

WHAT IF SOMEONE STARTS TO SOB?

On the role emotions in Moral Case Deliberation and the role of the facilitator regarding emotions



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Summary of the research

MCD allows for a conversation between professionals, facilitated by a facilitator, about a moral question that professional struggle with in their practice. In this thesis I explore the question to what extent the value of emotions in Moral Case Deliberation (MCD) is determined by the way facilitators act towards those emotions. I have formulated 2 sub-questions, on the (dys)function of emotions in MCD and on the role of the facilitator regarding these emotions. The main question was founded on the idea that as we have seen in literature that emotions are valuable in ethical decision making as they point towards (friction between) values that are at the core of the ethical dilemma or problem, and as the facilitator shapes the process of the MCD, the way the facilitator views and approaches emotions must have an effect on how emotions are valued in the MCD.

As the perspective of the facilitator on emotions and on their role and responsibilities regarding emotions in MCD is central to my data gathering, I chose to conduct a qualitative research with semi-structured interviews as primary method of data-collection, in the spirit of action research. Through following the training for facilitators, myself, I have attempted to submerge myself in the world of the facilitator. I have interviewed a total of 9 respondents, all VUmc trained experienced facilitators in at least the dilemma method. The interviews were half-structured and open, and the data was transcribed, anonymized and inductively coded.

In the theoretical framework of this thesis I delved into both emotions and the role of the facilitator, in separate chapters. Concerning emotions, I covered ethics and ethical decision making, the mechanism behind emotions, functionality of emotions and the limits to functionality of emotions. Concerning the role of the facilitator, I discussed their role regarding fostering the dialogue, guiding the group-process and dealing with emotions. I identified two main questions that the literature did not provide an answer to: When emotions are too large to handle in MCD and can that gap be closed by redefining the role of the facilitator, and what the responsibility of the facilitator is in inviting and guiding emotions in MCD.

The results of my research showed that the facilitators see emotions as inherent to MCD. I was able to identify different types of emotions as well as different functions for them. I was able to identify that the point of “too much” emotion lies where the emotional participant was “held captive” by their emotions to the extent that a conversation about the emotion is not possible. The most interesting finding regarding the role of the facilitator, is that some act a certain way towards emotions out of their ideas about what MCD ought to be and their ideas on emotions in MCD, whilst others act out of an inability to act otherwise. I have categorized the responses of facilitators towards emotions into four (or five) styles of action: avoiding, tolerating, (limiting), functional usage and mixing methods.

Through conducting this research I have gathered the evidence to be able to say that emotions are indeed an important and inherent aspect of MCD. Acknowledging the limitations of this research, I may conclude that the way facilitators (decide to) respond to emotions in their MCDs does seem to affect the degree to which emotions are (considered) of value in MCD. There are indications that both their outlook on the value of emotions and their ability to handle emotions in MCD, are determining factors in the degree to which emotions are functional (or: *not dysfunctional*) in the MCD. This indicates that it could be interesting to give dealing with emotions a more prominent place in both the role of the facilitator, and in the training for aspiring facilitators.

Introduction

I started this research out of a deep appreciation for Moral Case Deliberation (MCD). Regardless of the specific conversation method (e.g. the dilemma method or the Socratic dialogue), I was drawn to the fact that it provides a framework tailored to context, for non-ethicist professionals, to discuss *actual* moral questions (or: dilemmas) that they *actually* struggle with and encounter in their day to day practice. Even though I had only experienced MCD on a number of occasions, I could easily imagine that such a struggle must be very serious, if it meant that the usual decision-making procedures and discussion platforms were insufficient to come to an acceptable agreement on the course of action. Considering my internship at the VUmc and my interest in their approach to MCD, I read up on the theoretical foundation of MCD according to the VUmc – a tradition inspired by pragmatic hermeneutic and dialogical ethics (Molewijk et al., 2011; Plantinga et al., 2012; see also pp. 7-8 of this thesis). In my mind, these MCDs must be very emotional at times – after all, I imagined, these MCDs were called in on moments of crisis and they must stir up all kinds of feelings. I felt strengthened by this intuition by the theoretical foundation of the VUmc, where emotions are attributed great value as they point us towards the values that are important to us (Kleinlugtenbelt, Widdershoven, & Molewijk, 2014; Molewijk et al. 2011b; de Bree & Veening, 2016).

Furthermore, I imagined that if there was the ‘risk’ of such emotions, and if emotions were attributed so much value, that would ask a lot of the facilitator of the MCD; the person trained to facilitate the group discussion, who carries the responsibility for the process of the MCD (de Bree & Veening, 2016). I imagined that it may well be so that emotions are attributed such great value in theory, and the value of these emotions could of course be seen entirely separate from their practical application. Yet, in practice, if it is the facilitator who shapes the MCD process, and that process sometimes includes emotions, I got the idea that the practical value of emotions in the context of the MCD must be dependent on the facilitator, one way or the other. But, when looking into the role of the facilitator, I had to conclude that there are no extensive guidelines for facilitators on how to handle emotions, let alone intense emotions. I thought that this discrepancy was strange: so emotions matter greatly for MCD, and the facilitator shapes the MCD, but there are no guidelines for how to harvest the fruits from these emotions? It also became apparent that the literature on emotions would assume a ‘reasonable amount’ of emotion but be inconclusive or non-existent when emotions become “too much” (see pp. 9-11). This made me wonder: Should a facilitator not know what to do when someone starts to sob? Is that not part of the role of the facilitator?

In the light of my internship at the VUmc, ground-breaking in research on MCD as well as training new facilitators in different MCD conversation methods, I believed this ‘gap’ in the literature was very relevant to both research into what MCD is and ought to be, as well as to supporting facilitators in their practice. This focus on emotions could provide a new dimension to the role of the facilitator, or could pose a critical stance towards the current idea of what MCD is supposed to entail when it comes to emotional support. And if it really were the case that facilitators have no guidelines to follow with regard to emotions, this research could uncover that.

Therefore, the main question I asked is this: To what extent is the value of emotions in Moral Case Deliberation determined by the way facilitators act towards those emotions?

The sub-questions I identified in order to answer this main question are:

1. What is the (dys)function of emotions in moral case deliberation?
2. What is the role of the facilitator of MCD regarding emotions in MCD?

In this thesis, I provide the answer to these questions based on my qualitative research. On the next pages I will first of all elaborate on the research method of this thesis. Consider this the first chapter. For the sake of clarity, I have decided to divide the chapters not into the classic “theory, results,

conclusion"- order, but to make a distinction between sub-question 1 and sub-question 2, regarding both theory and results. Therefore, after presenting the method, I will provide theoretical insights regarding sub-question 1, then regarding sub-question 2, the results of sub-question 1, and then of sub-question 2. I combine my findings in the conclusion, followed by an over-all discussion of the research. During my research I formulate two hypotheses, that are embedded in the theoretical chapters. These hypotheses shape the conclusion of this thesis.

Important to note is that I refer to the respondents as "her" and "she", even though the respondents are both men and women. This is to safeguard anonymity.

Method

This chapter elaborates on the different elements of the conducted research. In consecutive order, I discuss the research design, the inclusion criteria, method of data collection and the data analysis.

Research design

I have conducted a qualitative research with semi-structured interviews as primary method of data-collection, in the spirit of action research.

When discussing emotions in MCD, it is easy to stick to theoretical conceptions of emotion, rather than consider it in its embedded form in reality. Considering that it is the facilitator who is a deciding factor in the emotional landscape of the MCD, it is their perception of the value of emotions in MCD that matters most in practice. Therefore, the perspective of the facilitator on emotions and on their role and responsibilities regarding emotions in MCD, is central to my data gathering. When researching perceptions, complex ideas and values, quantitative methods such as the semi-structured interview are more suitable than quantitative methods. This is the case, as interviews allow for the space and circumstances to delve deeper into the thoughts of the respondents, by being able to ask both explanatory- and follow up questions and testing conceptions of the researcher directly. Furthermore, the reality of MCD is so unique and specific that no standardization is possible and little research has been performed in this area. Therefore, this research is of qualitative nature (Boeije, 2005; Blijenberg 2013; Conger, 1998; Lucassen & Olde Hartman, 2007).

In my role as a researcher in this research, I tried to follow the spirit of action research as much as possible. I summarize this spirit as finding useful solutions to practical problems, in order to make a positive change (Blair, 2016, p.62). Action research follows the conviction that knowledge is socially constructed and embedded in a system of values. It respects the knowledge (and experience) of people in their culture and/or context and the problems arising there (Brydon-Miller, Greenwood & Maguire, 2003). Some consider action research within the umbrella of qualitative research (Blair, 2016, MacDonald, 2012). Action research has a close resemblance to qualitative research as “both are richly contextualized in the local knowledge of practitioners” (Bradbury Huang, 2010, p.94). The difference, however, is that qualitative research is still *about* practice instead of *with* practitioners, often leaving the results unpractical for practitioners (Bradbury Huang, 2010). In action research, practitioners and researchers work together to create knowledge (Bradbury Huang, 2010; Dick and Greenwood, 2015; Blair, 2016). However, practitioner participation happens along a spectrum, ranging from having the practitioners’ perspective on all important matters, to co-researching (Bradbury Huang, 2010). Dick and Greenwood (2015) add that ideally, participants become co-researchers, Blair (2016) states that there is shared ownership of the research. This suits the philosophical framework of the VUmc method of MCD very well (see p.7 and further). Additionally, action research acknowledges that a researcher herself has perceptions that shape the knowledge at hand (Bradbury Huang, 2010). The action researcher is therefore reflective towards own biases (Blair, 2016, p. 62; also known in qualitative research, Blair, 2016, p.57) and responsive and flexible to the situation at hand (Dick and Greenwood, 2015).

