



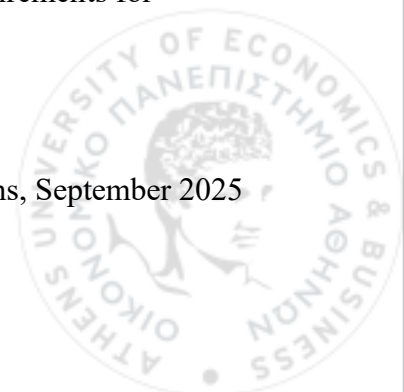
From Display Rules to Distress:

A Unified Model of Emotional Costs in Crisis Negotiations

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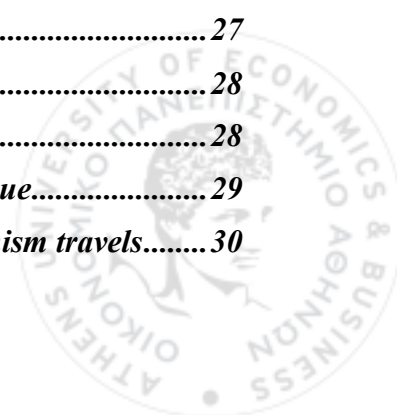
### STATEMENT

I, Georgios Sialiaridis, certify that this thesis is my own original work. All sources of information have been properly cited and referenced. I understand that violations of academic integrity, including plagiarism, may result in this thesis being failed and/or the withdrawal of the degree.



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## Abstract

This thesis develops an integrated, negotiation-specific account of the emotional demands placed on police crisis negotiators and their consequences for well-being. Methodologically, it is a theory-driven synthesis – no new primary data – combining emotional labor, empathy models, burnout frameworks (MBI/BAT), and compassion fatigue/secondary traumatic stress. It articulates a mechanism running from organizational display rules → negotiators’ regulation strategies (surface vs deep acting) → predominant empathy mode (cognitive vs affective) → outcomes: immediate functional costs during incidents (BAT: exhaustion, mental distance, emotional/cognitive impairment) and cumulative effects over time (MBI: exhaustion, depersonalization, reduced accomplishment). Mapping onto practice shows that Active Listening Skills (ALS) and the Behavioral Change Stairway Model (BCSM) operationalize cognitive and “tactical” empathy under pressure, whereas sustained surface acting and unchecked affective resonance heighten burnout/compassion-fatigue risk. The thesis identifies leverage points at individual, team, and organizational levels (e.g., psychological flexibility, self-compassion, supervision, reflective practice, CISM debriefing, mental-health consultation, rotations, coaching, checklists). Its contribution is a unified model to inform training and policy; the principal limitation is its theoretical nature, underscoring the need for empirical validation with negotiator samples.

Keywords: crisis negotiation, law enforcement, police, emotional labor, empathy, burnout, compassion fatigue, secondary traumatic stress, STS, active listening, ALS, behavioral change stairway model, BCSM



## Περίληψη

Η παρούσα διατριβή αναπτύσσει ένα ενοποιημένο θεωρητικό πλαίσιο που εστιάζει στις συναισθηματικές απαιτήσεις που αντιμετωπίζουν οι αστυνομικοί διαπραγματευτές κρίσεων, καθώς και στις επιπτώσεις αυτών στη ψυχολογική τους ευημερία. Μεθοδολογικά, πρόκειται για μια θεωρητική σύνθεση, άνευ συλλογής νέων πρωτογενών δεδομένων. Η ανάλυση βασίζεται στη θεωρία της συναισθηματικής εργασίας, στα μοντέλα ενσυναίσθησης, στα θεωρητικά σχήματα επαγγελματικής εξουθένωσης (MBI/BAT), καθώς και στις έννοιες της κόπωσης, συμπεριλαμβανομένων της συμπόνιας και του δευτερογενούς τραυματικού στρες. Ειδικότερα, προτείνεται ένας μηχανισμός που ξεκινά από τους οργανωσιακούς κανόνες έκφρασης → τις στρατηγικές ρύθμισης των συναισθημάτων από τους διαπραγματευτές (επιφανειακή vs βαθιά προσποίηση) → τον κυρίαρχο τύπο ενσυναίσθησης (γνωστική vs συναισθηματική) → και καταλήγει σε αποτελέσματα: άμεσα λειτουργικά κόστη κατά τη διάρκεια των περιστατικών (BAT: εξάντληση, ψυχική αποστασιοποίηση, συναισθηματική/γνωστική εξασθένηση) και σωρευτικές επιπτώσεις με την πάροδο του χρόνου (MBI: εξάντληση, αποπροσωποποίηση, μειωμένο αίσθημα επίτευξης). Η εφαρμογή του μοντέλου σε περιβάλλον διαπραγματεύσεων κρίσεων καταδεικνύει ότι οι δεξιότητες ενεργητικής ακρόασης και το μοντέλο κλιμακωτής αλλαγής συμπεριφοράς ενσωματώνουν μορφές γνωστικής και «τακτικής» ενσυναίσθησης υπό συνθήκες πίεσης. Στη συνέχεια, υπογραμμίζονται κρίσιμα σημεία παρέμβασης σε ατομικό, ομαδικό και οργανωσιακό επίπεδο, όπως η ψυχολογική ευελιξία, η αυτοσυμπόνια, η εποπτεία, η αναστοχαστική πρακτική, οι απολογιστικές συνεδρίες τύπου CISM, η συμβουλευτική ψυχικής υγείας, οι εναλλαγές ρόλων, η καθοδήγηση και η χρήση εργαλείων όπως λίστες ελέγχου. Η βασική συνεισφορά της παρούσας διατριβής έγκειται στην ανάπτυξη ενός ενοποιημένου θεωρητικού μοντέλου που δύναται να αξιοποιηθεί για την ενίσχυση της εκπαίδευσης και της διαμόρφωσης πολιτικών στο πλαίσιο διαπραγματεύσεων κρίσεων. Ο κύριος περιορισμός της είναι η θεωρητική της φύση, γεγονός που αναδεικνύει την ανάγκη για εμπειρική επικύρωση.

Λέξεις-κλειδιά: διαπραγματεύσεις κρίσεων, αστυνομία, συναισθηματική εργασία, ενσυναίσθηση, επαγγελματική εξουθένωση, κόπωση συμπόνιας, δευτερογενές τραυματικό στρες, STS, ενεργητική ακρόαση, ALS, μοντέλο κλιμακωτής αλλαγής συμπεριφοράς, BCSM



## 1. Introduction

### 1.1. Background and rationale

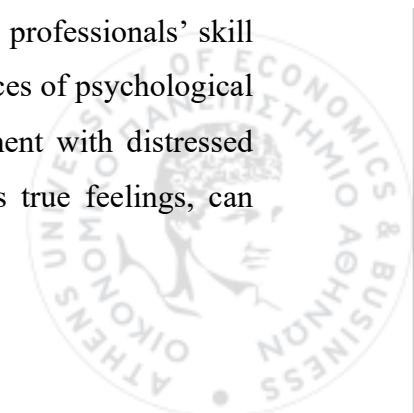
Crisis negotiation is a highly specialized field within law enforcement that requires negotiators to interact with individuals in acute psychological distress, such as suicidal persons, hostage takers, or emotionally disturbed individuals. Unlike negotiators in business or diplomatic settings, crisis negotiators must de-escalate high-stakes incidents through communication, empathy, and psychological insight while operating in chaotic, uncontrolled environments. Their role demands the rapid establishment of trust and compliance, emotional control, and a deep understanding of human behavior under duress, often within life and death stakes that unfold in real time.

In these situations, it is not only the subjects who are under strain. Crisis negotiators themselves face significant emotional demands and must regulate their own psychological responses while maintaining composure and empathy. In many respects, their strain resembles – although in a more acute, time-pressured form – the strain seen in “people-work” professions (e.g., therapists, social workers, health professionals), where face-to-face or voice-to-voice contact with distressed individuals creates distinctive demands.

Particularly, within the context of “people-work” professionals, emotional labor theory specifies display rules for how professionals must appear, regardless of inner state (Hochschild, 1983; Brotheridge & Grandey, 2002), while empathy is the engine of effectiveness but also a conduit of risk. Specifically, when enacted as perspective taking it supports boundaries and communication accuracy, whereas when enacted as affect sharing it can tip into personal distress exhaustion and withdrawal (Davis, 1983; Wagaman et al., 2015; Zhou, 2025). Over time, these demands manifest as functional costs during work and, cumulatively, as burnout and compassion fatigue (Maslach & Leiter, 2016; Schaufeli et al., 2020; De Beer et al., 2020; Figley, 1995). This thesis builds on these concepts to examine the emotional costs of crisis negotiation.

### 1.2. Problem Statement

While empathy and emotional regulation are essential tools in “people-work” professionals’ skill set, paradoxically, when overused or poorly supported, they can become sources of psychological strain. Specifically, in situations that demand sustained emotional engagement with distressed individuals, the emotional dissonance from suppressing or managing one’s true feelings, can



heighten the risk of burnout and compassion fatigue, while into personal distress predicts exhaustion and withdrawal (Figley, 1995; Maslach & Leiter, 2016; Mastracci et al., 2012).

For example, therapists frequently experience secondary trauma, and social workers are known to suffer high rates of burnout and secondary stress due to chronic exposure to emotionally intense cases (Mastracci et al., 2012), even though these professionals typically operate in environments with ongoing supervision, case review sessions, or wellness protocols.

Crisis negotiators on the other hand often perform high-empathy work in short, high-impact bursts, frequently without structured post-incident debriefings (Grubb, 2016; Zaiser, 2023). They must act swiftly, display emotional stability, and often suppress internal emotional reactions such as fear, anger, or moral distress (Parish & Cambria, 2020). This emotional dissonance – the conflict between felt and displayed emotion – has been closely linked to burnout and depersonalization (Hochschild, 1983; Alvinus et al., 2014).

However, it remains unclear how these psychological mechanisms operate under the compressed timeframes and moral stakes of crisis negotiations while de-escalating life-threatening situations, and how (if at all) existing support practices buffer negotiators against burnout. This thesis addresses that gap by adapting the comparative mechanism to negotiation’s distinctive pressures and identifying leverage points for mitigation in real incidents.

### 1.3. Research Aims and Objectives

This thesis aims to develop an integrated, negotiation-specific account of the emotional demands on crisis negotiators and their consequences, by synthesizing psychological models such as Emotional Labor Theory (Hochschild, 1983), Empathy Theory (Davis, 1983), Burnout Theory (Maslach & Leiter, 2016), and the Compassion Fatigue Framework (Figley, 1995). Specifically, this thesis:

- a. Synthesises existing literature into a coherent conceptual framework,
- b. Maps how negotiators’ emotion-regulation choices shape both immediate functional costs and longer-term well-being, and
- c. Identifies probable mitigating strategies.



#### 1.4. Research questions

Thus, this thesis poses three research questions to guide the analysis and to fill the identified gap:

**RQ1.** How do organizational display rules in crisis negotiation shape negotiators' choice of regulation strategy (surface vs. deep acting), and how does that choice steer the predominant empathy mode (cognitive vs. affective) during incidents?

**RQ2.** In what ways do these dynamics correspond to functional costs during incidents (BAT: exhaustion, mental distance, emotional/cognitive impairment) and to cumulative outcomes over time (MBI: exhaustion, depersonalization, reduced accomplishment; compassion-fatigue symptoms)?

