc.) all highlight the extent of what Tim called being "institutionalized." Tim noted how workplace attitudes carried over into his education, making him suspicious and cynical about the homeless organization he worked with in college. 46-year-old lieutenant Jarrett also commented on how feelings of cynicism have shaded his perception of events outside of work:

> I definitely have a jaded sense of things. I mean, I hate the fact that you've got ... You see the kind of money that we spend on a piece of garbage, that has went out and committed a crime, that is probably never gonna get out of prison, except with a toe-tag on, when he dies. Here we are, we spend all kinds of money on people like this. Or the inmates that, okay, they go there, they do their time, but still they're problem child's. They're a problem whenever they're there. They're always getting in trouble, whatever. So then you see them, we release them, they can't make it on the outside, they go out there, they commit another crime, to come right back. I mean, we've got several that have done that. Then you know of people that ... I had a fellow officer, that I worked with at [name of institution], that his wife had to wait for a liver transplant, for a long time, and we had an inmate that had went out, and had a liver transplant. Just like, it's like, why are we giving an inmate a liver, when he's damaged his doing drugs, and everything else. When you have this good person, this good lady, that's been struggling for years, waiting for a liver, and here we've got this piece of crap, that we're sending to the hospital to have a liver transplant. Or I have doctors telling me I'm too young for a knee replacement, but then we send inmates downtown, that are younger than I am, for a knee replacement. Why are we giving inmate's new knees, shoulders, hips, when people on the outside, in the real world, have never done anything wrong, and can't afford to do it? So that's kind of, I don't know, I kind of feel jaded about that sometimes.

Jarrett's response to my question regarding how prison work impacts his life touched on his feelings of anger, frustration, and overall weariness regarding the level of care

inmates receive compared to others in the community he sees as more deserving. The disparity is one that caused him to "feel jaded" about the structures (government regulations, programs, etc.) that make such disparities possible.

In each of these excerpts, corporate colonization and the protestant work ethic are present in stories about how workplace behaviors and attitudes towards inmates structure how employees act and perceive the world outside of work. The protestant work ethic, defined by the principles of hard work, discipline, and prudence (Furnham, 1984), is closely related to conceptions of work, and details how those who are "worthy" achieve success and deserve merit, recognition, and reward (Newman, 1988). As Jarrett's narrative depicts, he felt a sense of frustration that those who had not worked hard or abided by laws (inmates), still received rewards for their poor behavior while those who worked hard were not rewarded for their success. Recall the earlier excerpt from Tim. His belief that the individuals at the homeless shelter were entitled and looking for "free crap," is representative of the belief that those who are successful and work hard should be rewarded while others (the unemployed, the homeless), should not.

Section Summary

In this story about guarding the border between work and life, the mentally healthy correctional worker is depicted as being able to set firm work-life boundaries that ensure that "work stays at work," and "home stays at home." This narrative is constructed by D/discourses at the macro, meso, and micro levels, including how workers talk about and valorize separation as important to mental health in their everyday conversations, how organizational expectations and behaviors seep into their private lives and structure

their behaviors, and how their belief systems and communication are tied to Discourses of hard work, discipline, and morality. I discuss each of these d/Discourses in turn.

First, micro practices about the importance of separating work and life permeate how staff communicate about and conceptualize what it means to maintain good mental health. Staff emphasized the importance of maintaining boundaries both in the stories they shared with me, as well as how they discussed sharing advice about the job with others. Moreover, mental health issues were framed as an inability to adequately separate work and life (recall Jake's excerpt claiming that suicides occur when staff do not maintain boundaries and take "too much stuff personally.") This separation was framed as the responsibility of the individual to maintain.

These micro practices are both enabling and constraining for staff members. Setting boundaries acted as a valuable coping mechanism for my participants. Specifically, setting boundaries gave participants a sense of control over how the work environment impacted their personal life and vice versa. Thus, participants talked about the value of separating work and life for maintaining mental health and controlling how much the workspace invaded private life and how much private life invaded the workspace. However, boundary setting can become constraining when separation becomes an *expectation and a personal responsibility* rather than a coping mechanism supported and developed by officers and their organizations. When boundary setting is framed as an expectation, participants can experience frustration and other challenges if they feel they have failed to maintain boundaries.

Micro conversations about work-life separation overlap with and come into conflict with organizational level (meso) discourses that structure employees' private

lives. For example, despite participants' best efforts to maintain boundaries, organizational experiences and expectations creep into the private sphere, influencing attitudes and behaviors outside the workplace. A heightened sense of awareness, suspicion of motives, and keen observation are tactics that help keep officers safe in the work environment; however, when these behaviors begin to influence the behavior of staff members outside of the work environment, they cause challenges for employees who feel they cannot "turn off" their learned behaviors. Frustration and sadness manifested as my participants described feeling hardened by their work such that they experienced conflict with family members who thought they had become cold or distant; other examples include participants feeling unsympathetic, "jaded," or otherwise unable to fully appreciate emotional experiences outside of work.

Meso-level discourses also intersect with the macro Discourse of the protestant work ethic. Underneath stories about entitled inmates who receive better treatment than the general public are values related to hard-work, discipline, and success. These attitudes towards inmates influence how employees perceive who is "deserving" of success, merit, and recognition in the outside world. Their self-described "jaded" outlook on the world is supported by D/discourses connected to beliefs about the nature of success, workplace attitudes about inmates, and everyday talk. Moreover, an emphasis on the importance of work-life separation, feelings of suspicion and cynicism, and values connected to hard-work and success influence how employees perceive and seek help from mental health resources such as the Employee Assistance Program (EAP), which is the focus of the third officer story of mental health.

Constructing Barriers to Employee Assistance Program use

I don't think a guy would ever say they have used it [EAP] because they would think that people would think they were weak.

-Amanda, 50, Health Services Assistant, 20 years of experience

The Employee Assistance Program [EAP] is a valuable organizational resource for employee health and wellness. The program includes services related to mental health, stress management, financial, legal, or marital counseling (Kirk & Brown, 2003). In this final sub-story, officers draw on D/discourses related to individualism, masculinity, and beliefs about separating work/life, to construct barriers around who, when, and how employees may use the EAP. Additionally, interviews suggested tensions between meso-level and micro-level discourses about EAP use.

At a meso-level, my analysis suggests that participants were well aware that the EAP was a resource available to them in times of need. Almost all talked about the frequency of communication at the organizational level regarding EAP resources, and participants mentioned attending an annual refresher training where the EAP was discussed as a key program that staff could take advantage of to manage stress. Thus, at the meso level, the EAP appears to be a widely communicated program that receives attention and promotion. In spite of the program's recognition by employees, two micro-level themes appeared to create tension between meso-level efforts to promote the program and micro-level conversations about it: 1) use of the EAP for financial or family issues, but not professional purposes, and 2) the implication that those who use the EAP are not performing their job adequately or may be in danger of disciplinary action. The first theme focuses on the reasons employees may use the EAP.

"It's a good program…" for "personal" issues: Reasons for EAP use

Participants discussed the EAP as a useful program for handling "personal" issues; they constructed "personal issues" as family, financial, or legal problems. They were less likely to talk about using the EAP for mental health services or work-related challenges. By discussing EAP use for financial, legal, or family purposes, participants constructed the program as useful for *personal*, but not necessarily *professional* purposes. This separation connects to the earlier narrative related to guarding work-life borders. Specifically, the separation further reinforces beliefs about maintaining clear boundaries between work and life; because the ideal officer maintains boundaries between "work" and "home," he or she should not need to use EAP services for work-related issues. 47-year-old captain Erick described:

> I think it [the EAP] is a good program, like I said I personally haven't used it for me, I did use it for my son on one occasion and it's a good resource I mean it's just that I haven't chosen to use it for personal reasons I guess, but it is a good option. I think if you have nobody else to talk to, or if you've tried other avenues and they haven't worked it gives you another out to talk to a professional, to talk to somebody that might be able to help you out, somebody that might be able to help steer you in the right direction away from doing something stupid. Not just for mental stuff because it helps you for financial problems, helps you with marital problems, so I mean I think it's overall a good program.