In my research, this spirit of action research took the following shape: I submerged myself into the world of facilitators of MCD as much as possible, through taking part in the VUmc training for MCD facilitators in the dilemma method myself, which included both lessons and facilitating and observing actual MDs. This provided me with a deep understanding of the MCD, the role of the facilitator and the terminology that I needed in order to speak in depth to my respondents. I took the knowledge and experience of practitioners to be expert in the field of MCD facilitating and used their perspective as such, as is the core of action research. Additionally, I tried to contribute to a practical improvement of the practice of MCD by mapping the role of emotions, although I do not underline the activist role some authors seem to advocate. Due to the time-costliness and scientific

controversy of this activism in research, I do wish to maintain the more conventional research role of limited intervention in the practice (Kostera, 2007, in McCaffrey, Raffin-Bouchal & Moules, 2012). Additionally, due to time constraints I did not follow the shared ownership and co-researching elements that authors have mentioned as the gain from this endeavour is not proportionate to the time it takes (in its most thorough form, action research requires to build a relation of trust and becoming a part of the community. Blair, 2016, p. 65). Instead, I opted for a form of Action Research more conservative and closer to qualitative research, keeping the reins to the research to myself yet engaging the practitioners and actively focussing on their perspectives and motives, in their natural context, trying to represent their reality (Kostera, 2007, in McCaffrey, Raffin-Bouchal & Moules, 2012). Furthermore, I was open to iterations as much as possible, as is common in both action research and (other) qualitative research (Blair; Dick and Greenwood, 2015, Blijenberg, 2013). There is, however, little room for serious alterations. Qualitative research has a cyclic process in which steps of the research process can be revisited several times. Data collection and analysis usually go hand in hand, leaving room for several rounds of data collection, altered based on the newly found information (Boeije, 2005). Due to the time constraints of this research, there are few options to revisit the different steps, especially a second round of data collection. Although this leaves little options for alterations, due to the explorative nature of this research and the fact that prudent questions can still be asked to the respondents via email or phone, this time restriction need not negatively affect the quality of the research.

Inclusion criteria

The respondent selection of the research was not random but happened based on certain criteria: all respondents were VUmc trained in *at least* the dilemma method (as the most taught method of VUmc) and preferably the Socratic Dialogue. The respondents are experienced facilitators [ranging 8 to min. 1000]. They have developed their own expertise as a facilitator and have had the time and experience to form an expert opinion when it comes to the importance of emotional sensitivity in MCD. More experienced colleagues who oversee the network of facilitators did the ultimate selection based on these criteria, as well as some snowballing happening (respondents asking colleagues to be respondents). These respondents were then emailed by me with a short introduction to the research and were asked to participate as a responded. Thirteen facilitators were contacted, eleven responded and agreed, two did not respond. Due to private circumstances, two were eventually not included in the research. So, I have conducted a total of nine interviews (n=9).

Data collection

The primary method of data collection is the half-structured, open interview between one interviewer and one interviewee (Boeije, 2005; Blijenberg, 2013; Lucassen & Olde Hartman, 2007). The half-structured open interview refers to a style of interviewing that states open questions allowing the interviewee to answer as she pleases, yet does make use of a pre-established questionnaire/topic list to structure the (topics of the) interview. This topic list ensures that all interviewees speak about the same topics, making comparison possible. On most occasions, I have asked more in-depth questions, based on this topic list. The use of a topic list enhances the reliability of the data collection, yet may diminish validity as there is little room to delve deeper into topics that are not pre-determined. On the plus side, the interview allows for interviewees to express themselves in their own words and enhances replicability. The social interaction between the interviewer and the interviewee also allows for the interviewee to express themselves in ways that they otherwise may not. Throughout the interview process, minor yet significant alterations have happened. An example of this is that in the initial topic list, I did not ask about different causes for emotions. Throughout the process, several respondents mentioned this explicitly and soon I started

including the distinction in the topic list and asking about it actively. Furthermore, I have held one trial interview that ended up being included (Boeije, 2005; Blijenberg, 2013; Lucassen & Olde Hartman, 2007).

Data analysis

For the data analysis, I chose an approach that is grounded in literature but allows the data material to be leading in the analysis phase (Boeije, 2005). I tried to stay truthful to the exact words of the respondents. This is why I taped the audio of all the interviews and transcribed them before starting my analysis. During this transcription I anonymized the data, removing names of people, organisations and dates. After transcription, the interviews were coded inductively. Inductivity allows for an open mind and openness towards unpredicted outcomes to emerge from the data. This is convenient in this research, where there is little research to fall back on and leaves room to portray the reality of the respondents as close to their words as possible (Boeije, 2005; McCaffrey, Raffin-Bouchal & Moules, 2012).

The initial phase of coding was completely open; I coded six interviews very closely to the text, using either literal pieces of the data-material as a label or renaming it only slightly. I have done this phase twice, realizing that in the first round of coding I was too non-specific and still maintained some preconceptions. In the second attempt, I stayed very close to the text (Flick, 2014, pp. 156-158). In order to prevent biases and enhance reliability, half of the interview material was read and coded openly by another researcher. We discussed the differences in coding (Lucasse & olde Hartman, 2007; Flick 2014 p. 81). The extensive list of codes was narrowed down, merging various nodes together and checked twice, as I first coded on paper and later added the codes to NVivo. Nvivo is a computer programme that allows for digital coding, that is supported by Utrecht University. It is a helpful tool to structure large amounts of data, as is the case in this research. In the focussed (or: selective) phase of coding I added the last three interviews directly, coding more directly yet adding new codes when the existing codes did not suit.

Sub-question 1: What is the (dys-)function of emotions in MCD?

This chapter contains a theoretical exploration of the function emotions in the setting of MCDs. In the first paragraph I elaborate on the relationship between emotion and ethical decision making, explaining the assumption that emotions have great value in MCD. The second paragraph delves deeper into a description of what emotions are and how they are stirred up, in order to pinpoint more precisely what it is in emotions that makes them valuable in MCD. It also starts to uncover the prerequisites under which emotions are of value. The third paragraph briefly discusses the different ways emotions are used *in practice*, that literature provides – so, the functionality of emotions in the MCD context. The fourth paragraph then shows where emotions are considered dysfunctional in MCDs. I end this chapter with both questions and hypotheses, based on a gap in the literature regarding what is “too much” emotion and what the role of the facilitator should be regarding these emotions.

Emotions and ethical decision making

Emotions are a complex matter and the connection between emotions and ethics can be researched from numerous scientific traditions such as neuroscience, philosophy, anthropology, psychology and theology (Eijk & Leklens, 2002, Nussbaum, 2001). Within the philosophical domain, some have argued that emotions merely hinder rational –let alone ethical- decision making and have removed emotions from the rational ethical decision making process (Gardiner, 2003; Gaudine and Thorne, 2001; Molewijk et. al 2011b). Others have stated that one is primarily emotional and only uses arguments to prove the gut feelings one already had prior to the ethical endeavour (Haidt, 2001). Still others believe that emotions in fact prove of crucial value in ethical decision making. It would go far beyond the scope of this research to go into detail about the various theories available on this interesting matter.

As I intern at the VUmc and research the MCD method as taught by the VUmc, in this thesis I follow the VUmc school of thought for reasons of consistency. The VUmc bases their work on Aristotle, viewing emotion in MCD as fundamentally valuable as they tell us what is important (Kleinlugtenbelt, Widdershoven, & Molewijk, 2014, p.187; Molewijk et. al 2011b, de Bree & Veening, 2016). When approaching MCD and emotions, I follow Molewijk et al. (2011a) in their discussion of emotions according to Aristotelian concepts: there is no moral truth that exists independently of experience, as morality is inherently contextual and time bound. Moral decisions arise not from logic or instrumental reasoning, but from imaginative understanding, judgement and engagement in practice. According to Molewijk et al. (2011a) interpretation of the Aristotelian view on emotions, emotions arise naturally and are an inherent part of moral reasoning.

Gaudine & Thorne (2001) demonstrate that emotion is intrinsic to a rational ethical decision processes, and consider emotions as an integral aspect of decision making that once embraced, could improve the decision making process. They advocate that emotion is a trigger sign that signals the existence of an ethical dilemma. This is in line with Gardner (2003, p. 298) who states: “*Emotions are not to be accepted as instinctive unmanageable reactions but as sensitivities that inform our judgments*”, and with De Bree and Veening (2016, pp. 75-76) who state: “*(..) The emphasis on arguments and reasonability does not imply that there is not, or should not, be room for emotions – or that it would even be possible to conduct a MCD without emotions*”.

The VUmc view on emotions and ethical decision making can be supported by medical ethicist (and medical doctor) Gardiner (2003), as he positions himself also in the philosophical tradition of Aristotle. Gardiner states that reason is important in ethical decision making: it is through reasoning that a person can determine how to act and feel considering the particular circumstances. So, a person can not only decide what is the right thing to *do*, but also determine how to *be*. But,

ethical decision making is not a cognitive process alone, according to Gardiner: there is great value in emotions as well, as our emotional reactions are both fundamental of our human experience and an integral part of how we perceive and judge the world around us. Our emotions make us sensitive to particular circumstances and show us our perceptions: *“It is possible to perceive a situation dispassionately, but we would then have an incomplete appreciation of the circumstances. Our emotions influence how and what we see and are necessary to register and record facts with resonance and depth. Equally what we see shapes how and what we feel. Thus, perception and affect are closely intertwined in informing our choices”* (Gardiner, 2003, p. 298). This (virtue ethical) approach allows for the flexibility to tailor a response to an individual situation.

So, in this thesis, I start with the assumption that emotions have great value in MCD as they shape our perception of the world and show us what is important to us. But in order to pinpoint (the boundaries of) this value, it is important to briefly look into what emotions in MCD could entail.

Emotion: What and How

As interesting a field as the relationship between emotions and ethical decision making, is the domain of emotions itself. It would delve too deep to elaborate on this matter, but I think a working definition, or at least a description, is important: what are emotions and how do emotions relate to ethical decision making?

Working definition of emotion

In line with Gaudine & Thorne (2001) I have chosen not to narrowly define emotions as distinct from e.g. moods and affective personality traits, as these definitions overlap, and many factors are involved. Additionally, as my data is of qualitative and interpretive nature, I wish to leave it up to my respondents to develop a definition, rather than forcing my theoretical boundaries onto them. In the meantime, I follow the definition of Gaudine & Thorne (2001, p. 177) of an emotion: *“is an affective feeling state that may vary in intensity from mild to intense”*.

Why people get emotional

Roughly in line with the VUmc perspective, I follow Barrett and Campos (1987) who elaborate on a functionalist approach on emotions due to its applicability to context and little need for deep psychological insights. The main idea is that emotions cannot be understood when one separates the person from the environment. This is in line with Gaudine & Thorne (2001), who state that emotions are reaction to a person’s significant relationships with others or their environment. It is also in line with Glas (in Eijk & Lelkens, 2002, p. 15) who states that an emotional state is accompanied by a certain attitude towards the specific situation – and this situation can be morally charged. In this light, one can explain the relation between emotions and goals of individuals: your perception of an event is shaped by what you are trying to accomplish. Emotion is stirred up in such a significant ‘person-event transaction’. The more significant the transaction is, the more intense the emotion is. So people are only emotional when the event is significant to the person (Barrett and Campos, 1987).