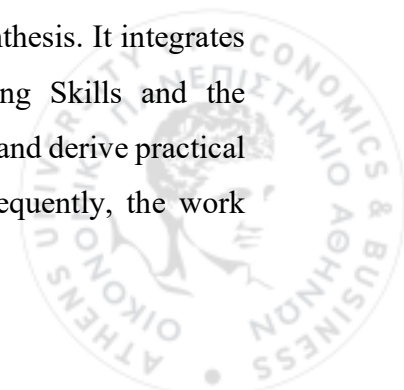
**RQ3.** Which buffers at the individual (psychological flexibility, self-compassion, experience), team (role clarity, rotations, checklists, real-time coaching), and organizational levels (supervision, reflective practice, CISM, access to mental-health consultation) most plausibly mitigate immediate and cumulative costs?

#### 1.5. Methodology

This thesis adopts a theoretical, literature-based approach, grounded in a qualitative and interpretive approach. Its aim is to critically synthesize existing theoretical and empirical research to explore the emotional cost of crisis negotiation, drawing insights from fields such as psychology, law enforcement, social work, and occupational health.

Specifically, a substantial body of research already exists on emotional labor, empathy, burnout, and secondary trauma, especially in professions like therapy and social work, where emotional demands have been more broadly examined. The same psychological dynamics are believed to be highly relevant to crisis negotiators, although there is still a lack of an integrated theoretical framework that connects these concepts and applies them to the specific emotional and professional realities of negotiation work.

This study aims to fill that gap by developing a comprehensive conceptual synthesis. It integrates robust theoretical strands with practice descriptions (e.g., Active Listening Skills and the Behavioral Change Stairway Model) to formulate a negotiation-specific model and derive practical implications; it does not include original field data from negotiators. Consequently, the work



proposes mechanisms and testable predictions but does not statistically verify them; future studies are outlined to do so.

## 1.6. Thesis structure

- Chapter 1 introduces the research problem, aims, and approach.
- Chapter 2 reviews the core theories – emotional labor, empathy (cognitive vs. affective), burnout (MBI; BAT), and compassion fatigue/STS – drawing comparative lessons from other helping professions.
- Chapter 3 integrates these strands into an analytical framework tailored to crisis negotiation, specifying the cascade from display rules to empathy mode and mapping predicted costs and buffers.
- Chapter 4 describes how negotiation works in the field (techniques/models, e.g., ALS and the Behavioral Change Stairway Model) and the psychological demands negotiators face.
- Chapter 5 synthesizes the evidence into an integrated model of emotional costs in crisis negotiation and derives practical implications for training and policy, with limits and future research directions.
- Chapter 6 provides an overall conclusion, summarizing key findings and theoretical insights, and reflecting on how the thesis answers the research questions.



## 2. Emotional Demands in Professions dealing with Psychological Distress

The complex psychological and emotional demands of “people-work”, particularly in the human service or helping profession and under significant duress, calls for an in-depth examination of the interconnected theoretical frameworks of emotional labor, empathy, burnout, and compassion fatigue. In the exploration of the frameworks, primarily of the profession of psychologists, social workers, therapists and others, we lay the foundation to the understanding of the particular psychological challenges of crisis negotiation, drawing crucial comparative insights.

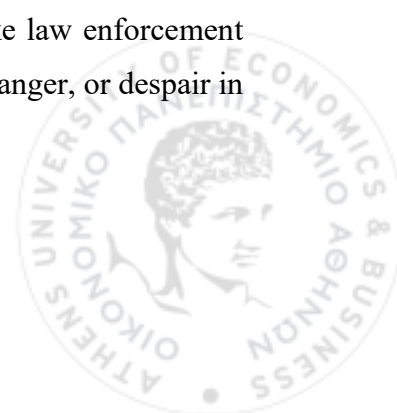
### 2.1. Emotional Labor Theory (Hochschild, 1983)

Emotional Labor, first coined by Hochschild (1983), is defined as the effort of managing and regulating emotional expressions in order to align with situational demands in relation to occupational or organizational norms (Watson et al., 2025; Oliveira et al., 2023; Fisher, 2019; Hochschild, 1983). It is effortfully altering one's emotional feeling in order to express some expected or acceptable emotions, which are part of jobs where interacting with the public or the clients is a frequent occurrence (Oliveira et al., 2023; Singh & Hassard, 2021).

More particularly, this concept pertains in “people-work” professions where voice-to-voice contact or face-to-face contact is integral to the work, where one's display rules are established by the way and manner one should demonstrate emotionally, whether they do feel or not, in seeking a particular desired emotional state (e.g. establishing a rapport, winning someone's trust). This underlying, but all too often unsung, aspect of "people-work" is typified by the professional's need to manage their emotions to meet workplace expectations (Brotheridge & Grandey, 2002).

#### 2.1.1. Emotional Labor Display Rules

Although in early work, Hochschild (1983) argued that emotional labor is a monolithic construct, scholars concur that display rules can be placed on a continuum ranging from a positive and a negative dimension (Singh et al., 2025). Expressing warmth, enthusiasm, and friendliness are some of the examples of the positive display rules we typically encountered in frontline service work (Diefendorff et al., 2005; Gabriel et al., 2023). For high-stress professions like law enforcement and medicine, negative display rules are needed to keep emotions of irritation, anger, or despair in check (Glomb & Tews 2004; Grandey et al., 2005).



Display rules, which are often in step with broader cultural expectations and values, are deeply ingrained in the organizational and professional systems within which they are a part (Diefendorff et al. 2011; Grandey 2000). For instance, positive display rules, such as, obligations to express empathy, warmth, and authenticity, are critically important in establishing therapeutic relationships and forming trust, and are especially evident in caring professions, like mental health work, where such expressions of feeling are central aspects of professional persona (Singh et al., 2025; Lee & Madera, 2019; Wharton, 2009). When positive display rules are in step with intrinsic occupational expectations, they appear to reduce psychological strain (Singh et al., 2025).

In contrast, negative display rules may be prioritized in law enforcement or emergency response roles to maintain authority and composure under stress while suppressing emotions such as frustration, anger, or sadness (Singh et al., 2025; Erickson & Grove 2008; Grandey & Melloy, 2017). This often leads to emotional dissonance, a misalignment between felt and expressed emotions, and is known to have harmful effects on mental health, including heightened anxiety and burnout (Singh et al., 2025).

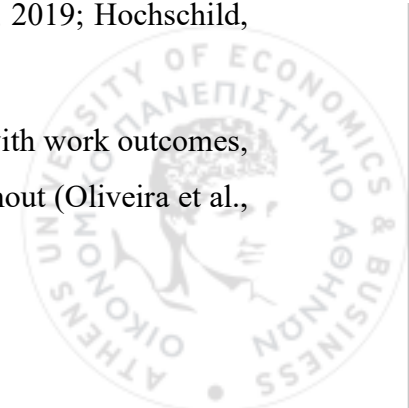
These variations highlight the importance of understanding display rules not as static requirements but as dynamic expectations that interact with individual and situational factors (Singh et al., 2025).

### 2.1.2. Emotion Regulation Strategies

Theoretically, the act of performing emotional labor is enabled by a procedure of emotion regulation, carried out internally on a psychological level (Singh et al., 2025). Within this realm, Hochschild (1983) identified two major strategies of emotion regulation: surface acting and deep acting.

Surface acting entails managing and adjusting one's display of emotions, which entails showing context-required emotions without necessarily altering inner emotions by displaying verbal or nonverbal cues like facial expressions, gestures, and tone of voice. This strategy creates emotional dissonance, which entails the gap or conflict between the emotions a person indeed feels and those they are obliged to display (Watson et al., 2025; Oliveira et al., 2024; Fisher, 2019; Hochschild, 1983).

Therefore, surface acting is ever linked with a pattern of adverse association with work outcomes, such as increased stress, emotional exhaustion, cynicism, and, ultimately, burnout (Oliveira et al.,



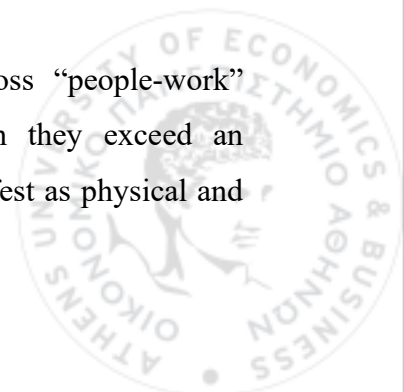
2024; Brotheridge & Grandey, 2002; Eggli et al., 2022). It has been posited to drain mental and energetic resources, engage in inauthentic emotional displays which receive fewer positive responses from clients, and hinder emotional performance, thus interfering with professional relationships (Eggli et al., 2022; Singh & Hassard, 2021). Such effects are proven on a wide variety of professions and occupational settings (Singh et al., 2025). Extension of emotional dissonance – through surface acting – can, further, cause psychological resource depletion and contribute towards a "resource loss spiral", leading to more chronic health conditions such as burnout, psychological distress, and emotional exhaustion (Singh et al., 2025; Clarke et al., 2024).

In contrast, deep acting involves modifying one's inner feelings to align with the required expressions, essentially attempting to genuinely feel the emotion one wishes or is expected to display by actively working to change perception or feelings (Zhai et al., 2025; Oliveira et al., 2024; Singh & Hassard, 2021). Thus, deep acting is a more complex process encompassed of cognitive-based strategies like perspective-taking, cognitive reappraisal, self-talk, or mindfulness (Singh et al., 2025)

More particularly, deep acting entails cognitive based techniques such as actively attempting to conjure up thoughts, images, and recollections by cognitive reappraisal and perspective taking in order to induce a particular emotion (Van Gelderen, 2013). Although such an approach can foster authenticity and deepen identification with one's role, its connection with well-being is a more complex and variable. Certain research has posited that deep acting may lead to higher levels of job satisfaction, patient satisfaction, and identification with patients (Singh & Hassard, 2021), and even a greater feeling of personal accomplishment.

Yet other studies suggest deep acting, although perhaps less temporary than surface acting, remains emotionally intense and draws heavily on the professional's emotional energy in the long run and can be a cause of compassion fatigue (Clark et al., 2021). Some studies even demonstrate deep acting resulting in lowered personal accomplishment and poorer psychological outcomes at those high negative emotional demands, emphasizing its multifacetedness and potential negative outcomes based on the situation (Singh et al., 2025; Lennie et al., 2020).

The general risks of emotional labor are profound and widespread across “people-work” professions. Prolonged exposure to emotional demands, especially when they exceed an individual's emotional resources, can lead to emotional exhaustion, can manifest as physical and



mental health issues like anxiety, and can even lead to burnout (Oliveira et al., 2024; Chen et al., 2022; Lennie et al., 2020). Individuals may experience burnout while feeling inauthentic, losing altruism and experience depersonalization and cynicism. The pressure to be constantly empathetic, even in distressing or confrontational situations, can be a significant source of work stress (Kendrick, 2020; Basińska & Gruszczyńska, 2017; Mann, 2004).

Though such risks exist, some protection factors and tactics can ease the adverse effect of emotional labor. For instance, the negative aspect of emotional labor associated with psychological first aid to individuals in distress can be mitigated by organizational strategies like critical incident stress management (employed by police and fire departments to debrief stressful events) and self-care plans (employed by some agencies providing victims' service in order to direct employee attention towards personal goals establishing work-life balance) (Mastracci et al., 2012). Requiring employees to work on self-care plans – annual papers based on personal goals outside work – can make them remember their wholeness and give them a mental "escape plan" from daily work life strain (Kendrick, 2020).