Erick emphasized his belief that the EAP is a "good program," that offers a wide array of resources, including those for financial and marital problems, not "just mental stuff." Of interest is the way he describes use of the program for his son but not for himself; he also frequently uses the word "you" to describe how *others* (not himself) might take

advantage of the program. In general, he appears to distance himself from using the program for anything other than family issues, citing he has not “chosen to use it for personal reasons.”

Other participants acknowledged the dominant story about EAP use as “personal,” but not “professional,” but also expressed a desire to shift the narrative to be more open and transparent. For example, Adam shared:

> I've heard of people using it if they're having financial problems. Most of it, I believe is for relationship problems, problems in their relationship. It's normal when something's going on like that to recommend them to EAP, I've had this conversation with several employees, not just one in particular, but over a variety of issues. I told them that EAP is available and it works because I've used it. I figured if it's coming from me and I used it and I think it's a good program, then I'm hoping they'll listen to me and say, "Hey, he's used it. It worked for him," or you know, "It didn't have any harm on him or anything, so why shouldn't I go ahead and do it?"
>
> Jackie: Do you usually tell people what you used the EAP services for when you have those conversations?
>
> Adam: No, I do not.

In his interview, Adam reflected on how the EAP is primarily used for family or financial management. He also recognized the impact his micro-practices have on how others use and perceive the program. Not only does he tell others that he has used the EAP, he hopes sharing will encourage others to use the program as well. This sentiment implies Adam’s desire to shift the narrative around EAP use to be more transparent. Despite this, he

would not disclose to me his reason for using the EAP. Former correctional officer Leslie's interview also challenged the standing narrative about how people should use the EAP:

> Well, at first when I first started doing my job I thought EAP was just a forgotten program and that nobody ever used it, and now I feel that I hear a lot more people talk about it, and a lot of people don't use it for anything other than financial. A lot of people use it for financial, and you have a few that use it for counseling. A couple that I know that have just randomly talked about it, they do it for their personal life and not for their professional life. I feel that EAP is a great program, but a lot of people use it for their personal life and not professional, and I feel like it should be ... By all means, we have problems in our personal lives as well, but I feel like it should be a program or there needs to be a program that is for your professional life.

In this excerpt, Leslie expressed the desire to resist the dominant narrative related to EAP use. She both recognized the tendency to view the program as available for personal reasons but not professional and noted her desire for change ("it should be a program that is for your professional life"). Ultimately, Leslie wants to restory how people perceive the program and dissolve barriers that frame it as for personal but not professional purposes.

The earlier sub-stories about armor and work-life separation connect directly to the narrative about how workers may use the EAP. When participants constructed the program as valuable for personal reasons, they projected the image of strength and emotional control in the work setting. In some ways, being able to make distinctions

between using the program for personal versus work-related reasons may help workers maintain a firm boundary between what is considered "personal" and what is considered "professional." When participants *did* discuss why someone might use the EAP for professional purposes, it was because that individual was not performing well at work or was in danger of disciplinary action.

"You're not doing your job": When to use the EAP for Professional Reasons

The second theme connects to *when* employees may use the EAP for professional reasons. My analysis suggests that when participants, specifically supervisors, recommend the EAP to colleagues, conversations center on how the individual may not be performing well on the job or is in danger of disciplinary action. Thus, this part of the story reveals that employees may use the EAP when: 1) it is recommended by a supervisor, and 2) the employee is struggling at work. These micro-level conversations create meaningful constraints for employees who might want to seek help from the program. In particular, the association of the program with poor work performance may lead employees to avoid using it out of fear of stigmatization.

EAP referral conversations focused on how the employee was not performing well or might be in danger of disciplinary action. In reflecting on these conversations, participants again drew on the earlier narrative of maintaining work-life boundaries. Former unit manager Vivian explained:

> I've referred people to EAP. I always get with human resources first, because ordinarily this may be the beginning of what could become a disciplinary action, so you want to give them an out. Here, go seek some resources here. It's available for you. I will not know if you've used it or not. Nobody will know. But you are

> given the information and I hope it works for you. You know, they might have some stress management, or counseling, or some tax information if you're falling on your finances, or financial credit counseling, or something that they may be able to assist you with. But now I gotta get back to the task at hand; you're not doing your job. So let's see if this avenue is going to fix it first. There may be something in your life I'm not aware of, and I don't need to know. But the people that answer that phone might be able to help you if something is going on so you're not bringing it back into work.

Vivian connected EAP referrals with future "disciplinary action," and described the conversation as a way to tell the employee "you're not doing your job." Her excerpt also represents the deeply held value of separating work and life. Recall she says, "there may be something in your life I'm not aware of, and I don't need to know," and "the people that answer that phone might be able to help you…so you're not bringing it back to work." Each of these statements reinforces a boundary between work and home life: the first implies that issues should remain confidential; the second assumes they should always be kept out of the work environment. Similarly, supervisor Mitch shared his own perspective on EAP referrals:

> "So what's going on with you?" And then that's usually when they [the staff member] breaks down and tells me that their wife's left them, and their kids are gone, and so on. And ... "I want you to know we've got the EAP program," and I reach down in my drawer and I give them a brochure. And hopefully they take that brochure and then they'll go call EAP, and you get six free sessions to go talk to a counselor. If not and this continues, or if I have a need to document it, then I

> do what they call an EAP letter, which means I'll pull you in and I'll give you a brochure, and I'll also give you a copy of this letter. It says, "Hey, I've been noticing that you're, you're having some difficulties. Here is your official notice that the employee assistance program is out there for you." Um ... I put my signature on it and everything. And it's not meant to be, it's not disciplinary or anything like that, but with those two things, one, it leaves a paper trail that yes, I did offer them EAP. And it gives them something to carry out of there that says, you know, "This is what we offer," and I think it kind of puts it in their head that, "Oh, work notices I'm having problems."

Mitch was quick to point out that giving an EAP referral is not disciplinary in nature, but that it is a way to let the employee know that "work notices" they are having problems. Like Vivian's excerpt, Mitch's framing connects the EAP with the overall idea that an individual is struggling at work. Mitch also placed value on maintaining boundaries between work and life. Of note is how he described having these conversations after an officer's personal life (wife, kids, and "so on") has caused them to have problems at work.

The role of the supervisor in giving an EAP recommendation was a prominent power dynamic in interviews; both Mitch and Vivian were in supervisory roles. Another supervisor participant, Leslie, commented on how she would only tell *her* supervisor she was using the program if they noticed she was struggling at work:

> Unless I was struggling at work and my work was struggling and my supervisor noticed it then I might possibly bring it up to them and let them know that it [the EAP] is a program that I'm utilizing. But otherwise, I don't know that I would

> personally bring it up. I guess I would fear that it would hinder my career. Would they use that against me in the future if I did use it? Or maybe the embarrassment that maybe I used it. Maybe I'm not as strong as I should be. It's been passed on from the time I started. If you appear weak you could be compromised. You don't ever want to appear as a weak staff member. Your coworkers will make fun of you if you're a weak person. You know?

Leslie was the only participant to mention that she would tell her supervisor about using the EAP as a way to justify poor work performance. Her excerpt reveals a meaningful power dynamic related to *who* has the ability to talk about the EAP. Even though Leslie, as a supervisor, felt comfortable telling her own superior about EAP use, other non-supervisor participants did not feel the same. Indeed, even Leslie spent the rest of the excerpt talking through her doubt about sharing this information with others (fear of being weak, embarrassed, not as strong as her colleagues, etc.) Her fears relate directly to the narrative about armor and connect to a macro Discourse of masculinity; she would avoid talking about using the program in order to not appear weak.