Barrett and Campos (1987) go on to identify four ways in which a person can become emotional: relevance to goal attainment, social signals, hedonic stimulation and memories. Goal attainment means that when somebody is (un)able to achieve a goal, she will experience an emotion about it. Translating this to the MCD practice, as is described in Metselaar, Molewijk & Widdershoven (2015), emotion can occur when having to choose between two evils. Social signals refer to the interaction between people: people can take over each other’s emotions (as if they were ‘contagious’) or people can pick up signals from others and interpret them in a way that stirs up an emotion. Also, the way sent social signals are perceived by others, can stir up an emotional response in the sender. This seems very applicable to the group dynamical aspect of MCD. Hedonic stimulation refers to positive or negative stimuli such as sights, sounds and smells, that affect our emotions.

Memories of good or bad experiences can also affect our emotions when we are reminded of them, or are in a similar situation.

An important addition to these four more personal oriented reasons to get emotional: moral emotions. Fiester (2014) refers to Haidt, when she defines them as follows: *“those emotions that are linked to the interests or welfare either of society as a whole or at least of persons other than the judge or agent.”* (Haidt, *Handbook of Affective Sciences*, 2003, p.854 in Fiester, 2014, p.7). She goes on to identify both self-conscious moral emotions (e.g. guilt: “I should have”) and other-condemning moral emotions (e.g. anger: “that person was wronged”). Even though it is not explicitly mentioned, it is clear that at the core of this moral emotion lies friction with a moral value: earlier in the paper, she defines moral distress as *“a strong conviction about what is right to do in a particular situation but being unable to take the action perceived as morally correct”* (Fiester, 2014, p.6). This is also the viewpoint of the VUmc, about the role of emotions in MCD as a carrier of the values of the participant (Molewijk et. al, 2011a).

Using emotions in MCD

The understanding that (moral) emotions are a carrier of values, makes it possible to use emotions to have a conversation about their underlying values. Molewijk et al. (2011a, p.386) state that each emotion is connected to distinctive thoughts. Fundamentally, there is a distinction noticeable only between feelings of pain and feelings of pleasure. It is because of our thoughts, that we give meaning to the feelings and we develop, if you will, ‘gradients of emotion’ that allow us to distinguish anger, fear, relief, joy, etc. As feelings appear naturally and it is the thoughts we have *about* the feeling that shapes our perception of it and our response to it, it is the thoughts we have about our feelings, that allow any discussion about emotions. Even though we can all have different responses to the same fact, we can examine our emotional response by examining the motivation for our response (this is also supported by De Dijn in Eijk & Lelkens, 2002 and by De Bree & Veening, 2016, p.76). When we compare that motivation to the fact that triggered the emotion, we can have a conversation about whether the response fits the fact. This is what also allows us to answer the question “what would I have felt in this situation”, as we can individually go through the thought process resulting in an emotional response. This is of course interesting for MCD, where every participant for themselves decides what they would do or would have done, and why they would make that choice.

Expressing emotions reasonably

De Dijn (in Eijk & Lelkens, 2002) makes an important note, when he states that even though emotions naturally lead to certain behavioral responses, this does not mean that people necessarily act in a stereotypical or expected way. People can express themselves in various different ways, and people also suppress their emotional responses. The ‘knowing’ De Dijn referred to, that evaluates situations and determines an emotional response, also implies the ability to express this emotion and to tailor it to an appropriate response. Gardiner (2003, p. 298) adds: *“Undoubtedly our emotions need cultivating so that we learn towards whom, when, and to what degree we should express them. We need to exercise critical judgment when assessing and displaying our emotional responses”*. This seems to be in line with Molewijk et al. (2011a, p.386; 2011b) who furthermore state that not only should the thoughts accompanying an emotion be compared to the fact triggering them, but also to a reasonable principle. This implies finding a middle ground between too little and too much emotion, to fit the fact triggering the emotional response. Finding this middle ground in the specific context is considered virtuous, and is a matter of practice and experience. Reflection can contribute to learning the meaning of, and right way to deal with an emotion. How one learns this middle ground is defined as follows: *“Through time and training, it becomes a habit. The disposition differs from person to person. If the inner attitude is excellent, we deal with the emotion in a right way (i.e. not too much*

and not too little). The criteria which determine the right middle are closely related to the character of the person. As the character of a person develops over time, the reasonable principle that guides the emotions also develops" (Molewijk et al., 2011a, p.387).

Another element that could be of importance, is safety of expression. Although the concept of "emotion is a feeling plus an interpreting thought" is non-judgemental about the fact that one has an emotional response, safety of expression is not necessarily a given. As stated by De Dijn (in Eijk & Lelkens, 2002), a person puts herself on the line when expressing herself emotionally.

Functionality of emotions in MCD

The above explained abstract thoughts about the role of emotions in MCD, does leave questions about what this role looks like in the MCD practice. Molewijk et al (2011a) elaborate on three ways a facilitator *could* deal with emotions in MCD. In their description, they explicate the value that emotions can have in MCD, when addressed properly by the facilitator. The first method is addressing the thoughts that accompany emotions, as explained in the section above – essentially: focussing on an emotion as it presents itself in the MCD. The second method is giving emotions an explicit role in the conversation method, regardless of it initially presenting itself -as is inherent in the Sorcatic Dialogue. The third is initiating a meta-conversation when emotions obstruct the MCD.

In their description, Molewijk et. al (2011a, pp. 387-388) mention that emotions can be helpful in both understanding the moral question at stake and properly formulating it. Focussing on experienced emotion and the thoughts that accompany this emotion can help people formulate the core issue of the case; the emotion points towards implicit moral assumptions that underly the emotion. The same goes for explicating emotions and their underlying values. Furthermore, emotions can stimulate participants' involvement with the MCD – the case, the moral question or the group process. By explicating, exploring and expressing (negative) emotions, tension within the MCD can be released, can stimulate the group process and can improve the focus within the MCD. According to Metselaar, Molewijk & Widdershoven (2015), speaking about (negative) emotions functions as catharsis for the participants. De Bree & Veening add that emotions can form the primary reason for an MCD as it indicates that something of value is at stake (in line with Gaudine & Thorne, 2001; Gardner, 2003). When emotions emerge throughout the MCD, asking about these emotions can provide a 'hook' to get to the morally charged element of the conversation.

The limits of functionality of emotions in MCD

Cause of emotion

Even though we have established that emotions can have a role and can have value in MCD, but not all emotions have value all the time. De Bree & Veening for instance make a distinction in more and less functional causes for emotion in MCD: emotions that are morally inspired and are connected to the case are functional (the moral emotions mentioned by Fiester, 2014). Personal emotions triggered by the case not so much ("*this reminds me so much of what I experienced within my family*" p.76; *memories* of Barrett and Campos). Emotions that are caused through the group process not too much: "*communication is complication when participants respond to one another out of emotion. Sometimes we see the principle of "who is not for me, is against me", or participants judge a deviant opinion negatively*" (de Bree & Veening, 2016, p. 76).

Intensity of emotion

Not only does the cause of the emotion determine its functionality, there is also the matter of the *intensity* of the emotion that determines its value for the MCD. In order to describe this, I explain the very personal and involved method of MCD introduced by Molewijk et al (2011a; 2011b). It is aimed at the proper emotion considering the circumstances, the right expression of the emotion as well as the reliability of it. It starts with a situation in which the participants experienced an emotion. The participant writes three notes describing what she would do if she respectively: is controlled by the

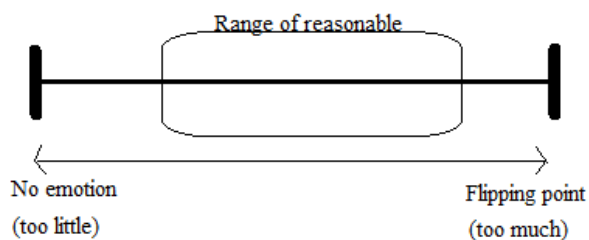
emotion, neglects it or has the 'right' attitude. What would be this 'right' attitude is reflected upon, via various steps of the process. These three positions mark an interesting scale. There is, at the very least: a "too little" a "too much" and a "right" amount of emotion in MCDs – and that scale is specific to the particular case and context of the specific MCD. But still, this is rather non-specific.

Molewijk et. al (2011a) mention that emotions can obstruct a MCD: "This may be relevant when one of the participants is deeply touched, sad, or in confusion, and needs a break. (...) are irritated or feel unsafe and are therefore unable to participate in a constructive dialogue." (Molewijk et al 2011a, p. 288). Molewijk et al (2008) seem to indicate that being controlled, captured or overwhelmed by an emotion, is "too much". Molewijk et al do not state necessarily that this means the end of a MCD. De Bree & Veening (2016, p. 76), state that "big emotions" such as a deep indignation, are not necessarily counterproductive to the MCD. They do, however, point out that participants occasionally get so emotional that the conversation cannot continue. They mention that when this happens, the facilitator should pause the MCD and possibly discontinue it, after deliberating with the emotional individual. Yet, this is still rather non-specific.

As the theory provides no conclusive answers at this point, this leaves the question: where is this point of too much emotion? Quickly reminding ourselves of the definition of emotions I chose to follow: "An affective feeling state that may vary in intensity from mild to intense" (Gaudine & Thorne, 2001, p. 177), how intense can it be before it is too intense?

Where theory does not provide answers

At this point, the theory leaves us. This provides me with the opportunity to come up with my own hypotheses and formulate the most prudent questions to ask the respondents.



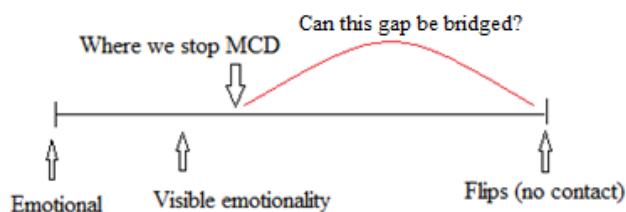
Paint-creation nr. 1: identifying emotions on a scale

What we have identified is this: there is a point of "too little" emotions, as we have established that emotions do have an important value in MCD, in short: as signal for values and as means to getting to the core of the case. This is shown in the far left of the picture. We have also established that there is a range of "reasonable" emotion, that is well measured to the situation, shown by the box in the middle. We have also seen that there is a point of "too much", but we have not gotten a clear picture of where that is exactly. What we do know is that this is the point where a facilitator could decide to discontinue the MCD or where she would compromise the quality of the MCD by continuation. This is shown on the far right in the picture.