Within structured environments like clinical therapy or social services, formal support, case consultation, and reflective practices provide opportunities for emotional processing (Guy et al., 2014; Clark et al., 2021). Psychologists, for instance, cope with emotional labor by effective in- and post-session regulation, fostering positive therapeutic relationships, sustaining general lifestyle factors, assessing therapeutic efficacy, utilizing individual tendencies, and gaining career experience. Novel factors such as psychological flexibility (capability of enduring emotional dissonance and minimizing resource utilization without jeopardizing performance) and self-compassion (self-directed warmth, normalization of events without reactivity) have emerged as essential both in managing emotional labor and mitigating emotional exhaustion (Zhou, 2025; Watson et al., 2025; Sutton & Paddon Rhoads, 2022; Clarke et al., 2023, 2023). Career experience, similarly, appears to enhance people's capacities in managing emotional labor by providing additional opportunities to confronting distressing situations and rendering other psychologically challenging tasks automatic, therefore promoting availability of psychological resources (Clarke et al., 2023).



## 2.2. Empathy Models (Davis, 1983)

Empathy, broadly defined as the capacity to understand and internalize the thoughts and emotions of others as if they were one's own, is often stimulated by observing and connecting with another individual's emotional state. This concept serves as a common foundation for numerous health professionals, including nurses, doctors, psychologists, and social workers (Ngo et al., 2025; Fiza K T et al., 2024; Moreno–Jiménez et al., 2022; Moudatsou et al., 2020). It is a fundamental component for effective communication, relationship building, and problem resolution, facilitating professionals to resonate with a client's emotional state, to communicate understanding, and to anticipate how an individual will respond to particular intervention, which is vital for effective clinical practice and favorable therapeutic results (Moudatsou et al., 2020; Wagaman et al., 2015).

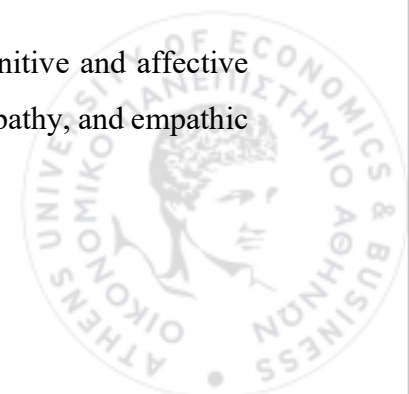
### 2.2.1. Multidimensional Approach to Empathy: Interpersonal Reactivity Index (IRI)

Mark H. Davis (1980, 1983) first defined empathy as the "reactions of one individual to the observed experiences of another" (Keaton, 2017; Cuff et al., 2016). This apparently modest concept belies a complex, multifaceted reality, which Davis unpacked through the development of the Interpersonal Reactivity Index (IRI) (Delgado et al., 2021; Keaton, 2017; Davis, 1980; Davis, 1983).

The IRI contains four different, seven-item subscales, each of which is intended to assess a different facet of empathy and represents most highly validated multidimensional measure of empathy:

- ⇒ Perspective Taking: the skill of putting oneself into the psychological point of view of other individuals
- ⇒ Fantasy: activates respondents' tendencies to put their minds imaginatively into the feelings and actions of fictitious characters in written stories and movies
- ⇒ Empathic Concern: assesses other-oriented feelings of sympathy and concern for unfortunate others
- ⇒ Personal Distress: weights self-oriented feelings of personal anxiety and unease in tense interpersonal settings (Keaton, 2017; Davis, 1983)

The IRI's structure facilitates the broader categorization of empathy into cognitive and affective components, where perspective-taking can be closely linked with cognitive empathy, and empathic



concern and personal distress can be linked with different elements of affective empathy (Hall & Schwartz, 2019)

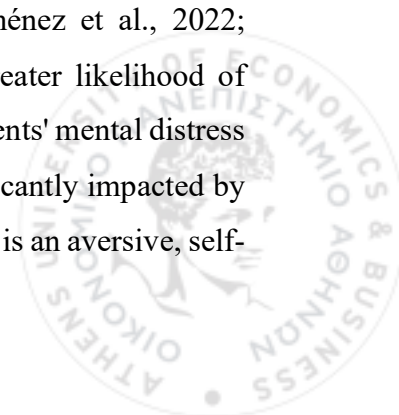
### 2.2.2. Cognitive vs. Affective Empathy

Cognitive empathy refers to the intellectual capacity to understand another person's feelings, thoughts and experiences, while maintaining awareness of the self and the distinction from the other, enabling appropriate response to others' viewpoints and intentions (Heyers et al., 2025; Ngo et al., 2025; Wagaman et al., 2015). This involves processes such as perspective-taking, which entails trying to infer another's individual's mental state through rule-based knowledge and/or self-reference (Sutton & Paddon Rhoads, 2022; Nitschke et al., 2022).

Furthermore, cognitive empathy employed by professionals like social workers and mental health professionals, has proven to be a significant buffer against stress and burnout (Wagaman et al., 2015). Specifically, studies have shown in this context that cognitive empathy correlates negatively with depersonalization, indicating that professionals who can comprehend a client's situation on an intellectual level without experiencing emotional distress are more effectively safeguarded (Delgado et al., 2021).

On the other hand, affective empathy encompasses a physiological and emotional mirroring or sharing of another's experiences, creating a natural and unconscious process of affect-sharing (Ngo et al., 2025). It entails experiencing or being influenced by the observable or inferred emotional states of another, fundamentally embodying the feelings of another individual. For instance, when witnessing an individual in distress, there will be at least a partial transfer of that negative experience to the observer. It is thought that this sharing of experience gives the perceiver significant insight into the emotional state of the other individual, and might help relate to the target's experience and thus respond appropriately (Nitschke et al., 2022).

This aspects of empathy, although essential for establishing rapport and fostering trusting relationships with others, associates often with emotional exhaustion, distress, and an increased risk of compassion fatigue and burnout (Watson et al., 2025; Moreno-Jiménez et al., 2022; Nitschke et al., 2022). When individuals are highly empathic, there is a greater likelihood of emotional contagion, resulting in mental health professionals experiencing patients' mental distress as their own, which elevates the risk of feeling overwhelmed and being significantly impacted by traumatic events (Moreno-Jiménez et al., 2022). Personal distress, particularly, is an aversive, self-



focused emotional reaction that is not connected to the thoughts and feelings of others, but rather centers on one's own suffering in a given scenario. It has been shown to have negative consequences for professionals' well-being, leading to increased emotional exhaustion (Watson et al., 2025).

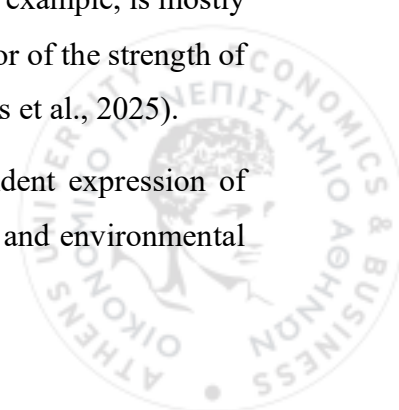
This brings us to the idea of empathy as a "double-edged sword" in the workplace. Empathy is essential for establishing rapport and fostering trusting relationships with others, making it especially valuable in high-stakes professions such as mental healthcare and social work. Conversely, empathy may render individuals who operate from this perspective more susceptible to stress, emotional depletion, and burnout (Watson et al., 2025; Zhou, 2025; Figley, 1995). So, the "cost of caring" for someone else's pain can be very high. Specifically, therapists' vitality can diminish due to prolonged empathic engagement, reduced resilience, and skewed self-perception (Rodrigues Da Silva & Mwangi, 2024). Repeated exposure to the suffering of others can lead to "empathic distress fatigue," characterized by a pronounced aversive and self-referential reaction to pain, accompanied by an urge to retreat to avoid being overwhelmed by negative emotions. Over time, this can make it harder to understand how other people feel and make bad feelings happen more often (Watson et al., 2025).

### 2.2.3. State vs. Trait Empathy

The differentiation between state vs. trait empathy has gained significance in contemporary psychology and occupational research, expanding beyond the traditional cognitive-affective dual framework. Trait empathy refers to a stable disposition or an individual's overall tendency towards empathic behavior, whereas state empathy signifies a temporary, contextually influenced empathic reaction. Both affective and cognitive empathy can fluctuate over the lifespan and are influenced by context specific variations (Heyers et al., 2025). More specifically:

Trait Empathy refers to an individual's relatively stable and consistent trait or disposition to empathize across various situations. It is a general ability to express empathy, and is considered similar to personality traits (Heyers et al., 2025; Cuff et al., 2016). The IRI, for example, is mostly a measure of trait empathy. Trait empathy has mostly been viewed as a predictor of the strength of the initial, unconscious "bottom-up" system of the empathetic response (Heyers et al., 2025).

State Empathy on the other hand refers to the context- and situation dependent expression of empathy. It is defined by its reaction's ability to change with acute situations and environmental



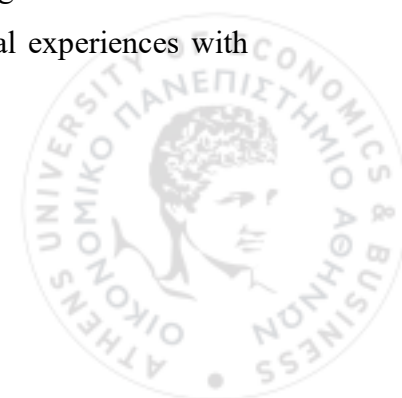
elements (Heyers et al., 2025; Zaiser, 2023). State empathy responses are conditional on the immediate environment. It is determined by both the initial "bottom-up" procedures (e.g., emotional stimuli perception) and "top-down" regulating mechanisms (e.g., executive functions, self-management, attention) (Heyers et al., 2025).

Notably, while trait measures aim to capture stable empathic traits, findings employing experience sampling methods indicate that they mostly account for an unexpectedly small proportion of variance in real-time empathic events in genuine situations. For instance, trait empathy measures explained about 3% of the variance in emotion sharing and 15% in perceived empathetic efficiency within daily situations. This suggests that even though trait measures are significant, empathy remains particularly situational, and individuals may strategically utilize their empathetic abilities rather than consistently display them in all circumstances (Depow & Inzlicht, 2025).

Thus, the correlation between trait and state empathy remains a subject of continuous research. While some findings indicate cognitive empathy may be more prone to environment-based influence and intervention, perhaps affective empathy may be more immutable by genetic influence. Nonetheless, initial findings also present inconsistencies, with some studies showing no changes in cognitive empathy measures after acute stress but an increase in affective empathy (Heyers et al., 2025).

#### 2.2.4. Contextual and Situated Empathy

The concept of contextual and situated empathy postulates that empathy is a dynamic, rather than a static trait, influenced by immediate environmental, emotional, or social stimuli (Heyers et al., 2025; Sutton & Paddon Rhoads, 2022; Melloni et al., 2013). Thus, Melloni and colleagues (2013) introduced the Social Context Network Model (SCNM), a concept based on how empathy is regulated through interaction between brain regions such as the insular, frontal, and temporal areas, facilitating flexible empathic responses tailored to the social context. This concept suggests that the brain utilizes contextual cues to anticipate social significance, while coordinating internal experiences with external situations (Melloni et al., 2013). This concept suggests that the brain utilizes contextual cues to anticipate social significance, coordinating internal experiences with external situations (Melloni et al., 2013).