Section Summary

The story of when and how employees may use the EAP constructs the program as useful for personal, but not professional purposes and indicates that workers only use the program for professional concerns when recommended by a supervisor for poor work performance. The elements of this sub-story are connected to the previous two narratives on armor and work-life separation. In an effort to appear strong to others (preserve armor), workers may avoid talking about use of the program. Further, using the program for personal but not professional reasons helps them maintain the appearance of strength

and emotional control (masculinity) in the work environment, allowing them to firmly guard the border between work and life.

Finally, of note is how meso-level and micro-level discourses about EAP use intersect and diverge from one another in this sub-story. For example, even though the organization did a good job of sharing information about the EAP as a policy and resource, interpersonal conversations constructed when, and for what purposes, workers should actually use the program. As Kirby and Krone (2002) demonstrated, though the policy may exist, communication about the policy can significantly influence how, and if, employees use it. The implications of Kirby and Krone's research are relevant to this study; even though meso-level discourses about the program appear to encourage its use, this type of communication is not enough. Employees, particularly the supervisors in my sample, must also be aware of how their conversations influence use of the program, and work to re-construct how the EAP is perceived at the micro-level.

Chapter Summary

This chapter has presented the findings of a narrative analysis focused on how correctional officers communicatively construct mental health. In exploring the narratives of my participants, my analysis suggests that the primary story of mental health is a story of inmates' mental health. The story of the officers' mental health is found in three sub-stories. The primary story of inmate mental health includes the existence of a severe mental health condition that cannot be controlled, impairs rational behavior, and causes the individual to partake in physically dirty or scary behaviors. In the next two narratives about how officers story their own mental health, the ideal correctional officer puts on the armor of emotional control and impersonalization and maintains firm work-life

boundaries to protect their mental health and guard against inmate manipulation. These techniques, though they allow the officer to stay safe in the work environment, also influence how they seek help from Employee Assistance Programs. Thus, the final narrative focuses on the barriers to EAP use in the correctional environment.

Each of these narratives is constructed at the intersection of macro, meso, and micro D/discourses. In the first story about inmate mental health, officers reinforced societal perceptions of mental health as a "problem." By using language such as "crazy," "retarded," or "loony," micro-practices shape enduring perceptions of mental health as problematic. These micro-stories also perpetuate beliefs about the value of control and rationality, which serve to co-construct an organizational culture that values the appearance of strength.

In the armor narrative, participants described how the healthy correctional officer puts on the armor of emotional control and impersonalization. In this EAP-focused narrative, macro Discourses about hegemonic masculinity and beliefs about reason/emotion serve to subjugate the emotional and physical experiences of workers. Beliefs about masculinity further marginalize that which is considered feminine (also constructed as "weak"). At the meso-level, organizational expectations regarding behavior further reinforce characteristics of the ideal correctional worker as being stoic and cautious when interacting with inmates. These beliefs are further reinforced by micro stories of controlling what and how workers share information with others and separating the "personal" from "professional" self.

In the narrative about work-life separation, guarding the border between work and home was constructed as both important for mental health and necessary for the safety of

officers. Beliefs about work-life boundaries were reinforced across the discursive ladder as participants shared advice about leaving "work at work" and "home at home." Stories depicted the consequences of not adequately maintaining boundaries, including experiencing conflict at home (when work would interfere) and conflicts at work (when home would interfere). Stories of work-life separation work as a valuable coping mechanism for workers, but they become problematic when employees are *expected* to maintain the boundaries. Further, total separation becomes an unrealistic standard given the implications of correctional work; employees recognized that, despite their best efforts, workplace behaviors seeped into their private lives and caused them to experience feelings of suspicion, heightened awareness, and skepticism.

In the final narrative, I explored barriers to EAP use. Although workers recognized the EAP as a useful program, stories about EAP use and referrals revealed how micro talk can serve to create barriers to a program that is otherwise well-communicated at the meso level. Stories that highlighted the EAP as useful for "personal" but not "professional" reasons reinforced a sense of separation between the home and work space. Such talk constructs the EAP as a program useful for certain issues, while others (such as mental health challenges or work experiences) remain hidden. Stories about the EAP as potentially connected to disciplinary action can be problematic, especially when the employee begins to associate the EAP with the belief that they are not performing their job properly.

In the next chapter, I discuss the implications of this analysis. Specifically, I explore how expectations around setting firm work-life boundaries place pressure on employees and highlight how D/discourses around strength create a culture of silence

around mental health issues. Finally, I address how micro conversations about the EAP can serve to undermine meso level programs intended to assist workers with their mental well-being. The chapter will end with a discussion of practical and theoretical implications of this research.

CHAPTER 5: DISCUSSION

The purpose of this dissertation was to explore how correctional staff communicatively constructs mental health. To investigate this issue, I conducted a narrative thematic analysis of 25 semi-structured interviews with current and former correctional staff members at federal level institutions across the Midwest. In this chapter, I begin with a review of each of the major findings presented in chapter four and discuss how the various macro, meso, and micro D/discourses function to both enable and constrain my participants' understanding of mental health. Next, I explicate the theoretical and practical implications of this research. Finally, I discuss the strengths, limitations, and possible future directions of this work.

Macro, Meso, Micro D/discourses and the Construction of Mental Health

This project addressed the following research question: *How does correctional staff construct and enact mental health amidst constraining/enabling macro, meso, and micro discourses?* To answer this question, this section reviews four narratives about mental health in correctional work and discusses how each story is shaped by and shapes D/discourses at the micro, meso, and macro level. Notably, each of these D/discourses influences, and is influenced by, the other. Thus, I also address how these D/discourses may intersect in order to reinforce or contradict one another. The four narratives include: 1) Storying inmate mental health, 2) Putting on armor: Appearing strong, 3) Guarding the border: Protecting mental health by setting work-life boundaries, and 4) Constructing barriers to EAP use.

Storying Inmate Mental Health

Analysis of the interview transcripts generated common themes in participant stories of and about mental health. These common themes represented how participants storied inmate mental health as the presence or absence of mental illness and as focusing on a lack of control, inability to process reality or act rationally, and a tendency to partake in physically dirty or scary behaviors. Overall, participants were cognizant of how their work experiences had influenced their conception of mental health.

First, correctional staff tended to define mental health as mental illness. Terms and phrases such as "crazy," "schizophrenic," "defective," "retardation" and "out of their control" functioned to create a narrative in which "having mental health" meant "having a problem." Additionally, participants made sure to talk about mental health in language that was focused on the *other* (i.e., using terms such as they, them, their) when they offered examples, shifting attention away from associating themselves with their problem-focused conceptualizations of mental health. This language choice is notable because it places a discursive separation between the participant and the person they are describing as problematic.

Second, the story of inmate mental health focused on participants' admission that they typically connected the term mental health with "crazy" inmates. In sharing stories about inmates, participants depicted inmates with severe mental health conditions as out of touch with reality, partaking in dirty, disgusting, and alarming behaviors, and having little control over their mental status. Thus, my participants defined mental health by telling the story of inmate mental illness. They noted that colleagues might avoid sharing mental health challenges with others in order to avoid be associated with mentally ill inmates.

The implications of this conceptualization of mental health are constraining; perceiving mental health as a "problem" creates a negative perception of the term and prompts the employee to associate mental health with inmates. This association creates a situation wherein, in an effort to avoid being associated with mentally ill inmates, employees work to suppress, deny, or avoid communicating about or seeking help for the challenges they may experience related to their health and well-being.

Putting on Armor: Appearing Strong

This narrative about officer mental health portrays the importance of appearing strong in the work environment, which was accomplished by putting on the armor of emotional control and impersonalization. In this story, a good officer is always in control of his/her actions and feelings, is able to act quickly and rationally, and never shows any sign of a "chip" in their armor. In participant stories, demonstrating any form of weakness opened the door for inmate manipulation as well as led to skepticism about the workers' ability to perform their job duties. Although not always the case, expressing emotion or being emotional at work was talked about as weakness. Correctional staff strongly advised colleagues not to show emotions related to sadness (such as crying) at work and especially in front of inmates.