As the theory leaves us here, we can think about when emotions would be too large. A display of intense emotions itself, seems too arbitrary: intensity of the emotion says nothing about the ability of the person to produce coherent thoughts about their feelings. One could intensely feel – and show intense emotion, whilst still be in control over the thought process accompanying the emotion. Assuming "emotions = feelings + thoughts", and MCD leaves room to talk about the thoughts that accompany the feelings, then you could argue that the emotion becomes too large for a MCD when the individual coincides with their feelings. Because, in order to discuss emotions, there needs to be a conversation about emotions, and any thought process about feelings is therefore a prerequisite. So, when someone cannot distinguish their thoughts from their feelings because the

feelings overpower them, the emotion can be too large to handle in MCD. This is a hypothesis worth verifying using the information provided by the respondents.

On to a second point then. As we have established that emotions have value in MCD, we can deduct that it is in everybody's best interest that we do not label emotions as "too much" too soon; considering them a compromise on the quality of the MCD and acting accordingly towards them, perhaps even by ending the MCD prematurely, would make the facilitator discard the value of that emotional response and the values underlying the emotions. If it can make someone *very* upset, it could well be *very* important. This would contest the idea of the reasonable principle as a prerequisite: considering that MCDs are often organized in a moment of crisis, even though the participants are probably well able to handle their own emotions on a day-to-day basis, it is not weird to assume more intense emotions in intense circumstances. Therefore, I argue that it is the interest of everybody to continue the MCD as far as possible *with* the intense emotions and even invite them. Yet, as I have stated in the paragraph above that there could be a point of "too much" emotions where people are unable to have a conversation *about* their emotions because they are *captured* by their emotions, this begs the question: what do we have to do to make intense emotion remain functional for the MCD?



Paint-creation nr 2: the grow zone.

There are of course 'degrees' of (emotional) complexity in MCD. It is not without reason that certain MCD's ask for more experienced facilitators (De Bree & Veening, 2016) and that the VU training advises their trainees not to take on too complex cases. Even though emotions do not get a prominent place in this argument, it is not unimaginable that having to deal with strong emotions is a complicating factor for MCD facilitators and participants alike. As we have seen, it can be scary to open up about emotions, especially when these emotions are very intense.

And that makes me want to revisit the role of the facilitator in MCD. As it is the responsibility of the facilitator to make a decision about the moment they decide to not start or discontinue a MCD due to emotions, it is their task also to determine whether the emotions of the participant are welcome, still useful, or manageable. They can, therefore, have quite an influence on the "amount" of emotion that is welcome in the MCD, as well as how it is dealt with. If the facilitator regards MCD as a rational thought process for rational people who do not show their emotions- most likely, this is what the participants will portray, or else the MCD will be discontinued. If it is the implicit assumption of the facilitator that participants are able to handle their emotions well *at all times*, this leaves inherent unsafety when someone feels that they are so touched that they cannot keep up with this expectation. I can imagine two options: either they act 'too emotional' and are requested to 'get a grip', or they keep their emotions to themselves. My hypothesis is that the more the facilitator is able to both invite and guide emotions in MCD, the more participants express their emotions in a constructive way. I wonder whether, if the facilitator takes more responsibility regarding emotions in MCD, it is still necessary to discontinue MCDs due to emotions, at all. Referring to picture 2, perhaps the facilitator can, by acting on emotions a certain way, bridge the gap between where we stop MCDs now due to emotion.

This is a field I will ask my respondents about, but not before delving deeper into the role of the facilitator in the next paragraph.

Sub-question 2: What is the role of the facilitator of MCD regarding emotions in MCD?

Although the general role of the facilitator is described in various publications, few authors present an overview or practical tools of what that role entails exactly with regard to emotions. This is somewhat strange, as Zadelhoff & Molewijk (2012) state: ““(..) *the quality of the facilitator is a determining factor in the quality of the MCD*”. I start off with a brief overview of what has been written on the role of the facilitator and after that, I have divided this chapter into three paragraphs that show three facets of the role of the facilitator: facilitating the dialogue, managing group dynamics (although not the object of research, important for completeness) and their role concerning emotions. I end this chapter again with questions and a hypothesis about where the literature does not provide answers.

Stolper et. al (2014) state that facilitators in training are purposefully taught not too narrow a role. Instead, besides being taught the essence of MCD, the facilitators in training are expected to reflect on their role as a facilitator and develop their own authentic style ('learning by doing'). This method of teaching, involving continuous reflection, contributes to the ultimate goal of training capable facilitators: reflective and flexible facilitators who can “foster a dialogue in an open and constructive atmosphere” and can justify a chosen action (Stolper et. al, 2014, p.6). Consequence of this approach seems to be that the facilitators are not provided with enough concrete tools as to how to deal with emotions in MCD.

In a Swedish MCD study (Rasoal et. al, 2017, p.2) is explained that there are various different roles a facilitator can take on, from 'low profile moderator' to 'authoritarian'. Partially filling the hole of lacking studies about the role of the MCD facilitator, Rasoal et. al (2017) conducted a research on the experiences of MCD facilitators, resulting in the metaphor of sailing: facilitating an MCD is sometimes supporting the participants in “navigating” their moral reflections, sometimes challenging the group's viewpoints, sometimes facilitating the discussion on deciding on the case, sometimes redirecting the conversation back to moral reflection (Rasoal et. al, 2017, p.4).” But again, these are only perceptions of individual Swedish facilitators of their own role as a facilitator, without clear directions on what that role should entail.

The dialogue

A much heard phrase is that the facilitator does not give advice or pass judgement on the content of the MCD, as they only facilitate the dialogue (Molewijk et al. 2009; Abma et al., 2009; Metselaar et. al, 2017, p. 261; Stolper et. al, 2014; De Bree & Veening, 2016; Molewijk et al. 2011, p.384, Molewijk et. al, 2008). Primarily, facilitating the dialogue means fostering an authentic, sincere and constructive dialogue through supporting the collective thought process and stimulating and maintaining the quality of moral reflection of the participants. It also means guarding a safe and open space for moral exploration, methodological reflection and mutual understanding (Stolper et. al, 2014; Metselaar et. al, 2017; Abma et al., 2009). This implies also that the facilitator pays special attention to the presentation of the facts of the case and the values connected to those facts, their emotional component or the conclusions drawn based on these facts (Molewijk et al. 2009). Plantenga et. al (2012) adds that the facilitator should make sure that the participants reflect on actual concrete experiences (explicitly leaving room for emotions) and should not foster a discussion on abstract concepts, theories or hypothetical situations. Furthermore, it is the task of the facilitator to let all the arguments and differences in viewpoints be heard, by slowing down the conversation when necessary and signalling nuances (De Bree & Veening, 2016). Although the facilitator has a responsibility in safeguarding the process of the MCD, she has no responsibility regarding results of the MCD (De Bree & Veening, 2016, p.20) as the MCD is a conversation *by* and *for* the participants.

The facilitator also safeguards the conditions under which a MCD is organized, such as enough time and a decent location for the MCD.

Group-process

The facilitator supports the group process and facilitates an intra- and interpersonal dialogue and encourages mutual understanding (Metselaar, Molewijk & Widdershoven, 2015). She safeguards that the whole group participates in the reasoning process and supports a fruitful interaction within the group. This also means that the facilitator should have proper interpersonal and communicative skills, should be engaged with the case with a standpoint of 'multiple partiality' towards all participants and should show empathy, in order to create an environment that is safe, open and free of judgement (Abma et al., 2009; Stolper et. al, 2014). Rasool et. al (2017) adds that his respondents consider it a prerequisite that the facilitator fosters an atmosphere with open attitudes where people listen to one another's opinions and feelings with respect. De Bree & Veening (p.388) add that it is also the task of the facilitator to bring the attention back to the moral question when a participant has become emotional, as this will divert the attention of the group from the moral question to the feelings of the participant. Even though the literature study did not cover it specifically as it is not the core of the research, it is of course important to acknowledge that the facilitator most likely also has to deal with tensions within the group and emotions that arise from these tensions – that can either be morally charged or purely context related.

Emotions

Dealing with emotions is a role of the facilitator, even though it is still unclear what that role is exactly. De Bree & Veening (p.83) state that it does matter how the facilitator responds to emotions: when the facilitator does not spend enough attention to emotions or does not respond in the right way, it can negatively impact the quality of the MCD. When, on the other hand, the facilitator does address emotions correctly, they can really deepen the MCD.

As mentioned on p. 10, according to Molewijk et. al (2011a, pp. 387-388) facilitators can go about emotions in different ways: they can address emotions once they present themselves, or they can explicitly make room for emotions within the conversation method- regardless of whether emotions naturally present themselves or whether it is an usual aspect of the method. The first step, however, is recognizing the potential importance of emotions for MCD and being perceptive regarding emotions in MCD. It is the task of the task of the facilitator to inquire about (possible) emotions and about the thoughts accompanying those emotions. It is the task of the facilitator then also, to connect that emotion to the moral question and in this way, give emotions an active role in the moral inquiry. This is also in line with De Bree & Veening (p.76) who state that emotions in MCD can provide a hook to continue to ask more in-depth questions. When someone says something like "I feel responsible" (p.83) or shows non-verbal signs of emotions (e.g. frowning), it is recommended to invite that person to elaborate. When participants are having trouble expressing themselves, they recommend encouraging them.

Molewijk et. al (2011a, pp.288-289) explain that when emotions come to a point where they frustrate the MCD, the facilitator can initiate a meta-conversation (a conversation about the conversation) to talk about it. This can happen, they state, when: *"one of the participants is deeply touched, sad, or in confusion, and needs a break. It may also be indicated when participants show dissatisfaction with the quality or progress of the process of moral inquiry or with the facilitator. (...) when participants are irritated or feel unsafe and are therefore unable to participate in a constructive dialogue."* De Bree & Veening (2016, p.76) state that when a participant is overwhelmed with emotions, the facilitator should signal this, should mention this without judgement and should take a break. The facilitator should discuss with the participant about being able to continue.

Where theory does not provide answers

The theoretical chapter on emotions ended with two questions: When are emotions too large to handle in MCD and can that gap be closed by redefining the role of the facilitator (pp. 11-12). When looking at the role of the facilitator in literature, we come to realize that even the most tailored-to-practice research remains rather vague on the role of the facilitator in regard to emotions in MCD.