### 2.2.5. External factors that influence the degree of empathy

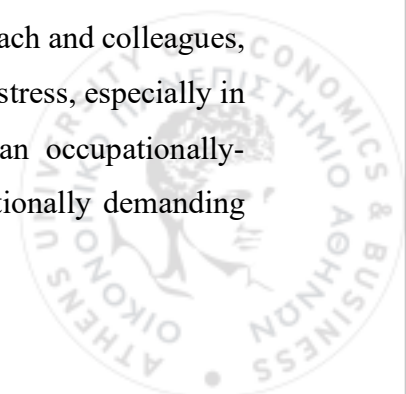
Empathy is relational and fundamentally associated with social circumstances. The development of empathic capacity and empathy expression are shaped by a range of various factors, including emotional valence of the stimulus, the observer's relationship with the target, encompassing in-group and out-group biases, pre-existing social relationships and closeness (Sutton et al., 2022; Decety & Lamm, 2009; Cikara et al., 2014)

In addition, studies suggest acute stress can impair emotion recognition, a component of cognitive empathy, and even raise affective empathy (Nitschke et al., 2022). Acute stress, an unavoidable aspect of high-pressure occupations, has been found to alter information-processing steps, higher cognitive functions, and empathy itself (Heyers et al., 2025; Nitschke et al., 2022). Whereas there is some evidence stress can increase empathy in certain situations, there are other findings which suggest stress can decrease state empathy, especially if cognitive resources are redirected towards self-regulation in order to cope with the stressor (Heyers et al., 2025; Nitschke et al., 2022). This highlights the importance of professionals regulating their own emotional states efficiently in order to preserve their ability to be empathetic.

Emotion regulation practices have, in recent past, been posited both increasing and decreasing factors for state empathy, dependent on specific regulation activity carried out and valence (Jauniaux et al., 2020). For instance, while examining complex emotions using an emotion regulation strategy that enhances the intensity of one's emotional state (e.g., by taking the first-person perspective in a cognitive reappraisal process) versus a tactic which reduces one's emotional state (Heyers et al., 2025). Additionally, the state of empathy was greater towards adverse social stimuli rather than towards pleasant stimuli (Jauniaux et al., 2020). Thus, Weisz and Zaki (2017) emphasize that identifying the core motives driving empathic behavior might facilitate the creation of effective empathy training programs, hence improving the development and effectiveness of such interventions (Heyers et al., 2025; Weisz & Zaki, 2017).

### 2.3. Burnout Theory

Burnout, as conceptualized under the framework established by Christina Maslach and colleagues, is an essential psychological syndrome related mainly to chronic occupational stress, especially in "people-work" or "human service/helping professions". The syndrome is an occupationally-specific dysphoria, which means a long-lasting reaction to intense and emotionally demanding



interactions at work. Although first found to originate from human service areas such as health care, social services, mental health, criminal justice, and education, and is most dominant among those groups, it has been found to exist as well among other high-touch customer service roles and various occupations (Bakker & Heuven, 2006; Eggli et al., 2022; Fischer, 2019; Mann, 2004; Rauvola et al., 2019).

### 2.3.1. Core Dimensions of Burnout (Maslach & Jackson, 1981)

The most widely accepted multidimensional model of burnout by Christina Maslach and Susan Jackson defines it in terms of three interconnected dimensions:

#### Emotional Exhaustion

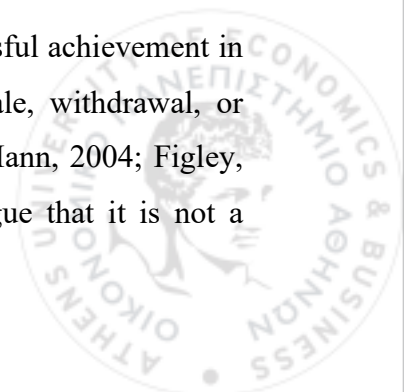
This is considered the central component and fundamental individual stress dimension of burnout. It identifies feelings of being emotionally overextended, drained, and depleted of one's emotional and physical resources. (Zhai et al., 2025; Fischer, 2019; Mann, 2004; Maslach & Leiter, 2016; Cherny et al., n.d.; Figley, 1995). Individuals who are experiencing emotional exhaustion may feel emotionally "spent" and cannot perform well within interpersonal interactions. Thus, emotional exhaustion is commonly believed to first result because of high demand and overload (Van Gelderen, 2013; Maslach & Leiter, 2016; Moreno-Jiménez et al., 2022).

#### Depersonalization/Cynicism

This dimension involves a cynical, callous, or too detached response to other individuals who are typically subjects of care or service. It might be experienced as cynical and dehumanizing views of recipients, reduced empathy, and "blaming the victim". For nurses this might involve observing patients as impersonal objects, or for police officers accusing a rape victim (Zhai et al., 2025; Maslach & Leiter, 2016; Bakker & Heuven, 2006; Brotheridge & Grandey, 2002). This affective detachment is also identified as a coping mechanism of chronic emotional strain, helping individuals to emotionally distance themselves from recipients and avoid adverse spill-over effects.

#### Reduced Personal Accomplishment/Professional Inefficacy

This dimension signifies a decline in one's feelings of competence and successful achievement in one's role. It involves feelings of inefficacy, underperformance, poor morale, withdrawal, or inability to cope (Brotheridge & Grandey, 2002.; Maslach & Leiter, 2016; Mann, 2004; Figley, 1995). While often listed as a dimension, there are some scholars who argue that it is not a



"genuine" core dimension of burnout due to weaker relationships with emotional exhaustion and depersonalization and different predictors (Shoji et al., 2015).

### 2.3.2. The Maslach Burnout Inventory (MBI)

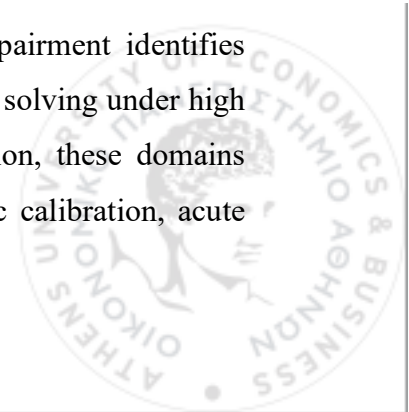
In this context, the Maslach Burnout Inventory (MBI) is the field's classic, psychometrically developed scale of burnout introduced by Maslach and Jackson in 1981 (Kim et al., 2020). It consists of 22 self-rating items on a seven-point frequency scale (0 = never to 6 = every day) and yields three subscales corresponding to the original model: Emotional Exhaustion (9 items), Depersonalization/Cynicism (5 items), and Personal Accomplishment (8 items).

High scores on each dimension of exhaustion and depersonalization, and low scores on personal accomplishment, reflect high levels of burnout. Although criticized later on and by newer tools, the MBI remains widely applied and valuable for historical comparability between studies (Maslach & Jackson, 1981).

### 2.3.3. Schaufeli's Burnout Assessment Tool (BAT)

While the classic Maslach model is founded on emotional exhaustion, depersonalization/cynicism, and reduced personal accomplishment, Schaufeli and colleagues propose a new four-dimensional conceptualization of burnout that places its focus on functional costs during work (Schaufeli et al., 2020). The Burnout Assessment Tool (BAT) conceptualizes burnout as a function of exhaustion, mental distance, emotional impairment, and cognitive impairment; a paradigm shift well adapted to high-stakes, communication-focused roles such as crisis negotiation.

Building on this framework, the BAT specifies four factors capturing how burnout plays out at a day-to-day level of functioning. Exhaustion entails a chronic physical and emotional depletion that never quite recovers between demands such that every new activity is approached from a place of deficit. Mental distance entails progressive detachment from the job on a psychological level (akin to cynicism) involving experienced feelings of indifference, aversion, and depleting on investment and caring. Emotional impairment entails difficulty or accessing appropriate emotions when needed (e.g., blunted warmth, irritability, rapid swings), and cognitive impairment identifies trouble with attention, working memory, mental clarity, and adaptive problem solving under high load. On high stakes, high communication occupations like crisis negotiation, these domains correspond to key performance requirements – sustained presence, empathic calibration, acute



judgment – the BAT model's emphasis on functional costs thereby taking on its highest salience. Psychometric validation of this four-factor structure and demonstrating systematic measurement within and between nations and languages (Schaufeli et al., 2020; De Beer et al., 2020).

How BAT differs from the MB and why that matters

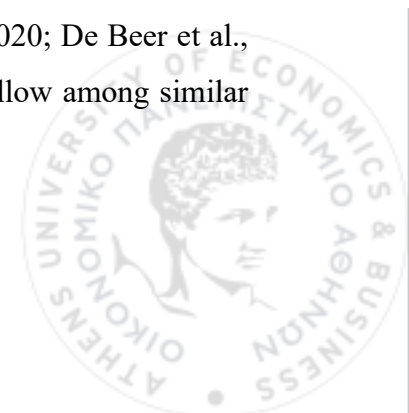
The MBI benefits from historical significance and ease of comparison, but it views reduced personal accomplishment as a core element of burnout. In contrast, the BAT emphasizes emotional and cognitive impairment as central to burnout, treating perceived inefficacy as more of a secondary effect of the syndrome (Schaufeli et al., 2020). This model aligns more accurately with the demands of crisis negotiators, where heightened empathy strain and emotional labor often first impact real-time emotional regulation and cognitive functions such as attention, recall, and judgment – precisely the areas BAT measures.

BAT structure and use

The BAT typically includes both an overall burnout score and individual scores for its four key dimensions. In many practical settings, it also distinguishes between core symptoms and secondary symptoms (like general psychological distress or psychosomatic issues) to provide a more complete picture of burnout's impact (Schaufeli et al., 2020). These subscale profiles are especially helpful in applied contexts: for instance, if cognitive impairment scores are high, teams might respond with adjustments such as scheduling breaks, rotating duties, using checklists, or adding coaching prompts. If emotional impairment is high, the focus may swift to regulation skills, brief decompressions, and clear display-rule guidance

#### 2.3.4. Causes of Burnout in Professions Under Duress

Across human caring and helping careers, burnout never suddenly appears; instead, it builds up through stressors that erode emotional, relational, and cognitive stores over time. Viewed through both the traditional Maslach model – emotional exhaustion, depersonalization/cynicism, and reduced personal accomplishment – and the more recent BAT emphasis on exhaustion, mental distance, emotional impairment, and cognitive impairment (Schaufeli et al., 2020; De Beer et al., 2020; Maslach & Leiter, 2016), parallel trajectories to the basic syndrome follow among similar workplace realities.

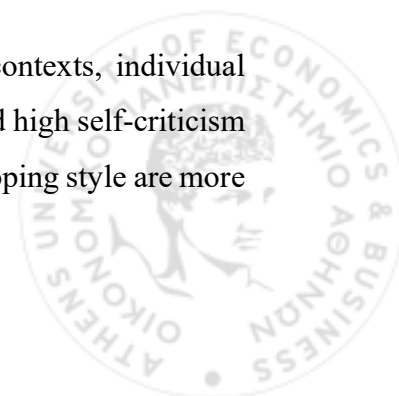


A first order of stressor is the affective job demand that is characteristic of face-to-face or voice-to-voice work with individuals experiencing crisis, distress, or conflict. As professionals are required to hold back their own feelings to accommodate others' intense feelings, exposure accrues rapidly – particularly in law enforcement and emergency medical settings – making control effortful and ongoing (Bakker & Heuven, 2006; Mann, 2004). In this exposure, display rules are salient. Requirements to be calm, to be warm, or to authoritatively command on demand may conflict with the internal state of the individual (fear, distress, moral tension), yielding emotional dissonance. Use of surface acting to comply with those display rules maps at all points to greater exhaustion and depersonalization/cynicism on the MBI and to emotional impairment on the BAT as well, whereas deep acting can enhance authenticity and relationships yet remains heavily dependent on limited resources and can exhaust the worker as negative demand endures (Brotheridge & Grandey, 2002; Maslach & Leiter, 2016). Concisely stated: emotional labor generates dissonance and exhaustion first; repeated dissonance fosters depersonalization/mental distance; and prolonged affective loads materialize on the BAT as emotional impairment.

Another highly related driver is workload and time pressure. High caseloads, short turnarounds between high intensity contacts, and condensed decision windows are correlated with increased emotional exhaustion (MBI) and – with the BAT's finer grain – moment-to-moment performance impairment (problems with attention, working memory, and mental flexibility) under pressure. Here, not only the rate of contact but the quality of interactions anticipates strain (Maslach & Leiter, 2016; Schaufeli et al., 2020; Mann, 2004).