An aversion to discussing and showing emotion manifested in stories told about experiencing violence at work. When sharing memories of violence with me, participants discussed experiences in rational terms, focusing more on the procedures, steps, and technical details of the experience and shifting attention away from how the experience made them feel or how they were impacted by it. When participants would talk about emotions, often times they would discuss feelings of anger or frustration, emotions

considered more acceptable in the masculine context. The suppression of emotion in favor of rational processes is connected to a larger Discourse of bounded rationality (Mumby & Putnam, 1992) and has consequences for the minds and bodies of correctional staff. I will discuss the implications of this behavior later in this chapter.

Staff would also tell stories about the importance of keeping personal information to themselves. This process of impersonalization helped keep inmates from learning details related to the officers' personal lives. Examples of this included not having personal photos on their desks, not wearing clothes revealing their personal taste in sports, and generally remaining closed off about their interests, hobbies, and life outside of work. Others would talk about feeling and subsequently suppressing anger when they could not retaliate against an inmate who harassed or assaulted them. Expectations around strength and control ask the worker to isolate their "personal" from "professional" self, requiring them to create a clear separation between their personal thoughts, feelings, and experiences, and their work environment. This practice is both enabling and constraining for officers; it allows them to protect themselves from inmate manipulation and control how they share information, but may also be isolating if they feel unable to take their whole self into work.

Macro, meso, and micro D/discourses intersect to reinforce beliefs about strength, emotional control, and impersonalization in the correctional environment. Everyday (micro) conversations about avoiding the appearance of weakness reinforce the valorization of the strong, masculine officer and paint "weak" behavior (crying), as stigmatized and even dangerous (leading to inmate manipulation). These expectations manifest and are reinforced at the organizational level when officers are trained to be

wary of inmate behavior and act in firm, consistent, and stoic ways. Beliefs around rational behavior are further reinforced by macro Discourses that valorize reason, marginalize emotion, and privilege masculine behavior.

First, at the macro level, ideological beliefs about rational behavior at work reinforced organizational and interpersonal discourses related to the importance of strength and reason in the correctional environment. Lutgen-Sandvik and Tracy (2012) argued "[macro] narrowing Discourses include themes that valorize the economic, rational, and productive aspects of organizations, placing these above the emotional and relational features of organizing" (p. 23). A preference for the rational over the emotional and relational features of organizing appeared strongly in the narratives of my participants. This finding supports and builds on scholarship from Tracy (2004) that demonstrated the organizational conditions that influence how officers construct and perform emotional displays of stoicism. She claimed, "emotional demeanors [are] largely "made" through interactions between individual practices and organizational discursivities" (p. 530). In other words, through the intersection of micro and meso level discourses, officers create and reinforce scripts for behavior in the workplace. Tracy argued that these emotional performances constructed identities "marked by paranoia, withdrawal, detachment, and an "us-them" approach toward inmates" (p. 529). Although these characteristics were undeniably present in my own analysis, it is notable to mention the integral role that safety played in constructing and performing paranoia, withdrawal, and detachment. For my participants, these behaviors and attitudes served the purpose of protecting them, both physically and emotionally, from inmate manipulation.

Second, bounded rationality appeared as a macro Discourse in participant narratives by privileging the rational over the emotional aspects of organizing. The tendency to prefer the rational over emotional is both empowering and disempowering; viewing violence as simply an expectation of the job appeared to help my participants compartmentalize their work experiences and make sense of the violence they had seen. At the same time, when my participants did express emotion related to violence, it most frequently manifested as anger, which has been connected to feelings of burnout in prior literature (Jackson & Maslach, 2007). Further, a tendency to focus on the rational over emotional aspects of organizing serves to isolate the emotional and physical self from the process of organizing (Mumby & Putnam, 1992). Such a strict adherence to the rational elements of organizing can be especially problematic in this setting, where work is both emotionally and physically demanding. Recognizing the emotional and physical elements of work, in addition to the procedural, may serve to disrupt the troubling dichotomy placed between reason and emotion. This finding again relates to research from Tracy (2003); she argued that tensions apparent in the correctional environment create conditions for stress and burnout among employees; further, when officers experience stress or burnout, they are asked to deal with it privately through the use of employee assistance programs or stress management techniques. As Tracy noted, this approach does little to acknowledge the organizational structures in place that "construct stress in the first place" (p. 91). She called for further examination of the structures in place that create stress for officers. This dissertation research answers that call; notably, this study reveals the complex and intersecting nature of D/discourses that construct an environment wherein officers are expected to appear strong and maintain firm boundaries

between work and life. These discursive conditions construct barriers for officers when they try to seek help from organizational resources for mental health. Officers become fearful they will be perceived as weak, called "crazy," or otherwise made fun of by colleagues, and so they remain silent about their experiences, a behavior that is expected and rewarded in the workplace.

Although participants viewed emotional control and impersonalization as valuable in the correctional setting, they also acknowledged the constraints of those values. As an example, participants readily admitted that colleagues might avoid talking about mental health so as to not be perceived as "weak." Thus, the same culture that employees believe protects them from inmate manipulation and helps them project emotional strength to colleagues also silences them with regard to having conversations about or seeking help for mental health challenges from supervisors or coworkers.

Hegemonic masculinity was another macro Discourse that shaped the narrative about armor. Although the number of women working in prisons has grown from 24 to 40 percent between 2001 and 2007 (Pinedo-Burns & Effron, 2015), the findings show how correctional work remains a profession that values masculine norms related to strength, reason, and control. Trujillo (1991) argued, hegemonic masculinity is connected to power in the form of physical force and control; "the male body comes to represent power, and power itself is masculinized as physical strength, force, speed, control, toughness, and domination" (p. 291). The defining elements of correctional culture closely connect to power as it is described by a Discourse of hegemonic masculinity. The values related to correctional culture and hegemonic masculinity leave no room for what is considered more "feminine": that which is emotional, relational, or otherwise viewed

as “weak.’ Ideas related to hegemonic masculinity are constraining for conversations about mental health and wellness because the ideal male is strong, powerful, and in control (characteristics antithetical to the way in which mental health has been constructed in this setting).

At the micro level, employees extolled the virtues of emotional control and impersonalization. For example, demonstrating emotional control, hiding personal preferences, and limiting talk about personal subjects were seen as important for guarding against inmate manipulation. Narratives revealed that employees passed on stories that emphasized the importance of being guarded to avoid trouble with inmates (recall the story about the log cabin magazine) as well as highlighted the importance of controlling emotion at work (like the statement, “there is no crying in corrections”). These micro stories about the importance of strength play out at the meso-level as workers collectively create expectations around behavior that serve as scripts for organizational members.

Just as separating the “personal” and “professional” self was framed as a way of keeping officers safe from manipulation, setting firm boundaries between “work” and “life” also appeared as a narrative about how workers could remain safe and cultivate good mental health.

Guarding the Border: Protecting Mental Health by Setting Work-Life Boundaries

In this narrative about mental health, participants framed the mentally healthy correctional worker as able to set firm work boundaries to ensure that work and home remain separate. Keeping “work at work” and “home at home” were common ways of describing boundary setting. Participants would comment on the dangers of an inability to place firm boundaries between work and home. Most notably, staff would tell

cautionary tales about how bringing work home could cause problems at home, while bringing home into work could cause problems at work.

Despite the desire to place firm boundaries between work and home, staff highlighted how their attitudes and behaviors about the world shifted following their entrance into prison work. Staff expressed feelings of suspicion regarding people's motives, heightened awareness of their surroundings, and an overall attitude of feeling "jaded" about the world. Thus, organizational behaviors and experiences seeped into employees' private lives and influenced their behaviors and attitudes about the world.