Although the MCD is primarily *for* and *by* the professionals/practitioners and the quality of the deliberation is made by the participants, it is the facilitator who lays the groundwork for an open and honest dialogue and who has the power to invite, shield, manage or block (probably amongst other options) emotions. They are to make choices concerning emotions in *their* MCD – of course within the limits of what the group allows (I know this is reasoned backwards with the VUmc outlook on the division of tasks). Yet, it has never been discussed how the facilitator ought to do this, what a correct balance between emotionality and rationality should be (other than: not *nothing*, definitely not *too much*) and to what extent the facilitator is supposed/allowed to steer this. Considering that there is little to go on, and that the ‘role of the facilitator regarding emotions’ is more or less what the facilitator decides it should be, it is worth exploring what advanced Dutch MCD facilitators consider their role regarding emotions. Closely related to this, is their perception of the value of emotions; what they consider the value of emotions in MCD, of course relates to how they decide to position themselves towards emotions. These questions are therefore the core element of my data collection.

Furthermore, an interesting side note is that the previously mentioned Swedish article adds that in their research, facilitators mentioned that they experience that participants can carry an emotion burden and consider it their task to create the opportunity to release these emotions. These feelings can be related to either work or to the private lives of the participants and both are welcome. Instead of using the emotions to attain deeper understanding of the moral case, the therapeutic effect of venting these personal emotions is also a goal of the MCD (Rasool et. al, 2017, p.5). This is in great contrast with the Dutch outlook on emotions in MCD as having to be related to the moral dimension of the case in order to be functional. This interesting distinction begs the question: What is the goal of a MCD? When is that goal achieved? Apparently, the attitude of the facilitator determines for a great deal whether the MCD was a success, and whether that success was achieved with the help of emotions, regardless of emotions, or whether relief in that emotion was the goal itself. This is a question to be asked to the respondents.

Results sub-question 1: What is the (dis-)function of emotions in MCD?

In this chapter I present the results that are related to sub-question 1. I start with a broad overview of how and how often the respondents detect emotions in their MCDs, and I brush along the spectrum of intensity of emotions experienced in MCDs. It turns out detected emotions are rare, but respondents do consider emotions inherent to MCD. In the second paragraph I distinguish between different causes for emotional responses that have been explicated by the respondents. In the third paragraph I display the different practical roles emotions can have in MCD, according to the facilitators. In the last paragraph, I delve into the different ways people handle the tension between emotions and rational reflection and the tension between “functional” and “dysfunctional” according to the experiences of the respondents.

Inherent emotions and visibility of emotions in MCD

The majority of respondents explicitly mention emotions in MCD, either because of the inherently emotional nature of people or because the situation triggers it. Four respondents state explicitly that emotions are almost always a part of MCD and five mention the inherent emotionality of people: *“People are not sitting there as if they were dumb dolls”*.

Emotions are not signalled often: two respondents have not experienced them at all, further estimates range from 1:10 to 1:50. Respondents state that the emotions in MCDs are usually subtle: *“I believe that everyone has emotions all the time, but these emotions can be very calm and discrete, not always detectable to others”*.

All respondents agree that intense emotion, to the point of it getting problematic, is a rarity. Some have never experienced it: *“Only every so often. It rarely happens that people become very emotional. Last Monday I had an ad hoc MCD and coincidentally, someone burst into tears. It has happened before, but it is a rarity”*. Even though she agrees with the inherent role of emotions in MCD, only one of the respondent’s states that that a lack of emotions does not affect the quality of the MCD.

Taking a break as intervention does happen from time to time, but stopping a MCD or not starting one due to the extremity of the emotionality, is even more rare than the intense emotions in a MCD. Most respondents have never had the experience: *“Not that someone was so overwhelmed by emotions that they had to stop for a moment (..) I think I’ve had that experience only once or twice”*.

An important side note is that some respondents explicitly mention emotions manifest differently in different people. One reason mentioned for this, is that not every participant is able to incorporate feeling into their thinking. Another reason is that not every participant feels as comfortable sharing their emotions, or that there are people who don’t think sharing emotions is part of a professional attitude, and there are people who do, which affects whether and how they express their emotions.

Types of emotions in MCD

The respondents came up with a variety of different emotions that they see in MCD, such as anger, frustration, fear, sadness. Additionally, they mentioned different reasons to be emotional. One agreed upon distinction is between emotions about the case and emotions that are about group-dynamics, but also emotions that are caused by personal triggers and emotions that are context-related. Respondents states that the cause of the emotion matters in how to respond to them; whether the emotion is related to the case or not and whether it is functional to the MCD or not. Although it is not explicated directly, it seems as though the more functional emotions are discussed more thoroughly than the emotions that are considered frustrating to the process or of little use – but drawing conclusions based on this would be hard as most respondents did not mention this distinction explicitly.

Emotions about the case (moral emotions)

Based on the interview material, I have identified three types of emotions about the case, regardless of the specific emotions that every case can trigger. Firstly, there is the emotion that is the reason for MCD. Secondly, there is the emotion that (usually) the case-owner experienced during the event discussed in the MCD, that are revisited in the MCD: *“Speaking about this case evokes the fear again. Also in the other participants, because it happened so unexpectedly”*. Thirdly, there are emotions about the case that arise during the MCD. For instance, one of the respondents mentioned a situation in which the case-owner started feeling uneasy (interpreted as guilt and shame) about the choices he had made.

Emotions due to group dynamics

Emotions caused by processes within the group, come in different shapes and sizes. Most common is a debate in which people disagree about the course of action: *“How can that doctor decide that?!”,* most common in relation to matters of hierarchy. Interesting is that even though these emotions can be considered group-dynamics, they are also case-related. Another issue that stirs up emotion is when one group of actors (e.g. doctors) is (structurally) absent from the MCD. Even though one would expect emotions related to judgements or personal comments made about one another (that do not need to be context related) to stand out, this was not a major category that came to the fore in the interviews.

Personal triggers

Mentioned by three respondents, are examples of participants being personally triggered by the case. I distinguish two variations: one where emotion is stirred up by an insight of the individual in their own being: *“(..) She developed a strong emotion due to an insight of: ‘I am not good at this, I am not protecting my own boundaries. I have been doing this all wrong.’ And then she started to cry”*. The other is when there is a personal pain that is triggered through the case: *“Either that client goes, or I go’, in any case, it got to her almost on an existential level. It was very intense (...). It turned out she had personal experience with that kind of violence”*.

Context-related emotions

There are a few examples of emotions that are stirred up due to other reasons than what is happening in the MCD, that are expressed in the MCD. For instance a reorganisation, the risk of job-loss in the near future, vicious business processes or feelings of not being acknowledged, unheard or not taken seriously by the organisation.

The function of emotions in MCD

Although the respondents have varied opinions on the (boundaries of) the specific role of emotions in MCD, all respondents state that emotions have an important function in a MCD. Although some mention emotions only in the context of identifying the point of heat, over all the respondents came up with various functions of emotions in MCD: emotions as a reason to start a MCD, emotions to get to the point of heat, emotional involvement as a pre-condition to start up MCD, and emotions for pointing values at stake.

Emotions as a reason to start a MCD

Emotions can function as fuel or as starting point for a MCD. The fact that there is an emotion can be a reason for organizing an MCD, as is expressed by 5 of the respondents. Often, this emotion is stirred up due to an event. Four respondents describe examples in which an unexpected intense event had a large emotional impact on the participants. In all cases, this implicitly or explicitly had to do with the emotional involvement of the participants with the case. *“They were so captured by the*

incident, it had to be discussed in the MCD”.

Emotions in the point of heat

Most respondents mention emotions as a way to specify the point of heat or the formulation of the moral question, three call it *essential* to getting to the ‘hottest part’ of the point of heat: *“That’s where you find most movement, most friction (...) it guides you”*. Often heard is that emotions form the moral compass to finding the dilemma. Additionally, one respondent states that she uses emotions in the case-selection process when the MCD starts without a clear case and one respondent mentions that the more intense the emotion, the more pungent the moral question is formulated. One respondent stressed that the emotions of the case-owner deepen the MCD as they have informative value, especially when it’s notably connected to the case.

Emotional involvement as a precondition

The importance of involvement in the case by the participants other than the case owner, is mentioned by three respondents: *“When the others say: ‘That may be a problem for you, but it doesn’t mean anything to me’, you have nothing to investigate”*. The facilitator does have role in this, according to one of the respondents. She states that emotions, when approached in an open way, create involvement and engagement of the participants in the case.

It appears to work the same way vice versa: involvement can also stir up emotions. One of the respondents states that emotions create the ‘internal movement’ that leads to involvement with the case. *“In that moment, she started to cry. Because she felt so involved and she was so sorry that another client had done it. She did not want it to happen again and the thought that it might, made her very sad”*. Another respondent adds that involvement – especially in the healthcare sector - happens naturally. They want to do the right thing but, in a dilemma, it is difficult to identify the right thing to do. They feel swung back and forth between the inevitable two sides of the dilemma. The tension created by this, stirs up all kinds of emotions.

Emotion to point towards important values

Mentioned explicitly by three respondents, is that emotions direct towards important values of the person expressing the emotions, that are currently jeopardized: *“You often become emotional because your values are on the line (...) people can get very angry when they feel justice of a patient is violated”*. One of the respondents makes this more specific and states that an emotion is the counterpart of a moral value: *“You can see that the counterpart of anger is justice. Justice means that you acknowledge a person in their rights, what was promised to them. And that is what happened. Justice was restored (...) so he was no longer angry. (...) When you restore justice, the emotion fades”*.

Balance between emotion and reflection: function versus dysfunction

Seven out of nine respondents mention examples of people becoming very emotional during a MCD. There appears to be a tension between strong emotions and the ability to “rational” reflection. The respondents mention different methods of dealing with their emotions, by the emotional participants. In this paragraph I distinguish three different relationships between emotion and reflection: setting emotions aside, being overwhelmed by emotions and the whole group feeling overwhelmed by emotions. I end by briefly mentioning other effects of dysfunctional emotions.

Participant is able to set emotions aside

One relationship between emotion and reflection is separating the two: it comes down to being able to handle their emotions, whilst at the same time participating in a rational conversation. Three respondents provided an example of a case where a participant was openly emotional (crying), but was comfortable with her emotions and continued to speak regardless of her emotions. The group was accepting of this. The respondent states that it could get awkward if the emotional person would feel uncomfortable in the group setting or couldn’t get their words out – but in this case it did not

obstruct the MCD. This method seems to be viewed upon as functional emotionality – not dysfunctional at the very least.