Burnout risk is amplified when resources and support are thin. Insufficient staffing, limited autonomy, weak feedback, and low social support undermine recovery between demands and heighten vulnerability, particularly in frontline and negotiation-style roles where access to structured debriefing and supervision is uneven (Maslach & Leiter, 2016; Bakker & Heuven, 2006). The nature of cases also matters: chronicity, severity, and complexity stretch practitioners' coping, increasing exhaustion and encouraging psychological distancing as a defensive adaptation (Maslach & Leiter, 2016; Mann, 2004).

Whereas unstable styles are inconsistent in their influence at the level of contexts, individual vulnerabilities of particular note – avoidant coping, weakened self-efficacy, and high self-criticism – are correlated with increased risk to such an extent that person-work fit and coping style are more



useful points of intervention than demographics by themselves. Value pressures introduce an additional dimension: value incongruence and moral distress – for instance, pressure to violate one’s conscience – undermine engagement and breed cynicism and mental distance from work (repetitive moral conflict encouraging distance especially) (Maslach & Leiter, 2016).

Organizational limitations and bureaucracy – intractable overload, ineffective supervision, and inhibitory procedures – frequently are more highly correlated with burnout grievances than client contact itself. Systemic frictions turn daily tasks into chronic irritants and hasten tiredness and disaffection (Maslach & Leiter, 2016; Mann, 2004). Read together, they reveal a systematic progression: powerful emotional pressure and dissonance lead to exhaustion; chronic pressure and incongruity foster depersonalization/mental distance; and with the BAT’s functional lens, a similar set of conditions undermines emotional and cognitive capabilities precisely where high-stakes employment requires those capabilities at their strongest. The result is a constellation understandable within both frameworks and verifiable across pressured helping roles (Maslach & Leiter, 2016; Schaufeli et al., 2020; De Beer et al., 2020; Bakker & Heuven, 2006; Mann, 2004).

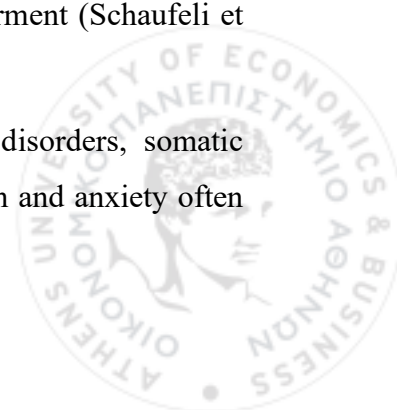
### 2.3.5. Consequences of Burnout – Work and Organizational Outcomes

Burnout carries significant costs for individuals, service quality, and organizations. In MBI terms this appears as high exhaustion and depersonalization with lowered accomplishment; in BAT profiles as exhaustion, mental distance, and emotional/cognitive impairment (Maslach & Leiter, 2016; Schaufeli et al., 2020; De Beer et al., 2020).

Particularly, burnout at the organizational level is linked to increased absenteeism and turnover, decreased productivity, and diminished job satisfaction. It can also spread through team norms and interactions, which can hurt the climate and coordination (Urien et al., 2021; Maslach & Leiter, 2016).

In practice, impacts are visible on a daily basis: decreased relational efficacy, lower empathic sensitivity, and reduced error resilience in high-pressure decision-making; all patterns compatible with BAT’s impairment on the dimensions of emotional and cognitive impairment (Schaufeli et al., 2020; De Beer et al., 2020).

On an individual level, burnout is correlated with intense fatigue, sleep disorders, somatic symptoms, and increased psychological distress, with symptoms of depression and anxiety often



being co-reported although conceptually different (Maslach & Leiter, 2016). From a BAT perspective, chronic burnout represents deficiencies on emotional regulation and working memory/attention, both of which together impede judgment on complex tasks (Schaufeli et al., 2020; De Beer et al., 2020).

#### 2.4. Compassion Fatigue (Figley, 1995)

Compassion fatigue, a concept of profound significance within the discourse of occupational well-being among emotionally intensive occupations, is an intense and frequently debilitating side effect of intense exposure to distress. It is well-known to be the emotional price of caring as a result of repeated or ongoing compassion for individuals in distress or those who have experienced trauma.

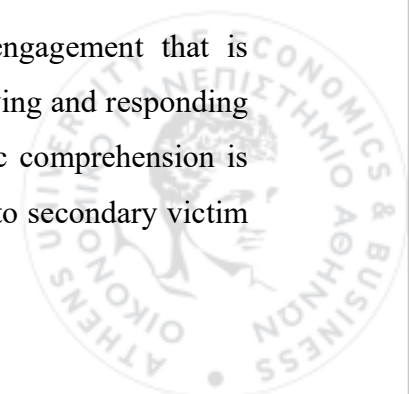
Figley introduced the idea of compassion fatigue to capture the set of symptoms experienced by individuals who support victims of traumatic events (Clark et al., 2021). He emphasized that the very nature of being compassionate and empathetic comes at a price; professionals, by stepping into the emotional world of those who suffer, inevitably take on some of that suffering themselves (Figley, 1995).

##### 2.4.1. Conceptualization of compassion fatigue

Technically, compassion fatigue is a stress response caused of helping another individual who is traumatized or suffering (Burnett et al., 2019). Specifically, compassion fatigue can be described as an emotional as well as physical state of exhaustion that weakens one's empathetic or compassionate capacity and reduces the ability to bear the suffering of others (Halamová et al., 2024).

The first model accounting for compassion fatigue was introduced by Figley who defined it as "behaviors and emotions that stem from knowing about traumatizing events", and equated empathy with the caring ability to attach and assist clients. Compassion fatigue is clinically defined as "cynicism, emotional exhaustion, or selfishness", also emotional distress, or apathy caused by from the constant demands of caring for others (Figley, 1995).

The development of compassion fatigue is closely tied with empathic engagement that is characteristic of helping professions. Although empathy is essential to perceiving and responding to clients' needs, particularly with regard to therapy settings, this empathetic comprehension is interpreted as playing a key role in evoking traumatic material from primary to secondary victim



(Noor et al., 2025; Figley, 1995). Particularly, empirical evidence reveals that high empathic orientation to others' suffering heightens the risk of developing compassion fatigue (Clark et al., 2021). This vulnerability is particularly pronounced in situations involving prolonged exposure to traumatic events or the details of such events (Clark et al., 2021; Rauvola et al., 2019). Compassion fatigue is also considered as an indicator of burnout with both serving as points on a continuum which manifests with individuals continuously prioritizing others' needs over self for an extended period (Noor et al., 2025).

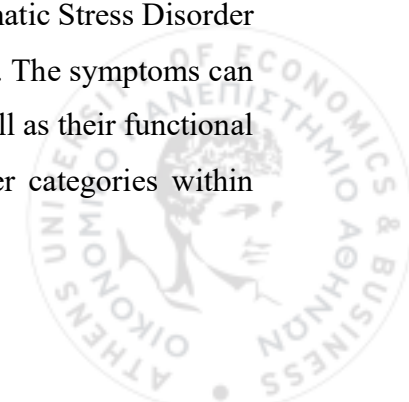
#### 2.4.2. Secondary traumatic stress (STS) and secondary traumatic stress disorder (STSD)

Compassion fatigue is often used interchangeably with secondary traumatic stress (STS) and secondary traumatic stress disorder (STSD) (Clark et al., 2021; Kendrick, 2020; Figley, 1995). This condition reflects a reduced ability to endure others' suffering that arises from sustained caregiving and repeated exposure to psychological distress (Brillon et al., 2025).

At its core, STS describes the emotional distress one can suffer as a result of indirect exposure to a traumatic event. While primary trauma entails direct personal experience with a harmful or life-threatening event, STS is caused by learning about or being confronted with other individuals' traumatic experiences. The indirect entails thoroughly internalizing the traumatized individual's suffering by listening to harrowing narratives, witnessing the aftermath of severe physical harm, or providing care.

The terminology surrounding this concept can be multifaceted and, at times, used interchangeably within the literature. STS is often referred to as "vicarious trauma," "compassion fatigue," "secondary PTSD," "critical incident stress," or "trauma exposure response". STS and STSD are acknowledged as an occupational risk among helping professionals, such as social workers, law enforcement, emergency medical professionals, counselors and therapists. The DSM-5, which is a vitally important guide to diagnosis, acknowledges STS as a criterion A stressor for PTSD with reference to its prevalence among occupations such as first responders and medics.

Symptoms of STS are regularly presented as equivalent to those of Post-Traumatic Stress Disorder (PTSD), but are brought on by indirect exposure to trauma (Shoji et al., 2015). The symptoms can significantly disrupt the personal and professional lives of professionals as well as their functional capacity and overall health. The symptoms can be concisely outlined under categories within emotional, cognitive, behavioral, and physical domains.



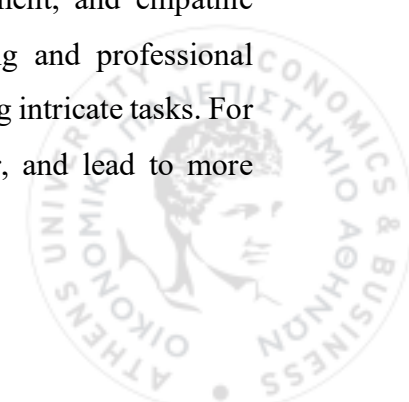
The literature provides strong evidence on Interplay with burnout and their temporal dimension. The longitudinal studies show reliably that job burnout is capable of predicting STS onset as a unidirectional "gateway" model where loss of resources due to general job stress makes individuals more susceptible to trauma-specific consequences. Thus, the reverse STS to leading to burnout hasn't been confirmed (Ogińska-Bulik & Juczyński, 2021; Shoji et al., 2015; Cieslak et al., 2014).

### 2.4.3. Vulnerable Professions

Compassion fatigue impacts occupations that work with traumatized or distressed persons directly like mental health professionals (psychologists, psychiatrists, counselors, social workers), medical professionals (doctors, nurses, palliative and emergency practitioners), first respondents (police officers, firefighters, ambulances, disaster relief practitioners), child protection and welfare officers, and humanitarian relief practitioners. The professional asset of high empathic orientation may turn out to be a liability under conditions of regular, intense, and persistent exposure (Noor et al., 2025; Clark et al., 2021; Rauvola et al., 2019; Figley, 1995).

In clinical practice, compassion fatigue presents as a group of adverse emotional, cognitive, behavioral, and somatic alterations. Typical symptoms are intense tiredness, irritability or anger, diminished capacity for empathy "on demand," and a sense that one's efforts are pointless or make little difference (Ondrejková & Halamová, 2022; Burnett et al., 2019). Most individuals have trouble with focus and decision-making, intrusive images or nightmares, avoidance or numbing, as well as chronic arousal (e.g., hypervigilance, disrupted sleep, anxiety), symptoms similar to post-traumatic stress (Figley, 1995; Clark et al., 2021). Somatic symptoms (e.g., headaches, gastrointestinal upset, weight fluctuations), withdrawal from social interactions, and compensatory or compulsive actions may co-occur with feelings of hopelessness or self-doubt; other studies find linkages with impostor feelings within high-pressure environment (Clark et al., 2021; Noor et al., 2025).

The impact is felt by individuals and systems. For practitioners, compassion fatigue erodes well-being and professional functioning, undermining attention, memory, judgment, and empathic precision during complex tasks. Compassion fatigue diminishes well-being and professional efficacy, impairing attention, memory, judgment, and empathic accuracy during intricate tasks. For organizations, it can lower the quality of care, make decisions take longer, and lead to more



turnover and absenteeism, which are all costs of burnout for organizations (Maslach & Leiter, 2016; Rauvola et al., 2019).