D/discourses at the macro, meso, and micro levels influence the construction and maintenance of this narrative about setting boundaries between work and life. Micro-talk valorized separation as important to maintaining mental health in conversations with new staff members. Despite this expectation, work behaviors and experiences structured private life; staff found themselves experiencing a heightened sense of awareness, suspicion, or skepticism around the motives of others. These behaviors served to craft a particular worldview that participants described as "jaded." Of note is how a "jaded" worldview was also cultivated and reinforced at the micro and macro levels; micro-conversations about inmates with nefarious intentions translated into feelings of suspicion outside the workplace and was further supported by societal Discourses that purport the virtues of hard-work and discipline as necessary for success.

At the macro level, a Discourse of individualism is present in the sub-story about guarding the border between work and life. Individualism is a Discourse that places the responsibility on the individual for his or her own success or failure. This Discourse is particularly strong in American culture, where the ideals of independence, upward

mobility, equality, and freedom constitute a national identity (Smith & Dougherty, 2012). In this sub-story, responsibility is placed on the individual to create and maintain firm borders between work and home; it is the employee who must flip the switch from "personal" to "professional" and back again each day.

The Discourse of individualism also appears in discourse at the micro level when participants tell stories about the importance of setting boundaries to protect mental health and remain safe in the work environment. Cautionary tales depict what happens when workers fail to maintain the borders (i.e., "taking too much stuff personally" or "opening yourself up for manipulation"). A societal Discourse focused on individualism and an emphasis on personal responsibility drives micro stories told by participants in empowering and disempowering ways.

First, boundary setting appears to empower participants by offering a sense of control over how work interferes with their home life and vice versa. For example, many participants expressed how managing their mental well-being became easier once they learned to "leave work at work"; further, the understanding that workers could leave at the end of the day and separate themselves from work experiences provided a sense of comfort for some employees and kept them from dwelling on a particularly negative experience.

However, boundary setting can also be disempowering. When maintaining boundaries becomes an expectation and not just a way of coping with the job, employees can experience difficulties, especially if they are unable to separate work and home to the ideal standard communicated about by colleagues. The result of failing to maintain these boundaries can manifest in frustration for the employee and can cause employees to view

issues at work or home as directly tied to an inability to separate the two worlds. This attitude was apparent in several narratives where participants expressed that work performance is often hindered when colleagues bring "personal" problems from home into work and vice versa. Stories shared by participants regarding the consequences of bringing the personal into the workspace suggests that setting boundaries between work and life is an overarching narrative in correctional work that is not only an expectation but also directly linked to an employee's ability to perform their job well. Recent research supports the constraints of strict boundary setting; in a multilevel study of 619 employees, individuals who worked to maintain strict boundaries between their "work" and "home" worlds experienced higher levels of stress, depletion, and lower job performance. Overall, the study concluded that more integrated, rather than segmented roles helped employees attain higher levels of job performance (Smit, Maloney, Maertz, & Montag-Smit, 2016). For correctional officers, finding avenues to practice integration may help relieve pressure that occurs from working to maintain strict boundaries between work and life.

The D/discourses discussed thus far in this chapter regarding individualism, bounded rationality, and masculinity also shape the third and final narrative regarding how and why correctional workers may use the Employee Assistance program. In the section below, I detail how participant stories draw on various d/Discourses to ultimately construct barriers to EAP use.

Constructing Barriers to EAP use

The final narrative about mental health details discursive barriers to the Employee Assistance Program (EAP) that participants construct when discussing EAP use. As a

reminder, the Employee Assistance Program is designed for addressing workplace health issues, including stress management and other physical and mental health challenges (Kirk & Brown, 2003). Overall, EAPs are designed to create safe and healthy workplaces that foster employee well-being. In this sub-story about EAP use, those who choose to use the EAP program do so only for personal reasons related to legal, marital, or financial trouble. The ideal officer does not need to use the EAP for "professional" reasons, because they are able to adequately set boundaries between "work" and "home" and are strong, rational individuals. The story also highlights what happens when an officer has to receive an EAP referral from a colleague or supervisor; namely, this individual's work performance is suffering and they are in danger of disciplinary action. Thus, despite employees' insistence that the EAP is a good program highlighted by the Federal Bureau of Prisons at the meso level, participants' micro-talk constructs discursive and material barriers to the program. Below, I highlight how micro talk intersects with and contradicts meso-level policies that are intended to help employees.

At the meso level, the EAP as a resource for workers appears to be widely recognized. Participants were quick to tell me that they felt well-informed about the program, frequently saw posters and emails about it, and attended annual training every year where the program was discussed as an important resource for worker well-being. However, when workers reflected on conversations about the EAP, their narratives revealed that the EAP was often only used for "personal reasons" unrelated to work. Examples include using the EAP for financial, legal, or marital reasons. Rarely did participants talk about using the EAP for work-related challenges. Some even expressed suspicion regarding the confidentiality of the program and how it might reflect on their

ability to do their job. In telling me about the program and why they perceive people use it, most of my participants told me they believed the EAP was used mostly for personal reasons only, not necessarily for professional purposes. Given that everyday conversations (micro talk) around the EAP frame the program as useful for "personal" reasons only, employees might feel as if they cannot use the program for work-related issues. Further, in discussing a difference between the "personal" and "professional," participants' once again make a distinction between what is considered "work" and what is considered "home." It is also fair to suggest that even when my participants were willing to share reasons behind EAP use, they preferred to stick to topics that were less stigmatized than others (i.e., financial counseling, legal counseling, or marital purposes).

Beyond only discussing the use of the EAP for personal problems, narratives revealed that conversations around the EAP sometimes were connected to employees not performing their job duties adequately. Some participants, primarily supervisors, would discuss how a formal EAP recommendation (though not a disciplinary action), might eventually become a disciplinary action. Further, when participants would talk about giving an EAP referral, they would do so by highlighting how that individual's behavior had noticeably impacted their work performance.

Connecting the Employee Assistance Program with the threat of disciplinary action creates a negative association between the program and work; it communicates to the employee that the resource is only there for use when an employee is not performing well. Recall Leslie's comment that unless she was struggling at work and her supervisor noticed it, she likely would not bring the EAP up in conversation out of fear that it would hinder her career. This sub-story represents a meaningful intersection between micro and

meso-level communication. Although participants felt aware of the EAP as a (meso-level) policy they could take advantage of, their actual use of the program may be hindered by communication practices occurring at the interpersonal (micro) level. For example, whether intended or not, the power-laden dynamic between supervisor-subordinate can aggravate the association between disciplinary action and receiving an EAP referral when supervisors have conversations about the EAP with others.

In sum, correctional officers primarily defined mental health by constructing a narrative about inmate mental health. They then storied their own mental health by sharing narratives related to armor, guarding borders, and constructing barriers. Each narrative about mental health is both enabled and constrained by D/discourses that require workers to place firm boundaries between work/life, avoid the appearance of weakness, and practice emotional control. Organizational resources available for officers to mitigate the challenges to health and well-being are additionally constraining when workers perceive resources as only valuable for personal use or otherwise connected to the perception that they are performing poorly. Taken together, the four narratives about inmate mental health, armor, guarding borders, and constructing barriers tell a compelling story about humanity, control, and mental health in correctional work.

Dehumanization, Control, and Mental Health

The story of mental health in correctional work is a story about dehumanization. This dehumanization is constructed for inmates (e.g., when officers tell stories about inmates who lack control and partake in dirty, scary behaviors), and by and for officers (e.g., when officers construct themselves as practicing extreme control over their emotions, sharing of personal information, and work-life borders). Thus, in this story,

both inmates and officers are stripped of at least some of their humanity. Inmates become "others" who are societal outcasts unable to control their behaviors or act rationally, and officers narrate themselves as opposites, as "soldiers" who practice unusual control over their behavior and environment in such a way that restricts their ability to demonstrate their humanity.

Each dehumanizing construction has consequences for officers. Specifically, in constructing inmates as "others," officers reinforce what Goffman (1963) referred to as social stigma. This social stigma serves two roles. First, social stigma allows officers to distinguish inmates from other members of society, perhaps making it easier to experience, manage, and cope with the violence they experience. However, in constructing inmates as (sometimes mentally ill) social deviants, officers create and perpetuate the very stigma they then work so hard to separate themselves from; this separation work can be observed in the three narratives about officer mental health, which depict how officers construct themselves as firmly controlling all emotion, personal information, and work-life boundary crossing.