Participant experiencing “too much” emotion for it to be functional

When asking the respondents about “too much” emotion for it to be functional, the most common reply was: being “held captive” by an emotion. In various ways, it has been mentioned by six respondents: *“being flooded by emotions”, “emotions getting you down”, “being seized”, “being captured”, “being overwhelmed”*. One respondent explains this as that a participant can be so strongly emotional that she is not able to speak about the case. That person is then no longer able to distance themselves from their emotion. This happens not only when emotions are stirred up during an MCD, but also in recent cases in which the emotions are still fresh. Persons are no longer able to distance themselves from their emotions. Mostly, this seems to be a psychological captivity and it’s mentioned by some that this does not necessarily have to be accompanied by an intense expressed emotion; one’s thinking is clouded, one is no longer able to think rationally, see nuance or listen to other opinions. Yet it is also mentioned in the physical sense that one can be crying so loud speaking is impaired. *“What I would do now is say: guys, it’s way too emotional. We cannot have a MCD about this, because you are into this way too deep, still captured by your fear. The emotions are too great.’ Perhaps I wouldn’t say it like that, but they were captured by their fears. And when you are captured by your emotions, you cannot distance yourself from it and conduct a rational research”*.

Interestingly, one respondent believes that emotions are never dysfunctional. She believes that people are reflecting just as well when they are emotional: *“Just let it happen (...) they are still reflecting and thinking about feasibility and about the emotions that present themselves”*. This does, however, seem to be connected to her/his idea of functionality: *“It is of course functional when you are looking for the right questions, so: what is this about, where does it hurt. That is functional. (...) And when this instance happened, you would think it wasn’t functional then, but in my opinion it was still functional because people agreed that they have a difficult target group, they struggle with ethical dilemmas and they have created as space where they can share emotions. That makes it functional.”* One respondent has never experienced an emotion so large that it obstructs the MCD, but she expresses that she believes emotions do not need to obstruct the MCD at all.

Group being overwhelmed

Four respondents mention that a shared emotion in the group can also make it hard to focus on the MCD at hand. Emotions within a group (e.g. shared frustration) might divert the attention from the aim of the MCD. The emotion can be so prudent that even bringing a case forward can be hard. This can escalate into refusal to start/continue the MCD and/or a negative outlook on having to follow the steps of the conversation method: *“So we just sit here talking, whilst all of that is happening. We’re not going to do that’. (...) They were willing to talk and share what was bothering them, but they did not want to be forced into the conversation method. So we stopped.”*

Other effects of strong emotions

Other effects of intense emotions are a disturbance of planning and disturbances of group-dynamics. Two respondents mention that when large emotions present themselves in MCD, it is difficult to maintain timekeeping. Both therefore limit attention spent on emotions and park emotions if they must. Two respondents mention that that it is important to divide attention equally over all participants of the MCD. An emotional individual can take up quite a bit of space and time, and both respondents mention the important to limit the attention this takes up, for the good of the group.

Results sub-question 2: What is the role of the facilitator of MCD regarding emotions in MCD?

In this chapter I present the results of the second sub-question, regarding the role of the facilitator in relation to emotions in MCD. In the first paragraph, I present the finding that there is an implicit distinction between choices and inability regarding the facilitators' behaviour towards emotions in MCDs. I make this distinction more clear using the example of "signalling an emotion". In the second paragraph I then go on to set forth the five different approaches to emotions I discovered in my respondents: avoiding, tolerating, limiting, using functionally, and mixing methods.

Choice versus inability

When discussing the role of the facilitator, two pillars are most important: the perception of the respondents of their role and how that role-perception relates to behaviour in practice. None of the respondents considered emotions in MCDs redundant and all showed that they have their best interests at heart. It was apparent, though, that not every respondent has had the experience with emotions in MCD I was questioning them about. Also, not every respondent had a clear idea of their role in relation to emotions or of their behaviour in practice.

Noticeably, some respondents acted out of choice in regard to emotions in MCD whilst others seemingly acted out of inability. Important to keep in mind when reading about inability: this is only concerning *emotions* and says nothing about their general abilities as a facilitator. It is difficult to have a conversation about inability- not everybody is actively aware of their shortcomings and others may feel uncomfortable discussing or admitting their inability. This makes this particular topic rather subjective, in the sense that I, the researcher, sometimes may categorize an action as unwise of a facilitator as unable in a certain area. Yet, the fact that facilitators do not always know what to do, is an important signal. An example is how facilitators deal with signalling an emotion.

Signalling an emotion in MCD

At the very core of facilitators dealing with emotions, is whether and how they respond to a signal of emotions. When one decides not to act, this can be an example of someone who meticulously weighs whether she should intervene, with regards to the quality of the MCD. But it can also mean not noticing it, or an inability to deal with the signal or an intervention that is not oriented towards the best quality of the MCD.

Three respondents mention missing emotional signals or ignoring them accidentally. To one, this interview was an eye opener: *"I pay attention to safety, to numerous other aspects, but not yet to emotions. (..) Now that we are having this conversation, I wonder whether I do that sufficiently"*. Another respondent mentions that it can be due to a lack of training or experience that facilitators lack the tools to recognize and handle emotions in MCD.

Two respondents explicitly mention to choose to ignore signs of emotions, but they do this whilst keeping the quality of the MCD in mind. One respondent, the motivation for ignoring emotions is time management: *"Sometimes I only have one and a half hours, and I think: 'never mind'. On the other side, if you are stuck, it does have added value"*. To the other respondent, it has to do with the dynamics of the MCD: *"You don't have to explicate everything. But when it remains with someone, to the extent that this person seems distracted or not involved, or is looking very sad, it is important to pay attention to it. But it can also be temporary. (..) The question is: when do you explicate a disturbance, you don't always have to."*

Three respondents mention that they deliberately choose to ignore a signal of emotions due to not-knowing how to handle this, they are lacking tools: *"Probably because I suspect that I would*

lose my grip. I sometimes think 'I'll let it slide', because it does not seem wise right now (...) the risk that when I lose my grip, I'll no longer have it under control".

Attitudes and styles of action

There are several interventions facilitators can do in order to respond to emotions in MCD.

Interventions mentioned by the respondents are: methodological steering (sticking to the method), parking emotions that are not considered constructive, tempering emotions before or during the MCD, delaying MCD for a period of time for the emotions to calm down, putting emotions into perspective, taking a break during the MCD, slowing down the MCD, etc.

I identify four categories of responses to emotions that I came across in the interviews: avoiding emotions, tolerating emotions, mixing methods to accommodate emotions, and using emotions actively. Noteworthy is that it is not the case that one respondent fully belongs to one category – different respondents say different things, that can belong to different categories.

Although some of the interventions come across as more constructive than others, the intervention itself is not the only important factor – just as interesting is the motivation of the facilitator to intervene in a certain way. Where the attitude towards emotions and the MCD seems to influence their behaviour in practice, I have added this as well.

Avoiding

One respondent has experienced one emotional situation and several potentially emotional situations and has parked that emotion out of insecurity if it would help the participant and uncertainty about how to proceed. She does feel unease about not giving attention to emotions, and checks after the MCD whether everybody leaves feeling okay. One respondent has expressed not to have had any encounters with emotions. Both of these can be examples of avoidance, but could also be lack of experience.

The first mentioned respondent sees the value of emotions in MCD and praises facilitators who are not satisfied with a superficial conversation and asks in-depth questions to participants. The avoidance of emotions in MCD of this particular respondent has to do with inexperience and this respondent is indeed the least experienced of the respondents (with 7 MCDs facilitated and 10 observed). She does state that the training taught her that MCDs shouldn't be too emotional.

The second mentioned respondent has a lot of experience with emotions due to her previous work and is well experienced in dealing with emotions in other contexts. She has facilitated around 40 MCDs and speaking about emotions in MCD was an eye-opener to her, that she will explore further. Her little experience with emotions in MCD had nothing to do with a negative outlook on emotions, but with her idea's of keeping MCDs cognitive and rational which they learned in her training.

One respondent seemed to use avoidance as her main strategy for handling emotions in MCDs. She expressed on several occasions the wish for emotions not arise during the MCD. She is committed to tempering emotions before the MCD starts through preliminary conversations and delaying the MCD. During MCDs she makes a serious effort to temper emotions by placing them in perspective or objectifying the conversation and explicitly sticking to the structure of the MCD. She has struggled on two occasions with participants expressing not feeling acknowledged in their emotions due to this approach. On both occasions, participants have projected their dissatisfaction on the method of MCD. She has expressed to reflect on this, yet notices a tension between being able to constitute a proper MCD whilst acknowledging people emotions to their satisfaction.

Interesting is that this approach to emotions seems to be closely linked to her attitude towards emotions, as she considers strong emotions as bad for the MCD, a large burden for the emotional individual and a large burden for the other participants. She considers it also a

responsibility of the individual to self-protect against these strong emotions. This respondent explicates that she believes that MCD ought to be more about the case and the rational mind.

Tolerating

Another style identified is what I have called 'tolerating'. This style is characterized by the willingness of the facilitator to welcome emotions. Yet in practice it has the character of 'expressing and parking' instead of *using* emotions. It seems oriented towards *carrying on despite* of the emotions. An example is a facilitator who lets a participant cry (express their emotion) because otherwise it would be difficult for her to distance herself from her emotions, but not mention it further.

The respondent from this example interestingly sees a crucial role for emotions to create depth in the MCD, and to create both rational personal insights and more knowledge of the own emotional landscape, for the participants. Concerning intense emotions, she has shifted through her career from a standpoint of wanting to perform a MCD regardless of emotions being intense, to sometimes considering them "too large" and stopping MCD.

Limiting

One example of limiting is a respondent who mentions that she creates room for emotions but only in specific steps in the method and not sooner. If a participant of the MCD makes a comment earlier, she will direct them to that phase in the MCD process. For the rest, limiting is a bit of a difficult category that could have been split between "tolerating" and "active functional use". In many instances, emotions are limited in MCD, and the reasons can be attributed to one of these styles. Yet the balance is precarious and based on this material, it is inconclusive where that line is exactly.

Some of the respondents state that when someone expresses emotions that are not related to the case, they limit it or put it temporarily aside: *"I always offer space to express that, and then I ask: 'can we continue now?'"*. Or: *"I can tell that you are experiencing a lot of emotions (...) that this is hard for you. But I don't think it's wise to delve deeper into that."* It seems as if those respondents see emotions as something which is not related to the case, as a contraindication to the MCD. Limiting these emotions could therefore be a "functional intervention". Yet, another -very experienced- respondent seems always to be able to incorporate emotions that are not related to the case by, making them no contraindication whatsoever.