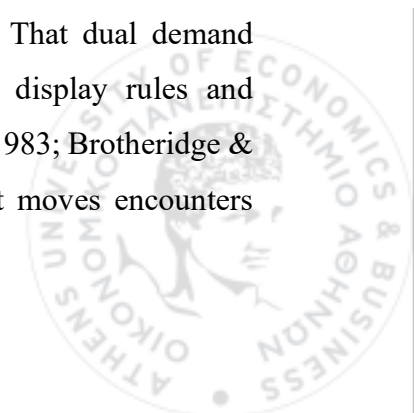
### 2.5. Summary and gap

Across “people-work” literatures, a common mechanism emerges: organizational display rules shape workers’ use of regulation strategies (surface vs. deep acting), which in turn guides the empathy mode used in practice (cognitive vs. affective). That cascade predicts both immediate functional costs (e.g., attentional and emotion-regulation difficulties) and longer-term outcomes captured by burnout frameworks (MBI: exhaustion, depersonalization, reduced accomplishment; BAT: exhaustion, mental distance, emotional and cognitive impairment) and by compassion-fatigue/secondary–trauma research (Maslach & Leiter, 2016; Schaufeli et al., 2020; De Beer et al., 2020; Figley, 1995; Davis, 1983).

What remains underspecified is how this mechanism operates under the compressed timeframes, public safety risk, and moral stakes of crisis negotiation, and precisely where practice-based buffers – such as supervision, structured debriefing/Critical Incident Stress Management (CISM), and on-scene mental health consultant input – interrupt or moderate the pathway from display rules to regulation strategy to empathy mode and outcomes. While burnout and compassion fatigue have been studied across many helping professions, there is not yet an integrative model tailored to crisis negotiators per se; this thesis addresses that gap by adapting the comparative mechanism to negotiation’s distinctive pressures and identifying leverage points for mitigation in real incidents. Chapter 3 develops this integrated framework, which then maps onto negotiation practice and training.

### 3. Theoretical & Analytical Framework

This chapter brings together the aspects laid out in the literature review and prepares them for application to crisis negotiation practice. In plain terms, the argument is that that engaging distressed people – whether in therapy, healthcare, or on a negotiator’s line – demands the management of one’s own emotions while attending closely to another’s. That dual demand underpins both effectiveness and strain. Emotional labor establishes the display rules and regulation strategies that make professional interaction possible (Hochschild, 1983; Brotheridge & Grandey, 2002). Empathy provides the connection and comprehension that moves encounters



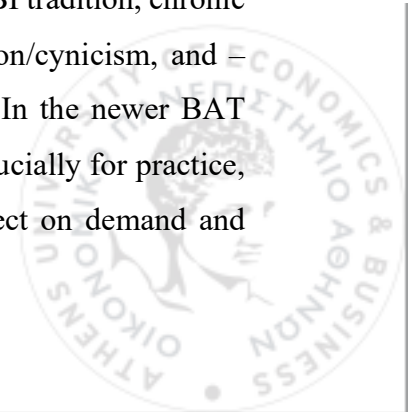
forward but, depending on how it is enacted, can either protect or deplete the professional (Davis, 1980, 1983; Wagaman et al., 2015; Moreno–Jiménez et al., 2022). Over time, these psychological demands manifest as functional costs during work (exhaustion, emotional and cognitive impairment) and, cumulatively, as burnout and compassion fatigue (Maslach & Leiter, 2016; Schaufeli et al., 2020; De Beer et al., 2020; Figley, 1995). The framework below integrates these dynamics and translates them to the specific realities of police crisis negotiation described in Chapter 4.

### 3.1. Integrating emotional labor, empathy, burnout, and compassion fatigue

Across helping professions, a common picture emerges: sustained, face-to-face (or voice-to-voice) contact with distress makes emotional labor a central – and consuming – part of the job. Professionals are asked to display warmth, calm, and authority on demand, even when their inner state does not match. This gap – emotional dissonance – is the most consistent pathway to strain, linking everyday interactional demands to exhaustion and cynicism/depersonalization (Brotheridge & Grandey, 2002; Maslach & Leiter, 2016; Mann, 2004). Thus, in policing and emergency care, where hostile or traumatic encounters are frequent, dissonance accumulates quickly, and the costs are magnified (Bakker & Heuven, 2006).

Empathy is the engine of effective care, but it is also the main conduit of risk. The literature repeatedly shows that cognitive empathy – perspective-taking – supports boundary-keeping, communication accuracy, and role efficacy, and is associated with lower depersonalization (Davis, 1983; Wagaman et al., 2015; Delgado et al., 2021). By contrast, affective empathy that tips into personal distress predicts higher exhaustion and withdrawal, especially when exposure to suffering is repetitive and intense (Zhou, 2025; Maslach & Leiter, 2016). Stress matters: acute arousal can narrow attention and shift state empathy, sometimes heightening affective resonance while reducing the cognitive work of perspective-taking, which complicates performance in time-pressured encounters (Nitschke et al., 2022; Sutton & Paddon Rhoads, 2022).

These dynamics travel with the two dominant burnout frames. In the classic MBI tradition, chronic dissonance and load show up as high emotional exhaustion, depersonalization/cynicism, and – downstream – reduced personal accomplishment (Maslach & Leiter, 2016). In the newer BAT framing, the same pressures are visible as exhaustion, mental distance, and, crucially for practice, emotional and cognitive impairment – difficulties accessing appropriate affect on demand and



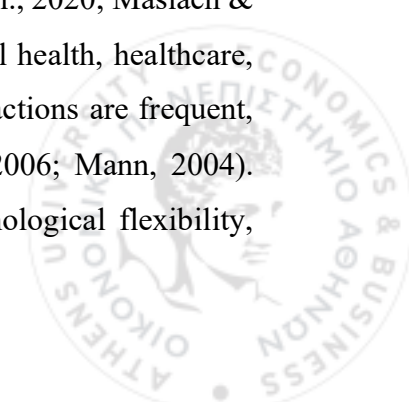
maintaining attention, memory, and flexible problem-solving (Schaufeli, De Witte, & Desart, 2020; De Beer et al., 2020). For first responders and health staff, studies link emotionally charged encounters to both the MBI pattern and the BAT impairments, underscoring that what erodes first in the field is often function (Bakker & Heuven, 2006; De Beer et al., 2020).

A parallel strand concerns compassion fatigue and secondary traumatic stress (STS). When empathic engagement centers on trauma (common in mental health, child protection, emergency medicine, and law enforcement) helpers report intrusion (images, nightmares), avoidance/numbing, arousal, and a felt reduction in empathic capacity, alongside rising exhaustion (Figley, 1995; Clark et al., 2021; Rauvola et al., 2019). In practice, compassion fatigue and burnout often co-occur: trauma-focused exposure amplifies the affective load (STS pathway), while the job's display rules and pacing demands amplify dissonance (burnout pathway), producing overlapping clinical pictures (Figley, 1995; Maslach & Leiter, 2016).

Taken together, the comparative lesson is clear. Across helping roles, high empathic demand combined with emotional labor reliably produces emotional dissonance and strain. Specifically, in high-duress settings (e.g., frontline policing, emergency care), acute stress and time pressure are associated with earlier, on-shift emotional and cognitive impairments consistent with BAT, whereas the full burnout syndrome (exhaustion and cynicism/depersonalization on the MBI) typically develops gradually with repeated exposure (Brotheridge & Grandey, 2002; Bakker & Heuven, 2006; Maslach & Leiter, 2016; Schaufeli et al., 2020; De Beer et al., 2020; Heyers et al., 2025; Nitschke et al., 2022).

### 3.2. From helping professions to crisis negotiation: why the same mechanism travels

The comparative literature analyzed in Chapter 2 reveals a similar mechanism throughout people-work under pressure: high empathic demand combined with emotional labor creates dissonance and strain. Initially, this strain shows up as immediate functional impairments – reflected in the BAT profile – and, over time, can build into cumulative burnout, as described in the MBI framework (Brotheridge & Grandey, 2002; Schaufeli et al., 2020; De Beer et al., 2020; Maslach & Leiter, 2016). This pattern consistently appears in professions such as mental health, healthcare, child protection, and emergency response; especially in settings where interactions are frequent, emotionally intense, and psychologically demanding (Bakker & Heuven, 2006; Mann, 2004). Protective practices like structured debriefing, reflective supervision, psychological flexibility,



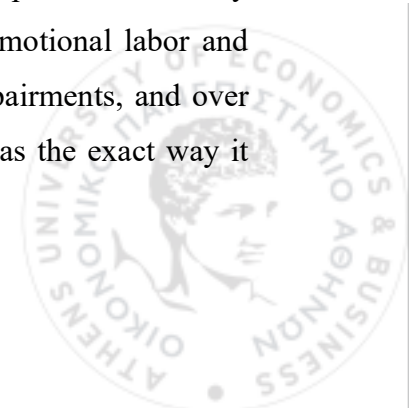
self-compassion, and accumulated professional experience play a vital role in reducing dissonance, managing emotional workload, and restoring internal resources (Watson et al., 2025; Clarke et al., 2024; Clark et al., 2021; Mastracci et al., 2012).

Crisis negotiation contains all of these elements and intensifies them with additional factors such as extreme time pressure, public safety concerns, and moral stakes that are often have life-or-death consequences. Furthermore, the same emotional display rules apply: negotiators are expected to project calm, neutrality, and respect, even when they are dealing with their own feelings of fear, frustration, or moral conflict. This paradox is faced also by other professions of “people-work” and in the broader context of law enforcement, where similar expectations apply, like to uphold composed, empathetic facades despite internal distress. This combination of high empathy expectations alongside strict emotional control was flagged in Chapter 2 as a key contributor to stress, and crisis negotiators are clearly subject to the same pressures (Grubb, 2016; Alvinus et al., 2014; Norton & Petz, 2012; Vecchi et al., 2004).

Since emotional labor and empathic engagement are key parts of negotiation, it's reasonable to assume that crisis negotiators face similar psychological effects, especially since their work drains their emotional and cognitive reserves over time.

Regarding burnout, while direct research on crisis negotiation is lacking, related studies in context of law enforcement show high levels of burnout among police officers, while for those who work closely with trauma victims also notable levels of compassion fatigue was found (Queirós et al., 2020; Turgoose et al., 2017) .

However, the context in which crisis negotiators operate might influence how these effects play out. Negotiations are usually short, intense, and time-limited, unlike the ongoing caseloads in therapeutic settings. This high intensity can make emotional strain worse in the moment, and studies on secondary trauma show that even one big event can cause a lot of distress. But the episodic nature of negotiations might also let people recover emotionally between events. That said, over the course of time, these emotionally charged spikes probably add up in the same way that chronic stress does in other helping professions. The pattern is clear: emotional labor and empathy create internal dissonance and strain, leading first to functional impairments, and over time, to more serious conditions like burnout and compassion fatigue, even as the exact way it



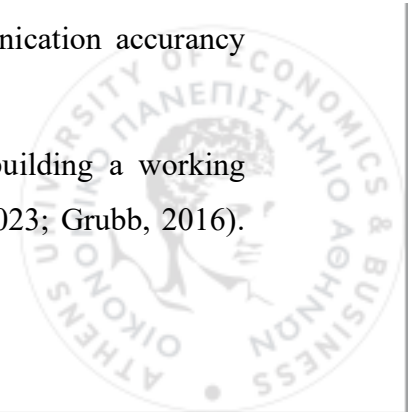
manifests may vary by incident frequency and exposure dynamics (Brotheridge & Grandey, 2002; Schaufeli et al., 2020; De Beer et al., 2020; Maslach & Leiter, 2016; Figley, 1995).