In the narrative about "armor," officers practice extreme control over their emotions and how they share personal information. Controlling emotions and remaining impersonal allows officers to fully distance themselves from inmates, who they have constructed as nonhuman, "crazy" individuals who lack control over their behavior. Remaining impersonal ensures they are able to remain in complete control of what and how they share information with others; it also provides a stark contrast to how they have described inmate behaviors. Thus, the narrative about armor helps officers distance

themselves from inmates, but also places limitations on their ability to demonstrate and embrace their humanity.

The narrative of guarding work-life borders functions similarly. By controlling boundaries between "work," and "home" life, officers construct themselves as in total control of their "personal" and "professional" selves. This control makes them appear almost robot-like in the work environment; they do not demonstrate emotion, they do not share personal information, and they do not practice boundary crossing between the "work" and "home" space. This practice has a direct impact on how officers seek help from organizational resources. In an effort to maintain the appearance of control, they do not seek help for mental health challenges from employee assistance programs. Thus, each of these narratives allows officers to construct themselves as opposite of inmates and ultimately distance themselves from the population they work with; in so doing, they ultimately strip themselves (and the inmates) of their humanity. This process of dehumanization has implications for stigma management literature in particular, a topic I will explore in more depth below.

Implications for Existing Literature

This research contributes to the following bodies of literature: mental health; health communication; and stigma management. Below I discuss how this research contributes to and extends scholarly conversations related to each of these topics.

Mental Health Scholarship

The current project makes two contributions to mental health scholarship. First, this study offers a starting point for understanding how the definition of mental health is constructed and reinforced through narratives in the workplace. Second and more

broadly, this study details how communication practices shape perceptions of mental health.

My first contribution deals with the definition of mental health. In defining mental health, participants described it in ways that more closely aligned with having a mental illness (having a disorder that affects a person's thinking, feeling, or mood). They were less likely to see and talk about mental health as an individual's complete physical, mental, and social well-being. This finding is not surprising given how Keyes and Lopez (2002) argued that mental health was viewed as the presence or absence of mental illness at the level of governmental and nongovernmental organizations up until the late 90's. Many scholars have argued that the failure to make a distinction between the terms is a shortcoming that limits organizations' understanding of mental health (Gilmour, 2014; Keyes, 2002; Keyes & Lopez, 2002). This study provides evidence for how this shortcoming may manifest in the everyday conversations of workers and overlap with factors related to occupational norms and societal expectations regarding rational behavior and individualism. This research should provide further motivation for scholars to explicitly define their use of the terms "mental health" or "mental illness" when writing about these important topics. As I noted in chapter two, a great deal of mental health scholarship either does not define mental health or uses mental health and mental illness interchangeably. Although other scholars have argued this tendency is a shortcoming of mental health literature, this dissertation research provides evidence that this conflation is still embedded and reinforced through work-related narratives.

Second, a narrative approach allowed me to examine how conceptualizations of mental health are embedded and reinforced by stories. By sharing stories, employees

construct and reinforce what it means to be mentally healthy. These stories shape perceptions, beliefs, and experiences around mental health, ultimately influencing how individuals perceive, cultivate, and act on mental health challenges. In writing about mental health, scholars should account for the role of stories to gain a broader perspective on individual beliefs and practices around mental health, and the implications those beliefs and practices may have on the mental health of individuals. For example, Tang and Bie (2016) examined how cultural expectations shaped narratives about mental illness for students; future research should continue to use stories as a way to explore sensemaking and identity work around mental illness in the workplace.

In this study, I demonstrated how officer stories draw upon larger Discourses that shape, and are shaped by, discourses at the interpersonal and organizational level. I argued these stories have implications for how correctional staff view mental health (i.e. as a "problem"), and impact how they might avoid taking action around mental health challenges to preserve the appearance of strength and adhere to expectations regarding the suppression of personal information in the workplace. This research also revealed a connection between beliefs about control and mental illness. In this dissertation, those who lack control (mentally ill inmates) are constructed as dangerous, dirty, and scary. In an effort to distance themselves from this construction and practice mental health, officers exert extreme control over their behaviors and feelings. Both constructions (of officers and of inmates) are created and reinforced through narratives. Thus, as a future direction for research, scholars can examine the role of stories in the workplace to better understand how beliefs and actions around mental health are enabled/constrained by narratives.

Health Communication Scholarship

Health communication scholarship has explored the connection between communication and mental health outcomes (e.g., preventing, treating, or mitigating mental health challenges); this dissertation research contributes to and builds on this literature by 1) detailing how larger cultural discourses inform conceptions of mental health, 2) explicating communication barriers that might arise around discussions of mental health, and 3) exploring the connection between culture and mental health perceptions.

First, this study has extensively explored how stories influence the construction of mental health. Whereas health communication literature has focused on how communication practices (talking, listening, etc.) influence mental health outcomes (Kim & Stout, 2010; Jane-Llopis et al., 2011; Wilson, Gettings, Dorrance Hall & Pastor, 2015), the current research examines how narrative, as a communication process, plays a role in how individuals communicatively construct mental health. This project contributes to health communication literature by addressing how narratives influence the construction of mental health, how this construction occurs across macro, meso, and micro D/discourses, and how these stories may enable or constrain action around mental health challenges. Thus, this research goes beyond examining how communication may influence particular mental health outcomes, and instead addresses how communication processes shape the construction of mental health in the first place.

Second, my findings build on research related to communication barriers and organizational practices around mental health. Health communication scholarship has documented barriers that individuals face related to seeking help or communicating with

others about mental health challenges (Callejas & Thompson, 2016; Wilson et al., 2015). Scholarship has also pointed to organizational practices that can be used to promote awareness around the importance of mental health and well-being at work (Jane-Llopis et al., 2011). This dissertation highlights and extends this research on communication barriers and organizational practices. Specifically, my analysis shows how stories told about mental health serve to both enable and constrain communication and action around mental health challenges. Further, my findings highlight how stories may complicate or even create barriers to using organizational policies dedicated to promoting employee wellness.

Third, my research offers implications for health communication studies related to communication, culture, and mental health. Most health communication literature has examined culture at the national level, honing in on how cultural beliefs about what it means to be mentally healthy differ in Eastern and Western cultures (Keaton, McCann, & Giles, 2017; Tang & Bie, 2016). This dissertation does not focus on intercultural differences and conceptions of mental health, but it does point to how larger cultural forces shape perceptions of mental health. In particular, I argue that Discourses related to bounded rationality, masculinity, and individualism contribute to beliefs about mental health. My data suggests that organizational culture may serve to open or close the door for conversations related to mental health. In this dissertation, I argued that the culture of correctional institutions limits the extent to which workers feel comfortable sharing conversations related to mental health, particularly because the organizational culture values emotional control, strength, and impersonalization. Future research should

examine the role organizational culture plays in encouraging or silencing conversations around mental health and well-being at work.

Stigma Management Scholarship

Goffman (1963) defined stigma as an identity discrediting mark that can be associated with the physical body, the individual character, or the nationality of an individual. Scholars who have built on Goffman's work have also detailed how stigma can be physical, social, and moral in nature; these researchers have used the term "dirty work" to describe stigmatized professions that are physically dangerous, require frequent or regular contact with a stigmatized group of individuals, or are morally questionable (Ashforth & Kreiner, 1999). My analysis suggests that the experience and management of stigma(s) is multi-layered for correctional workers, a contribution that builds on stigma scholarship.