There are instances where the emotional respondent is not able to continue. Facilitators tend to take a break in these instances, or sometimes discontinue the MCD. It is not possible based on this information to decide whether this moment could have been pushed further if the facilitator had acted differently. When the MCD had to be discontinued, it is hard to determine whether it was a functional intervention preventing worse or protecting the boundaries of the method of MCD, or whether it was not a functional intervention. What seems to be a more deciding factor is how the facilitator acts after the break: whether she uses the emotions that have now calmed down, of whether she continues without further mention of the emotions. One respondent states: *"When you are constantly overwhelmed by sorrow, you cannot deliberate and it is important to discuss that. To say: 'I can tell that you are very sad, that it is hard for you to express the other facts of the case. What shall we do? Shall we wait, shall we discuss it next time? Or do you think you can continue later?' (...)* You can tell someone is captured by their emotions, from the start. (..) It is easy to correct in the beginning, someone could say: 'Well, perhaps I will become emotional, I'd rather not have the rest ask questions'. That's not possible, so I'll say: perhaps we can discuss it next time".

Active functional use

Two respondents presented examples that qualify for what I call "active functional use of emotions". An example of active functional use mentioned by a respondent is: *"Then he said: 'I don't want to talk to him, I am leaving'". That was quite a challenge, to work with that. He did stay, when I said:*

‘Perhaps, before you leave, we could ask the question that is at hand. What I notice is that we are figuring out whether we can have a conversation together. And right now, it seems as though it is not possible to have a conversation, is that right?’ And this was crucial, this made him stay. To formulate the conditions for a conversation. We explored several cases, without using a MCD method, and then I asked: ‘Which one is the worst?’ Everyone agreed. And then we discussed that case in the MCD.”

Not only does this facilitator turn ‘dysfunctional’ emotions around and incorporate them into the MCD, she also goes on to delve into why the emotions are stirred up: *“When an emotion arises, it is important to ask what happened. This will provide clarity about the reason for their anger and you can determine what to do. (...) Stay calm and only say what happens. If you can, pose it as a question: Are you telling me it is not possible to have a conversation?”*

This respondent is the most experienced of the nine, with well over 1000, perhaps even 1500 MCDs facilitated. Her experience is noticeable throughout the interview – this person has spent a lot of time thinking about the value of emotions in MCD and how to approach them. Her view is that emotions are never a contraindication to MCD and always hold information, apart from when the participant is so emotional that he or she cannot continue- in which case they often initiate break. This experienced facilitator states that a facilitator can influence the emotional landscape of the MCD greatly by stimulating sharing emotions and asking questions.

Another respondent also uses emotions functionally and has clear boundaries of when emotions are functional, that are closely related to their attitude towards emotions: *“I try to provoke people by asking them: ‘What emotion is at play here? What is dear to you, what are you struggling with? What is bothering you?’ But I always try to link emotions to the thoughts accompanying them. I will never ask, or say: ‘I see that you are fighting back your tears’. (...) I will not mix MCD with peer-coaching where you ask: ‘Why is this so hard for you, does it remind you of earlier experiences’. (...) That psychological side.. I try to focus on the feelings and the arguments, the ration. Because I believe that is what MCD should be about and because we discuss a case that should be of value to the whole group”*. This respondent has facilitated between 100 and 150 MCDs and her view on emotions is that they are valuable in MCD but need to be controlled. She does not let emotions run free for the sole purpose of expressing them, as she uses them for exploring the case and to deepen the understanding of the moral issue at stake. If emotions run too wild, she would rather stop the MCD than compromise on the essence of what an MCD is.

Mixing methods

Three respondents clearly have a different attitude towards the goals of MCD than the other respondents. One respondent states: *“I have had the experience that I thought: ‘This is pointless. This whole team is disrupted, they are so angry about the things that have happened... Let it happen, let it not be a MCD.’ Because I was trained in peer-coaching too, I turned it into a peer-coaching session. I know I’m not really supposed to, but I thought: ‘We cannot turn this into an MCD and the team is here for a reason. Let’s work with what we have’.”* This respondent is one of the few who is willing (and able) to switch to a different intervention than facilitating MCD (like peer-coaching) when the situation urges for it. She is one of the few also, with an attitude towards MCD that allows for such methodological changes in case of intense emotions. She has facilitated 60 to 70 MCDs and has developed more lenience towards the method over the years, being stricter in the beginning.

The other respondent also states that ideally, she would have a preliminary conversation with the case-owner about whether MCD would suit the case, and not a conversation about e.g. grief-counselling. This respondent furthermore states that apart from following the MCD method, it is primarily important to make sure the participants feel heard and seen: *“[I would say]: ‘It is very important that you share this.’ So, that you acknowledge how someone feels in that moment.”* She does ask in-depth questions about why someone feels the way they feel, creating insight in the

underlying values, but also parks emotions: *"It is important what you just said, perhaps you and I can come back to it later"*.

This respondent sees an important role for emotions as a method for exchanging perspectives, understanding and respecting the other, and reflecting on the own perspective. This is inherently related to the emotional struggle of participants to do 'what is right'. Feelings that are seen and heard, and understanding each other's opinions seems of equal importance to the respondent as the content of the MCD. This seems to expand beyond the scope of the MCD as other participants see it, as she is also willing to move beyond the method of MCD and use other interventions. She was unable to give any estimate on how many MCDs she has facilitated.

The third respondent mentions that her vision on the limits of MCD is broader compared to other facilitators of MCD. She deliberately interweaves elements of peer-coaching with MCD, as she believes it is the function of the MCD to have emotions – it is the key to understanding one another. She has facilitated over 100 MCDs and has an outlook on emotions similar to this: MCD is a method of getting closer together, understanding one another and reaching consensus. She even mentions fraternisation. She stimulates sharing emotions explicitly, by asking questions such as: *"Weren't you angry?"*.

Conclusion

In this research I have tried to answer the question: To what extent is the value of emotions in Moral Case Deliberation (MCD) determined by the way facilitators act towards those emotions?

In order to answer this main question, I have identified two sub-questions that I have addressed through both literature study and nine half-structured open interviews with VUmc trained experienced facilitators. I will address each of these sub-questions individually, including the corresponding hypotheses, the before addressing the main question.

1. What is the (dys-)function of emotions in moral case deliberation?

In the theoretical chapter on the (dis)function of emotions we have established that emotions are an inherent part of our perception of the world and of our moral reasoning. We have established five reasons for people to get emotional: 1) being (un)able to reach a goal, which includes having to choose between two evils, otherwise defined as moral distress, 2) social signals, emotions triggered through group dynamics, 3) hedonic stimulations through e.g. sound and smell, 4) memories of good or bad experiences, also considered 'personal triggers' and 5) moral emotions that are stirred up because something is on the line bigger than yourself, including friction with moral values. Especially the first and last reason is very relevant for MCD: emotions as a carrier of values means that emotions make a conversation possible about underlying value. This conversation is based on the assumption that emotions are stemming from a feeling that is interpreted through a distinctive thought. We can have a conversation about these thoughts, as well as compare them between people. Another assumption is the reasonable principle, that essentially means that people learn the middle ground between too little and too much emotions and express themselves accordingly. Safety of expression is presumed.

Taking all of this into consideration, the concrete function of emotions in MCDs is explicating the moral question, cutting to the core of the case and getting to the underlying values. Furthermore, emotions can create involvement with the MCD with the group process and can release tension (catharsis). But, this does not count for all emotions all the time: functional emotions are *related to the case* and not *too large* in the sense that they obstruct the constructive dialogue. Where that point is, remains rather unspecific.

The data showed that the inherent nature of emotions in people as well as MCD is widely recognized by the respondents. Emotions are usually subtle, not always detectable. Safety of expression is not a given: not all groups feel equally safe and not every participant feels as comfortable sharing emotions. All respondents agree that problematic emotions rarely happen, some have never experienced it. Based in the interview material I was able to categorize similar types of reasons why they see emotions in their MCDs: they also mentioned emotions that are about the case, group dynamics and personal triggers, and I was able to add the category of context-related emotions. Hedonic stimulations were not mentioned. Different variation within the categories were added and we can nuance the idea that emotions about group-dynamics are not functional: they can be, very well.

Emotions were considered functional by the respondents in the same areas as the literature described: they function as a signal and starting point for the MCD, they point towards the core of the case (the point of heat) and helps to formulate a sharp moral question, they create involvement with the case and the MCD and point towards important moral values that are at stake.

My first hypothesis was about when emotions are "too much". I hypothesized that as a conversation about the emotion needs to remain possible, the participant would need to be able to distinguish their thoughts from their feelings. So emotions would be too large when they overwhelm

the participant to a degree she coincides with their emotions.

Based on the interview material one thing stands out: when the respondents speak of functionality, they mean one of two things. Either it means *useful to deepen the MCD* or it means *not obstructing the MCD*. Whilst the only scenario the theory prepared for was that emotions help to deepen the MCD, some respondents mention that emotions are also unproblematic as long as the participant was able to contain them and proceed with the MCD as usual. This is not actively using emotions, but merely accepting their existence. “Too much” emotion was surprisingly consistent with the hypothesis mentioned, both in name and in description, with the most frequent term being “held captive by emotions”. Added was that this captivity is not necessarily limited to one emotional individual as the whole group can be overwhelmed with emotion. Only one respondent actively believed that emotions are never dysfunctional, but this was also related to their divergent definition of functionality.

2. What is the role of the facilitator of MCD regarding emotions in MCD?

The literature taught us that facilitators are purposefully not taught too narrow a role, as their task is primarily to reflect on their position and develop their own autonomous style. I have identified three areas in which the facilitator has a role: facilitating the dialogue (the content of the MCD), the group process and emotions. Considering the dialogue, facilitators are not to intervene in the content of the MCD, as they are responsible for the process of the MCD but not for the outcomes regarding the content of the MCD. They should, however, facilitate a constructive dialogue and a collective thought process, and should stimulate the ethical component of the conversation. They should also pay attention to a safe and open culture. Concerning the group-process, they should facilitate an atmosphere where people listen to one another, are free of judgement and have respect for each other, make sure all voices are heard and show empathy. It is clear that considering emotions, facilitators can cause damage to the MCD when they do not respond well to emotions, and can deepen the MCD when they do respond well. The first step though, is a) acknowledging the value of emotions and b) signalling emotions when they appear. Facilitators can either address emotions when they appear, or embed emotions in the method of MCD. Facilitators can ask more in-depth questions when emotions are expressed, or can inquire about emotions and their corresponding thoughts. When emotions become “too much” or frustrating the MCD, facilitators can take a break or initiate a meta-conversation.