### 3.3. Negotiation-specific linkages: mapping the theory to practice

Before turning to how the theoretical constructs unfold step-by-step in Chapter 4, this section previews the key connections – linking each theoretical element to a concrete facet of negotiation practice. In practice, organizational display rules translate into that negotiator’s have to appear calm, respectful, and in control at all times. Surface versus deep acting become the moment-to-moment means by which that display is achieved: either “faking” composure (surface acting) or genuinely developing it (deep acting) through cognitive reframing. Empathy is operationalized through the active-listening and rapport techniques taught in negotiator training, and the downstream costs of chronic strain (burnout and compassion fatigue) manifest as reduced empathic precision, escalating cynicism, or progressive performance declines – exactly the patterns the burnout frameworks describe (Maslach & Leiter, 2016; Schaufeli et al., 2020; De Beer et al., 2020; Figley, 1995; Davis, 1983).

Probably a field scenario illustrates this connection clearly: a negotiator engaging with a suicidal standing on a ledge must project steady empathy (per display rules) while suppressing their own surge of distress (often via surface acting in the initial stage). If the negotiator manages to adopt a stance of accurate perspective-taking, truly understanding the individual’s perception of their suffering and loss (deep acting combined with cognitive empathy), trust generally begins to develop. But if empathic engagement slides into unregulated affect sharing, the negotiator risks being pulled into the other’s despair, with immediate costs to attention, timing, and judgment. Practitioners often describe this stance as “tactical empathy”: understanding the other’s perspective without becoming emotionally fused, while using tools like labelling, a calibrated voice, mirroring, and dynamic silence to lower defensiveness and widen cognitive bandwidth to achieve behavioral change (Price, 2024; Voss & Raz, 2016). The framing as “tactical empathy” maps directly onto the protective side of the empathy literature that prioritizes perspective-taking over affect sharing reduces emotional dissonance and personal distress while allowing communication accuracy (Wagaman et al., 2015; Delgado et al., 2021; Zhou, 2025).

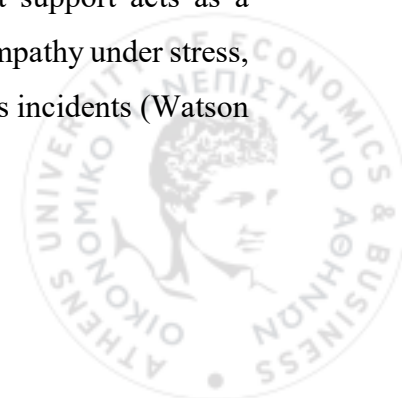
In the aforementioned scenario, crisis negotiators work on buying time, building a working relationship, and gathering enough information to chart safe options (Jon, 2023; Grubb, 2016).



Active Listening Skills (ALS) are central to this process: tools such as paraphrasing, mirroring, strategic silence, open-ended questions, and emotion labeling communicate nonjudgmental understanding and assist the subject in reconstructing their narrative, while empathy remains accurate and sustainable (Glavina Jelaš et al., 2024; Jon, 2023; Johnson, 2017; McMains & Mullins, 2015).

The Behavioral Change Stairway Model explicitly lays out this process: listening → empathy → rapport → influence → behavioral change, with continuous returns to listening when setbacks occur (Johnson et al., 2017). Theoretically, ALS operationalizes cognitive empathy and a deep acting regulation style, which are generally protective for the negotiator and enable influence; at the same time, ALS relies on sustained attention and emotion regulation; the very capacities most vulnerable under acute load and fatigue (Schaufeli et al., 2020; De Beer et al., 2020; Nitschke et al., 2022). Context matters, however. Subjects may be in extreme instability or transient psychosis; here, empathic work should target breakdowns in coping and appraisal rather than mirror anger or despair (Borum et al., 1992).

Thus, acute stress on the team side can also narrow attention and shift state empathy toward affective resonance at the expense of perspective-taking, complicating judgment and timing (Sutton & Paddon Rhoads, 2022; Nitschke et al., 2022). Negotiators are not clinicians, and the spectrum of individuals in crisis ranges from transient psychotic episodes to acute suicide risk. Mental health consultants add a systems layer that the framework treats as a protective resource. They monitor dynamic risk cues, generate behaviorally relevant formulations, and translate those into practical guidance – what to say, when to say it, and how to deliver it – without taking over the conversation (DeBernardo, 2004). They support structured risk triage for suicide, self-harm, or violence, and advise on tone, pacing, and boundaries in ways tailored to the person rather than a generic category (DeBernardo, 2004; Strentz, 2017). Just as importantly, they help the team manage load during and after incidents through brief coping strategies and post-incident debriefs or referrals – practices that align with the mitigating supports identified in Chapter 2 (Mastracci et al., 2012; DeBernardo, 2004). Within this integrated framework, consultant support acts as a protective buffer: it reduces the need for surface acting, strengthens cognitive empathy under stress, and accelerates recovery, thereby lowering long-term psychological risk across incidents (Watson et al., 2025; Figley, 1995).

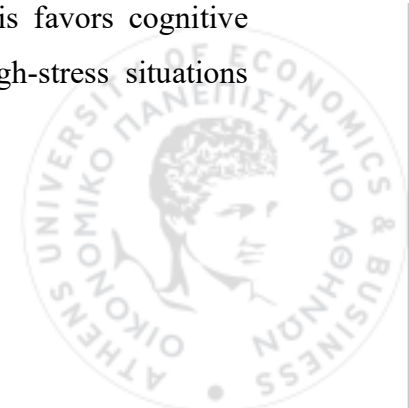


### 3.4. An analytical frame

For the analysis that follows, the chapter adopts a simple set of linked constructs already established in Chapters 2 and 4:

- ⇒ Display rules and regulation strategies. What emotions must negotiators display or suppress, and by what means – surface acting or deep acting – are those displays achieved (Hochschild, 1983; Brotheridge & Grandey, 2002; Singh & Hassard, 2021)?
- ⇒ Empathy mode. Is the approach more cognitive (perspective-taking, emotion labeling) or affective (sharing/contagion) in character? And in the moment, how does acute stress seem to alter that approach? (Davis, 1983; Nitschke et al., 2022; Sutton & Paddon Rhoads, 2022)?
- ⇒ BAT functional costs. Are there any signs – either or inferred – of exhaustion, mental disengagement, emotional disruption, or cognitive impairment during or after incidents? (Schaufeli et al., 2020; De Beer et al., 2020)?
- ⇒ Cumulative outcomes (MBI/compassion fatigue). Over repeated exposures, do patterns align with emotional exhaustion and depersonalization/cynicism, and/or with compassion-fatigue symptoms like intrusion, avoidance/numbing, and arousal? (Maslach & Leiter, 2016; Figley, 1995; Clark et al., 2021)?
- ⇒ Buffers and supports. Where do factors like supervision, debriefing, reflective practice, psychological flexibility, self-compassion, experience, and consultant input seem to help reduce demand or speed up recovery? (Mastracci et al., 2012; Clark et al., 2021; Watson et al., 2025; Clarke et al., 2024; DeBernardo, 2004)

Analytically, this means reading negotiation practice through two simultaneous lenses. The influence scope follows how ALS and the Behavioral Change Stairway Model guide interactions from heightened arousal to constructive problem-solving (Johnson et al., 2017; Glavina Jelaš et al., 2024). The cost lens explores what it takes – emotionally and cognitively – to sustain this work under time pressure and uncertainty. It looks at how emotional labor and empathy modes either preserve or drain resources, and how support systems influence those outcomes (Schaufeli et al., 2020; Maslach & Leiter, 2016; Figley, 1995). Where possible, the analysis favors cognitive empathy and deep-acting approaches as more sustainable strategies in high-stress situations (Wagaman et al., 2015; Delgado et al., 2021).



### 3.5. Summary

In short, the integrated approach posits that crisis negotiation functions on the same psychological model as other professions of help in distress, but with more acute time pressure and public risk. Emotional labor sets the stage; empathy; empathy – preferably cognitive and strategically applied – does the linking work; and both influence immediate performance as well as long-term well-being. The next chapter shows these dynamics in practice: the techniques that make negotiation effective and the psychological demands they entail (Jon, 2023; Johnson et al., 2017; Grubb, 2021). Chapter 5 then integrates the evidence in a model of emotional costs in crisis negotiation, determining the hazards and practical buffers from reviewed literatures (Schaufeli et al., 2020; Maslach & Leiter, 2016; Figley, 1995; Mastracci et al., 2012).

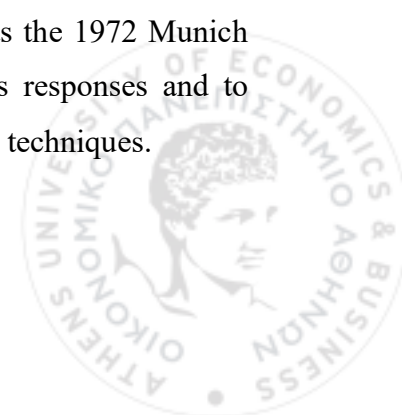
## 4. Crisis Negotiation: Techniques, Empathy, and Emotional Demands

In this chapter, we examine how crisis negotiation actually works in the field and, just as importantly, the psychological demands and emotional costs for those who deal with individuals in distress. Although the mission is to save lives, the work is emotionally loaded: negotiators must use empathy under pressure, manage their own emotions, and carry the after-effects of what they feel and witness. That makes this chapter the natural bridge between practice (techniques and models) and theory (emotional labor, empathy strain, burnout, and compassion fatigue).

### 4.1. Defining Crisis Negotiation in Law Enforcement

Crisis negotiations in law enforcement are high-stakes, time-pressured interventions where failure can be fatal. Negotiators operate in unpredictable, emotionally charged scenes, e.g. an armed hostage-taker or a suicidal individual on a bridge, often with lives on the line and dozens of eyes (police and public) watching. The focus relies on peaceful resolution of critical incidents and the preservation of life for everyone involved (hostages, civilians, police, and the subject in crisis) through dialogue rather than force (Glavina Jelaš et al., 2024; Grubb, 2021; Guskowski, 2017).

Crisis negotiation in law enforcement is a continuously evolving discipline that historically, started developing in the United States in the 1970s after high-profile events such as the 1972 Munich attack prompted agencies like the NYPD and the FBI to re-evaluate crisis responses and to institutionalize specialized law enforcement officers trained in communication techniques.



Although the popular image centers on hostage incidents, contemporary callouts are mostly non-hostage, emotionally driven events (often upward of 90%), including barricade situations, suicidal subjects, domestic or workplace violence, where the subject's crisis is rooted in personal loss, rejection, legal jeopardy, or perceived humiliation. These incidents typically involved individuals in profound emotional or psychological distress. (Guszkowski, 2017; Grubb, 2016; McMains & Mullins, 2015). This reality shifted the vocabulary from "hostage negotiation" to crisis negotiation, and with it, the practice emphasis: negotiators spend much of their time providing what amounts to "emotional first aid," aiming to reduce their emotional load and stress levels of these individuals, so that problem-solving becomes possible (Jon, 2023; Strentz, 2017).

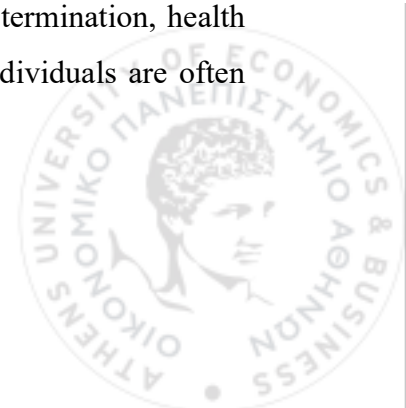
Thus, crisis negotiators, like other officers, are expected to remain professional, composed, and authoritative yet empathetic, even when confronted with aggression or despair. In practice, this means a negotiator must not show anger or panic no matter their internal state. Negotiators are typically chosen for their calm temperament and communication aptitude, and they undergo training to hone active listening and emotional self-regulation. However, training can only partly inoculate against the stress; the emotional challenges often go beyond scripted techniques (Thompson & Jensen, 2023; Grubb, 2021; Johnson et al., 2017; Liu, 2014; Vecchi et al., 2004).