One advantage of examining the construction of mental health in correctional work is the ability to examine the intersection of multiple layers of stigma. This study reveals how workers navigate stigma related to mental health and the expression of emotion in a highly masculine context. Numerous studies have documented how mental health is stigmatized (Jane-LLopis et al., 2011; Thoits, 2011). Specifically, the stigma of mental health creates difficulties for employees who might need help but want to avoid being labeled as unstable, or in need of help (Reynolds & Lehman, 2003). Further, research has documented that individuals who are labeled mentally ill often face stereotyping, discrimination, and status loss (Link & Phelan, 2001; Thoits, 2011). This stigma manifested in participant interviews and was apparent in the ways workers would discursively shift attention away from themselves when talking about mental health

issues (using "they" instead of "I" or describing the mental health challenges of others but avoiding speaking too much of their own challenges). Stigma also manifested as officers told stories about inmate mental illness and depicted them as partaking in dirty, scary behaviors. In telling these stories, officers participate in creating and reinforcing social stigma, which they then work hard to distance themselves from by maintaining strict control over their emotions, personal information, and work-life boundaries. The mutli-layered, intersecting nature of stigma in this study supports prior literature from Gist (2014) and Dougherty, Rick, and Moore (2017) that highlights how multiple types of stigma can intertwine and create barriers for individuals on an interpersonal and societal level. In this study, expectations related to the suppression of self (hiding personal tastes or preferences to avoid inmate manipulation) and control of emotion ("there's no crying in corrections") create an environment where mental health (socially constructed as an intensely personal, even emotional, topic by the general public) is silenced. The multiple, intersecting stigmas faced by these workers are powerful barriers to help-seeking. These barriers became apparent in the narratives of participants as they made sense of and shared their lived experiences around mental health. Future research should take advantage of narrative as a method by which to examine how individuals experience, navigate, and make sense of, intersecting stigmas.

Practical Implications

This research has numerous practical implications for mental health interventions in the correctional setting. Below, I will discuss the value and power of stories in the workplace; how practitioners can benefit from an awareness of the intertwined, complex, and often contradictory nature of micro and meso discourses when considering workplace

health promotion; and implications related to language use and the conflation between mental health and mental illness.

First, this research highlights how stories play a subtle but meaningful role in how workers perceive and make sense of their organizational experiences. Individuals construct and shape experiences through stories (Tracy, 2013). In sharing these stories with others, employees collectively construct rules and expectations related to behavior, beliefs, values, and attitudes. For example, my analysis suggests that stories may serve to influence conceptions of and actions around mental health. When workers tell stories that relate mental health to inmates with severe mental health conditions or emphasize the importance of hiding personal information at work, they create and reinforce expectations around attitudes and behaviors that play out at the interpersonal and organizational level. On a practical level, stories told can help practitioners better understand the ideas and values that structure employee behavior. Specifically, conducting focus groups or organizational trainings that encourage the use of storytelling by participants may provide an avenue for employees to feel heard, connect with one another, and collectively explore their organizational realities.

Second, an awareness of the role of micro discourses in interacting with and even contradicting meso-level discourses is important for considering how employees use organizational resources for wellness. My analysis suggests a significant disconnect between organizational (meso-level) policies related to the EAP and everyday (micro-level) talk that discouraged use of the program. Practitioners can benefit from this knowledge by tailoring their approach to communicating about workplace wellness programs; it is not enough to communicate well about these programs at the

organizational level. Everyday conversations about these resources must also reflect and support meso discourses that encourage and support use of programs such as the EAP. To accomplish this, organizational trainings could include discussions of how to talk about help-seeking behaviors or give an EAP referral. Framing is crucial during these conversations; giving examples of EAP use for work related challenges should be highlighted in addition to other resources (financial, legal, marital), and supervisors and managers should be careful discussing the EAP in tandem with poor work performance. Trainings could include role-play scenarios where organizational members practice having conversations about mental health and resources such as the EAP.

Finally, my analysis suggests that employees tend to conflate the terms mental health and mental illness in ways that may silence communication about mental health at work. This conflation appears in participant language use around mental health and is further reinforced by the stories they tell about inmates with severe mental health conditions. For practitioners interested in mental health interventions and workplace wellness, this finding suggests that more important work needs to be done in order to create distinct definitions of the terms. Creating distinct terms can be done by consistently offering clear definitions of mental health and mental illness in trainings and in literature. One consideration includes the adoption of the term "mental well-being" to describe overall holistic wellness. For example, when I asked my participants how they defined mental well-being in comparison with mental health, almost all talked about mental well-being as a more overall assessment of a person's social, emotional, and psychological health. In the sections below, I detail the strengths and limitations of this research.

Strengths

The strengths of this research include a narrative approach to data collection and analysis. By using a narrative approach, I was able to examine how participants storied mental health and further, how they made sense of these stories in light of their organizational experiences. As such, I was able to reveal how my participants understood, communicated about, and navigated experiences related to mental health at work. This approach offered insight into the interplay between macro, meso, and micro D/discourses that influenced how participants constructed mental health. The narratives of my participants offered a glimpse into how their own life stories are embedded in social relationships and structures such as institutions, organizations, or cultural expectations.

A narrative approach also allowed me to pinpoint forces of power and control that shape lived experiences. For example, I argued that D/discourses across the discursive ladder create and sustain debilitating barriers to employees' ability to communicate about mental health in the correctional setting. Examples include a focus on the individual as solely responsible for maintaining and seeking help for mental health challenges, as well as the suppression of emotional/physical experiences in favor of reasoned, goal-directed behavior. Relatedly, expectations regarding workplace behavior that value strength, control, and impersonalization, silence issues related to mental health and further marginalize the emotional/physical self from the process of organizing.

Finally, the theoretical and practical contributions of this research are perhaps its greatest strength. This research offers a starting point for understanding how narratives shape, enable, and constrain mental health. My analysis offered insight into how these

narratives are shaped by D/discourses at the macro, meso, and micro-level, and suggested how mental health may be constructed at the intersection of these overlapping D/discourses. This study opens the door for scholars to consider how conversations about mental health, and indeed, even the *experience* of mental health challenges, is connected to communication. By examining how communication constructs mental health, researchers and practitioners can begin to explore and even reconstruct what it means to be mentally healthy.

Limitations

Despite the strengths of this study, there are limitations that should be addressed. The findings of this study are specific to the correctional workers I interviewed. Although many had experience working at numerous institutions in the United States, all were currently working in the Midwest region. Thus, this research is equally confined to the correctional experiences of Midwest workers. The cultural values of the region undoubtedly play a role in the beliefs, values, and communication practices of my participants. Similarly, my sample was limited by the demographics of the region and the profession. As such, the majority of my participants where white males.

One additional limitation includes the topic area I chose to study; it was indeed challenging to talk with correctional workers (who are admittedly suspicious and stoic) about topics related to their mental health and well-being. Knowing this topic would be difficult, I designed an interview protocol that focused on stories in part to mitigate the face-challenges that participants might experience while talking with me. I found that many workers were willing to tell stories about others, but few shared the nature and details of their own mental health challenges including how they shared or navigated

them. Instead, workers often talked in general terms, making it difficult to collect their own personal stories about mental health struggles. In part, this behavior reveals the stigmatized nature of the topic, which may be additionally compounded by occupational norms and cultural guidelines for workers.

Future Research

There are ample opportunities for future research regarding mental health and communication. This dissertation research merely scratches the surface on the relationships among narratives, perceptions, behaviors, and mental health. Although I have examined how perceptions of mental health play out across macro, meso, and micro D/discourses, there are topics related to resilience, stigma management, and workgroup camaraderie that still warrant investigation.

First, future research would benefit from an examination of resilience and mental health. Resilience is an inherently communicative process that involves the construction of particular narratives, identities, and emotions that allow for growth following a traumatic experience (Agarwal & Buzzanell, 2015). Examining narratives that foster resilience and lead to positive mental health outcomes could be one avenue of future research. Further, resilience scholars should work to better understand the relationship between mental health and resilience, as well as consider ways in which fostering resilience can help mitigate mental health challenges.