Looking at the data-material, one thing stands out, that was not indicated in the theory: choice versus inability. It became apparent throughout the research that although all respondents acknowledge the value of emotions in MCD, not every participant has experienced emotions in MCD, let alone intense emotions. Not every respondent feels secure in actively dealing with emotions – some explicate their uncertainty very clearly despite that they value the role emotions in MCD. Additionally, most facilitators could not clearly pinpoint their view on their role concerning emotions in MCD; it became apparent through their examples. This made me aware of two important pillars in discussing the role of the facilitator: what facilitators see as their role and how their perception relates to behaviour in practice, bearing in mind their abilities. I have learned that some respondents act a certain way towards emotions because of their attitude towards what MCD ought to be and their ideas on emotions in MCD. Others act a certain way because they don't know what else to do.

Keeping in mind the distinction between role perception and behaviour, and the question of ability, I have identified four (or five) styles of action: avoiding, tolerating, (limiting), functional usage and mixing methods. Avoiding emotions happened in two respondents out of inability that they did not feel comfortable with. In one respondent, it happened out of a negative outlook on intense

emotions and a rational idea of what MCD ought to be. Tolerating seems to come from a wish to actively use emotions and welcoming them, but not realizing that there is a difference between *using* emotions and *carrying on* despite emotions – again, a form of inability to get to active use of emotions, but a positive outlook on emotions. Limiting has primarily to do with taking breaks and for what reason, and the more deciding factor on the functionality of this intervention is how the facilitator proceeds after the break; using the emotions or carry on despite them. Looking at functional usage and mixing methods, these are the respondents who have clear ideas about what they believe ought to be a MCD and what the role should be of emotions -and act accordingly to their ideas. The respondents in the active usage category have an outlook on MCD closely related to the literature, welcome and use emotions to a large extent but also formulate boundaries to emotions based on their ideas. The respondents in the mixing methods category have a significantly different outlook on what the goal of MCD is, as they are willing to mix MCD with elements of peer-coaching in order to tailor the conversation to the context at hand. Over all, this means that they welcome emotions regardless of their functionality – or rather, consider expressing emotions as a goal on itself.

My second hypothesis was that as facilitators have a large influence on the emotional landscape of the MCD, they have a yet unidentified responsibility in inviting and guiding emotions as emotions are a carrier of values. As it is in the best interest of all involved that an emotion is a) not considered “too intense” too soon and b) a participant does not coincide with their emotions so does not get to the point of “too intense”. Perhaps the facilitator can bridge this gap.

Although it is too early for conclusive facts, my data provides an indication in this direction that is worth exploring in further research. Too little examples have been provided to say anything conclusive on that moment before emotions become “too big”. But seeing a pattern of the more experienced and confident facilitators concerning emotions, being able to provide detailed examples of MCDs that ‘almost went wrong’ but then took a turn to an incredibly useful conversation, surely does hint in the direction of a larger defining role for the facilitator in shaping the emotional landscape.

Furthermore, I think what stands out is that a significant amount of my respondents, experienced facilitators, do not know how to handle emotions in MCD and are therefore not able to act according to their attitude towards emotions. In the VUmc training, where the focus is on the rational aspect of MCD, it is assumed that dealing with emotion is an advanced skill that facilitators will learn in practice. Perhaps this is an assumption worth revisiting.

Coming back to the main question: ‘To what extent is the value of emotions in Moral Case Deliberation (MCD) determined by the way facilitators act towards those emotions?’ I can say that I have gained the evidence that emotions are indeed an important and inherent aspect of MCD, regardless of the intensity of these emotions – in literature as well as in practice. Furthermore, I can conclude that the way facilitators (decide to) respond to emotions in their MCDs does seem to affect the degree to which emotions are (considered) of value in MCD. There are indications that both their outlook on the value of emotions and their ability to handle emotions in MCD, are determining factors in the degree to which emotions are functional (or: *not dysfunctional*) in the MCD. Therefore, based on this empirical research, I have gained enough interesting material to recommend reassessing three things: whether the importance of emotions should be communicated more explicitly to both (new) facilitators and participants of MCDs; whether handling emotions should be a more explicit part of the role of the facilitator; and whether it should perhaps be given more attention in the context of the MCD training.

Discussion

In this chapter, I reflect on the conducted research. I start with a methodological reflection, followed by a reflection on my role as a researcher. In the last paragraph, I highlight the most important substantive comments.

Methodological reflection

My theoretical variety is large enough to validate my theoretical framework, maintaining the VUmc approach as a basis but supplementing it with other schools of thought. In my data-collection I have had to compromise on my internal validity as I have focussed on one type of data material only, with little room for triangulation of perspectives in my data-collection (Flick, 2014, p. 11).

Before starting this research, the plan was to do more with the action research framework and make the respondents more involved in the research. Also wanting to increase reliability of the data, the plan was to use between-method-triangulate in data-collection, combining interviews, focus-groups and observations (MacDonald, 2012, p. 42; Lucassen & olde Hartman, 2007; Flick, 2014; Conger, 1998, p. 111). This would create the most input from the respondents and would make the results most trustworthy. However, this proved to be unattainable due to time constraints. Considering that similar information (namely: thoughts and ideas) could be attained through both focus-groups and interviews, that focus-groups are a time intensive method and the fact that it could also be difficult for the respondents to speak freely about inabilities and doubts, focus-groups were removed from the research design. Observations would have to be large in number to measure up to the interviews, and this too proved to be unattainable. In order to make sure I, the researcher, got a feeling with the practice of facilitating an MCD, participated in the VUmc training in facilitating a MCD using the dilemma method. Even though my experiences in this regard are not part of the data collection, it was a compromise in emerging myself in the experience of the facilitator. Although it was a short track of four training sessions and four MCDs, it did provide me with insights regarding the work that I could not have gained any other way. Having had these experiences myself, made it easier to connect to the experience of the respondents. Any bias that could stem from this personal experience I overcame through in depth conversations with another researcher and through explicitly checking in the interviews whether I understood the respondent correctly.

The assumption was that as the focus of the research was on the perception of facilitators of their role and the role of emotions, interviews would be sufficient to collect the data required for answering the research question. Combined with my own practical experience as a facilitator, this would create enough depth to the research to be able to value and analyse the data material. I realized that *sufficient* was not ideal – as I asked respondents not only about their thoughts but also about their behaviour, I realized that there could be discrepancies between how people act and how they say they act (Conger, 1998, p. 112, Blijenberg, 2013). In reality however, I noticed that there were areas in which not every respondent had experience (e.g. intense emotions) or was aware of their behaviour. I did come across some hard to pinpoint inabilities that would have been more easily noticeable and verifiable in observations. Therefore, not having that extra validation in the form of observations, did affect the internal validity of this research. Furthermore, perhaps I could have verified my findings to some degree through attracting another group of respondents that know the field: trainers of the MCD methods. They could have shed another light on my findings and provide more background the choices made in the training concerning emotions. Although there is room for improvement, this weaker point does not strip my research from all its value, yet does found my recommendation for further research: an additional research into the approach to emotions facilitators take, and the practical interventions of facilitators that flow from this approach- based on a mixed-method design, including a significant number of observations. This could both verify and deepen the findings of my research.

Furthermore, as random selection was impossible due to the constraints to the population and the research means, a stricter selection would make the research representative for at least the VUmc trained facilitators. I did not reach a point of saturation, so there is no way of knowing whether my data is truly representative for this group. I would therefore not generalize to the population. Yet, my research provides at the very least a proper indication worth looking into (Lucassen & olde Hartman, 2007; Flick, 2014).

My role as a researcher

In semi-structured interviews, there is quite a responsibility for the interviewer. In the interviewing, even though there is a predetermined topic list, it is the interviewer who decides the order of questions, who asks further (creating depth) and who's tone sets the interview. This asks for both analytical knowhow and social intelligence (Lucasse & olde Hartman, 2007). I believe I have the social skills to conduct an interview - from several respondents I got the feedback that they thought it had been a pleasant conversation, even though the questions made them have to think. There was one interview that did not go smoothly in terms of social interactions, but that can be attributed to both our characters. I did have to grow in my role as an interviewer, growing in assertiveness and leading the conversation, as the interview-process went by. The first interviews were therefore less deep as I felt awkward steering the conversation in a direction I wanted it to go. As the first interviews are naturally more explorative than the latter, I do not think this compromised the quality of the data much.

Substantive comments

In this paragraph I discuss the two most important substantive comments. The first is the realisation that by researching the facilitator only, I singled out only one actor involved in the triangular relationship of the facilitator, the group and the emotional individual. Although it would have gone beyond the scope of this research to include this triangular relationship, it is important to acknowledge it and put the role of the facilitator in perspective. In the literature it is mentioned that the responsibility for the MCD on a substantive level is up to the group (e.g. De Bree & Veening, p. 61). Also, a constructive MCD requires conversation skills of the participants, such as allowing for a diversity in opinions, listening, asking open questions, an open attitude, letting go of judgements and comforting other participants (De Bree & Veening, pp. 19-20). One could consider this also a shared responsibility for the group process, between the facilitator and the group. Perhaps this shared responsibility could be extended somewhat to the domain of emotions: the interview material does hint towards e.g. safety in the group being an important factor in feeling free enough to share emotions, or friction within the group causing emotions. These factors cannot all be contributed to the facilitator alone. Furthermore, as we have seen, it matters greatly how the emotional individual is able to relate to their experienced emotions. One respondent explicitly called it the own responsibility of the participant, to handle their emotions. So, there is an interesting tension as to what responsibility belongs to whom, regarding emotions in MCD. I sense that this could be of importance for instance in that moment before emotions become "too much"; perhaps there is a role for all three actors, that could significantly delay this moment of "too much". It is merely an educated suspicion- but one worth researching.

The second important realisation that I ended up not concluding in my research due to the scope and aim of my research, is that the respondents mentioned "too little" emotions as well as "too much". I did not encounter this concept in the theory so when preparing for this research, I assumed the emphasis would be on the "too much". Yet, throughout the interviews I noticed that situations of "too much" emotions are scarce and that some of the respondents explicitly mentioned their ideas about "too little" emotion. I did not consider the findings regarding this matter of enough

weight to include the results- also because it was only briefly mentioned in most of the interviews that discussed it at all. Yet, for further research it could well be interesting to discover whether there would be some sort of optimum.

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