Second, there is ample research to be done on stigma management and mental health. Examining how workers disclose mental health challenges as well as how they use stigma management strategies when talking about their own mental health are two potential avenues for future research in this area. I found that stigma management

strategies were difficult to identify in my data, particularly because the experience of mental health challenges is so stigmatized. Perhaps interviewing individuals in professions that rely less on masculine norms of behavior might reveal better answers to how individuals use stigma management strategies, particularly because research has demonstrated that men are far less likely to discuss and seek help for mental health challenges than women.

An examination of organizational culture and workgroup camaraderie in relation to the perpetuation of beliefs and values related to mental health among dirty workers is another avenue for future research. Specifically, researchers might examine other high-reliability organizations and note how cultural expectations, a reliance on team work and good camaraderie connects to beliefs and attitudes about meaningful issues related to mental health or otherwise. For this project, I suggested that organizational culture both empowers and disempowers employees as they experience, navigate, and communicate about mental health. Further research on barriers that might arise related to workgroup culture, values, norms, and expectations in difficult work settings might provide insight on the strengths and limitations of strong workgroup camaraderie.

Finally, the current project suggested that managerialism might play a role in how workers construct mental health. Although expectations around rationality and control (Discourses related to managerialism) were present in my data, stories focused primarily on how these expectations manifested in the form of emotional control and impersonalization. Future research should examine the connection between managerialism and mental health by exploring how an increased focus on efficiency, profit, and progress may have implications for the health and well-being of workers.

Conclusion

This study examined the communicative construction of mental health in correctional work. Using narrative methodology, I analyzed how macro, meso, and micro D/discourses both enable and constrain communication and action around mental health for correctional employees. The findings suggest that larger cultural Discourses related to masculinity, bounded rationality, and personal responsibility, meso discourses related to organizational expectations, daily micro-talk about mental health, and resources such as the EAP, primarily create and sustain communication barriers that limit correctional workers from communicating about or seeking help for mental health challenges. From a critical perspective, D/discourses related to power and control privileged the rational experiences of workers and marginalized the emotional/physical experiences, a practice I argued has significant implications for the health and well-being of workers. In the future, offering organizational trainings that clearly define the term mental health, help workers have conversations about help-seeking and organizational resources, and offer employees the chance to share their experiences and expertise with one another may begin to shift the attitudes and perceptions about mental health. For now, "you don't want to show any sign of a chip in your armor" remains a reigning narrative about mental health in correctional work.

APPENDIX A: PARTICIPANT DEMOGRAPHICS

Pseudonym	Sex	Age	Education	Institutions Worked	Time at Current Org	Total Experience
Adam	Male	51	High School	5	2	27
Clayton	Male	40	Some College	2	2	6
Cooper	Male	48	Bachelors	1	21	21
Elija	Male	39	High School	3	11	15
Lucas	Male	31	Masters	2	18	3
Claire	Female	47	Associates	3	2	23
Jarrett	Male	46	Some College	2	4	21
Craig	Male	39	Associates	6	12	17
Levi	Male	44	High School	3	6	20
Christie	Female	52	High School	1	25	25.5
Ellie	Female	44	College	1	19	20
Leslie	Female	37	Associates	5	3	17
Amanda	Female	50	Bachelors	1	20	20
Erick	Male	47	Bachelors	5	9	26
Vivian	Female	52	Bachelors	3	Retired	25
Josh	Male	27	Some College	2	2	4
Jake	Male	39	High School	1	11	11
Stacy	Female	44	Some College	3	9	11
Frank	Male	50	Some College	3	Retired	26
Mitch	Male	49	Some College	5	2	25
Kory	Male	47	Bachelors	2	13	15
Leo	Male	39	Associates	1	6	6
Peter	Male	53	Some College	2	Retired	20
Roland	Male	49	Some College	5	4	26
Tim	Male	34	Masters	2	9	9

APPENDIX B: CONTACT SCRIPT

Hello,

My name is Jackie Brandhorst and I am a researcher from the Department of Communication at the University of Missouri-Columbia. I am doing a research study exploring how correctional staff perceive, talk about, and cope with stress at work. As part of this study, I am interested in staff perceptions of the Employee Assistance Program and how they talk about mental health with coworkers. I believe you can provide valuable insight into this topic. Would you be willing to talk with me about your experiences?

I will be conducting interviews about this topic that will last between ½ and 1 hour, depending on how much you would like to say. Interviews can take place face-to-face, over the phone, or via Skype. If you have experience working as a correctional officer, I would be very interested in hearing your thoughts, regardless of your level of experience.

If you would be willing to do an interview with me, please reach out to me via email or over the phone. I have included my contact information below.

I very much appreciate your time-I hope to hear from you soon!

Best,

Jackie

Jaclyn Brandhorst

University of Missouri-Columbia
Department of Communication

APPENDIX C: INTERVIEW GUIDE

Unit I: Exploring your Background and Job Duties

1. Tell me about how you came to work in corrections.
2. What are your job duties?
3. How would you describe the nature of the environment you work in?
4. What does it take to be a "good" correctional officer?
    a. Tell me a story about someone you believe is not a good correctional officer.
5. Tell me about your most rewarding day on the job.
6. Tell me about a time you observed violence/trauma while on the job.
    a. How did this impact your life outside of work?
    b. Did you share this experience with anyone (family, friend, or coworker?)
7. Tell me about a time when you told someone that you work as a correctional officer.
    a. What was this person's reaction?
    b. How well do you believe people understand what you do?

Unit II: Perceptions and Experiences Regarding Mental Health

1. How would you define the term "mental health"
2. Ideally, how would a correctional officer deal with mental health challenges?
3. Tell me about a time when you believe a coworker struggled with their mental health. Tell me about a time when you believe you struggled with your mental health.
4. What are some of the coping strategies you use to help mitigate the stress of this job?
5. Do you talk with your coworkers about mental health?
    a. Tell me about a time when you and a coworker talked about your own mental health.
6. Tell me about a time when your organization shared information with you regarding mental health.
    b. How was this information presented? (email, training, conversation)
    c. What did you think of the information you received?
7. Describe how your coworkers/supervisors can better support the mental health of colleagues.

Unit III: The Employee Assistance Program

1. How did you become aware of your organization's Employee Assistance Program?
    a. How was this information presented (did you read it or hear about it? If you heard about it, from who?)
    b. Do you feel informed on what the EAP is and how you can use it?

2. Describe your thoughts on the EAP
    a. Tell me about why you believe a person might use the EAP.
    b. Tell me about a conversation you had with someone about the EAP.
    c. Tell me about a time when a coworker used the EAP.
    d. Tell me about whether or not you believe the EAP is/is not a necessary resource for your organization.

3. Tell me about something you experienced that made you think you could/could not use EAP services.
    a. Tell me about something you experienced that made you think you would/would not be supported by your organization if you decided to use EAP services.
    b. Tell me about something you experienced that made you think you would/would not be supported by your colleagues if you decided to use EAP services.
    c. Under what circumstances would you tell someone that you used EAP services?

12. Is there anything else you would like to share with me to help me understand correctional work?

APPENDIX D: DEMOGRAPHIC QUESTIONNAIRE

What gender do you identify with?

- Male
- Female
- Other (please specify)_____

What ethnicity do you identify with?

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Asian/Pacific Islander
- Native American
- Other (please specify)

What is your age? _____

What is your marital status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated
- Other (please specify)_____

What is the highest degree or level of school you have completed? (If currently in school, highest degree received?)

- Some high school, no diploma,
- High school graduate, diploma or equivalent (ex. GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

What is your job title?

How many institutions have you worked in? What is the security level of these institutions?

How long have you worked at your current organization?

- 0 to 6 months
- 6 to 12 months

- 1 to 3 years
- 3 to 5 years
- 5 to 10 years
- 10 or more years

How much experience do you have working as a correctional officer?

- 0 to 6 months
- 6 to 12 months
- 1 to 3 years
- 3 to 5 years
- 5 to 10 years
- 10 or more years

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