#### 4.2. Dealing with Individuals in Distress: Unique Stressors in Crisis Negotiation

Crisis negotiation nowadays is grounded in behavioral psychology and draws on psychotherapeutic principles adapted to time-pressured, volatile conditions (Dimitrovska, 2017; Grubb, 2021). Most subjects are expressive rather than instrumental; they act from unmet emotional needs more than from rational calculation (Glavina Jelaš et al., 2024; Noesner et al., n.d.). A crisis can be understood as an event or state that overwhelms usual coping, distorts appraisal, and narrows options (Thompson & Jensen, 2023; Dimitrovska, 2017; McMains & Mullins, 2015).

Practitioners commonly encounter patterns summarized (for training purposes) as the "sad – mad – bad" triad:

⇒ The "Sad": Individuals in crisis due to significant loss, rejection, job termination, health decline, financial reversal etc., or enhance use of alcohol or drugs. These individuals are often contemplating self-harm or suicide, and potentially depressed.



⇒ The "Mad": Individuals suffering from psychotic disorders like paranoid, schizophrenia or bipolar disorder, whose thinking might be delusional or disorganized.

⇒ The "Bad": Those with personality disorders, often exhibiting long-term patterns of maladjustment, like antisocial, obsessive compulsive, and narcissistic personality disorders (Strentz, 2017).

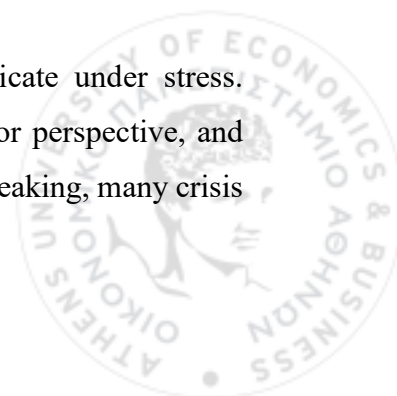
Labels are not diagnoses; they are working formulations that help calibrate tone, pacing, and boundaries. Even without formal pathology, the incident itself leaves people “emotionally disturbed” in the plain-language sense – aroused, fearful, or enraged – and temporarily less able to think clearly (McMains & Mullins, 2015). The negotiator’s role is to enter that emotional field without being swept away by it, to slow things down, build a working relationship, and gather enough information to chart safe options (Strentz, 2017; Jon, 2023; Grubb et al., 2018). This approach, particularly the focus on emotion management and de-escalation, aligns with psychotherapeutic principles and emphasizes the relationship between the negotiator and the subject (Grubb, 2021; Dimitrovska, 2017).

Unlike therapists, a crisis negotiators often works at a scene with potential violence. They might hear gunshots, or know an assaulter is present. This background risk means negotiators often experience fear and adrenaline. Thus, negotiators are aware that a wrong move could trigger violence; an ever-present anxiety that they must compartmentalize. Intense, volatile emotions are a hallmark of crisis situations (Vecchi et al., 2004)

Thus, crisis negotiators have to deal also with another unique stressors, performing time pressure. A subject might be minutes away from harm. Negotiators must think and empathize on the fly, which can heighten cognitive load. Many hostage incidents unfold in real-time on public media, adding pressure to resolve things quickly. This adds psychological pressure and heightens emotions and can reliance on surface acting. negotiators sometimes work long hours until resolution, leading to physical fatigue on top of emotional stress.

#### 4.3. Techniques and Models in Crisis Negotiation

Crisis negotiation succeeds or fails is based on how negotiators communicate under stress. Techniques serve a psychological purpose: they lower arousal, make space for perspective, and gradually increase the subject’s willingness to consider alternatives. Broadly speaking, many crisis



negotiation models take a therapeutic approach, emphasizing crisis intervention, de-escalating emotion, and building relationships between the two parties to facilitate positive behavioral change (Grubb, 2021)

Emotion management.

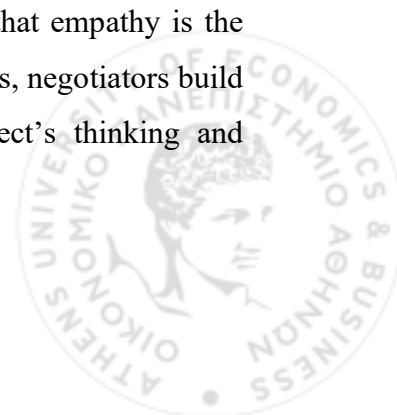
Negotiators need strong self-regulation to keep their signals clean and their judgment intact. They are expected to project calm, neutrality, and respect even when internally managing fear, frustration, or moral distress – classic emotional labor in a high-stakes context (Grubb, 2016; Norton & Petz, 2012; Alvinus et al., 2014). Managing their own state prevents anxiety from contaminating the interaction and protects attention and working memory; both essential for tracking details and timing interventions.

Active Listening Skills (ALS).

Active Listening Skills is the backbone of negotiation and is often described as the single most effective tactic for de-escalation (Glavina Jelaš et al., 2024; Garcia, 2024; Johnson, 2017; Jon, 2023; Strentz, 2017). Through attentive presence, paraphrasing and mirroring, strategic silence, open-ended questions, and emotion labeling, negotiators show understanding rather than judgment. This helps the subject vent and reorganize their own narrative, which, in turn, builds rapport and opens a path to behavioral change (Glavina Jelaš et al., 2024; Johnson, 2017).

Behavioral Change Stairway Model (BCSM)

Applied well, ALS is the engine that drives one of the field's most cited frameworks, the Behavioral Change Stairway Model (BCSM). In this model, the end state is behavioral change (ideally, voluntary compliance). The pathway is sequential but flexible: active listening seeds accurate empathic understanding, which supports rapport; rapport then creates the platform for influence; and influence enables safe behavioral change and a peaceful resolution (Johnson et al., 2017). In real incidents these steps loop: setbacks send the negotiator back to listening and labeling, and therefore time and pacing are essential for the stairway to hold. It is worth mentioning that empathy is literally a stage in the model. The BCSM sequence implicitly recognizes that empathy is the bridge to influence – by truly understanding and echoing the subject's emotions, negotiators build rapport, which then allows them to suggest solutions (influence the subject's thinking and behavior). If empathy fails (or comes off as insincere), the stairway collapses.



Delivering these techniques sincerely requires emotional regulation – a negotiator might be internally alarmed by threats, yet their tone must remain steady and empathetic. This is deep acting in action: they strive to genuinely take the subject’s perspective so that their empathy comes across authentically.

A short exemplar of negotiator dialogue reflecting active listening and empathy is for instance:

*Subject: “Nobody cares if I die.”*

*Negotiator: “It sounds like you’re feeling really alone and hopeless. I do care, and I’m here to listen.”*

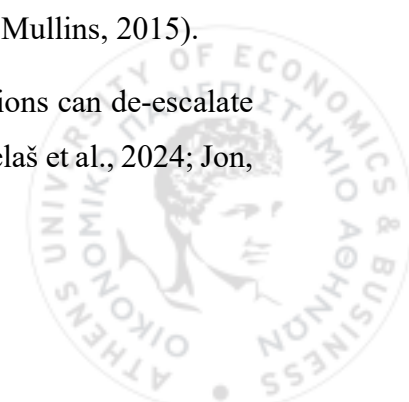
In this example, the negotiator uses emotional labeling and reassurance, which requires conveying genuine concern. Doing so, especially if the negotiator is under pressure or personally tired, exemplifies emotional labor.

#### 4.4. The Role of Empathy

Empathy is a key tool in crisis negotiation, serving as a critical skill in de-escalating intense, emotionally charged situations, helping build a relationship, encourage trust, and defuse emotions (Jon, 2023). This deep understanding is the bridge to rapport and trust, which are essential for influencing subjects toward voluntary compliance (Zaiser, 2023; Glavina Jelaš et al., 2024; Johnson et al., 2017; McMains & Mullins, 2015).

The necessity of empathy in negotiation stems from several critical reasons:

- ⇒ **Builds Trust and Rapport:** Empathy helps establish trust and rapport, making parties more willing to cooperate and compromise because they feel understood and heard. It facilitates the development of a "stairway of trust" between the negotiator and the subject (Sutton & Paddon Rhoads, 2022; Parish & Cambria, 2020)
- ⇒ **Enhances Communication:** Empathetic listening and communication improve interaction quality, allowing negotiators to accurately understand the other party's needs, priorities, and concerns, and communicate their own interests more effectively (McMains & Mullins, 2015).
- ⇒ **Reduces Tension and Conflict:** Acknowledging the other party's emotions can de-escalate tense situations and create a more positive negotiation environment (Glavina Jelaš et al., 2024; Jon, 2023).



⇒ Facilitates Problem–Solving: By understanding the other party's problems and challenges, empathy leads to more creative and effective solutions that address the root causes of issues. It helps move subjects closer to a rational position of problem–solving (Dimitrovska, 2017).

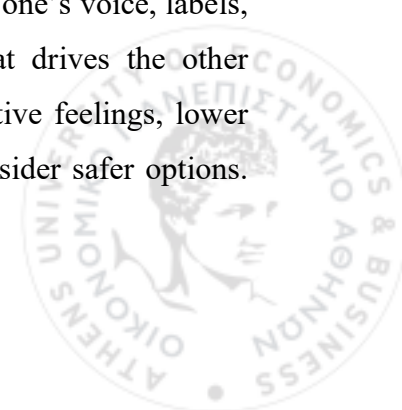
At the same time, empathy in high-stakes environments like crisis negotiations, presents a significant paradox: it is a double-edged sword. The same stance that enables rapport and resolution, but also exposes the negotiator to the subject's trauma. Over time, and especially under high workload and time pressure, this empathic exposure is associated with personal distress, emotional exhaustion, and secondary traumatic stress (Watson et al., 2025; Zhou, 2025; Figley, 1995).

Studies have found that officers who invest more emotional empathy in victims can experience greater compassion fatigue (Turgoose et al., 2017). Crisis negotiators, by the nature of their role, invest intense empathy during incidents, which may similarly put them at risk. This is where emotional labor intercedes – negotiators might limit their empathy to protect themselves, which could veer into a colder demeanor (risking rapport), or they might fully engage empathically and later suffer emotionally.

In practice, the safest default is cognitive empathy: perspective-taking and accurate emotion labeling in service of problem-solving, rather than full affective sharing. Cognitive empathy supports boundary-keeping and communication accuracy, whereas unregulated affective empathy increases the risk of emotional contagion and fatigue (Zaiser, 2023; Johnson et al., 2017; Zhou, 2025).

### Tactical Empathy

Tactical empathy, is a practitioner's term and a form of cognitive empathy, is the ability to understand another person's perspective without becoming emotionally overwhelmed or sympathetic to dangerous behaviors (Price, 2024). Cris Voss, a former FBI hostage negotiator, came up with this approach, defining tactical empathy as influencing with purpose the subjects emotions during a negotiation to build trust-based influence. It involves using one's voice, labels, mirrors, and dynamic silence. It's about showing genuine interest in what drives the other individual, not by suppressing emotions, but by working to deactivate negative feelings, lower defensiveness, and widen the subject's cognitive bandwidth so they can consider safer options.



This concept views the negotiator as a "counselor," putting their badge aside to build a trusting relationship that strengthens their influence (Voss & Raz, 2016).

#### Context matters

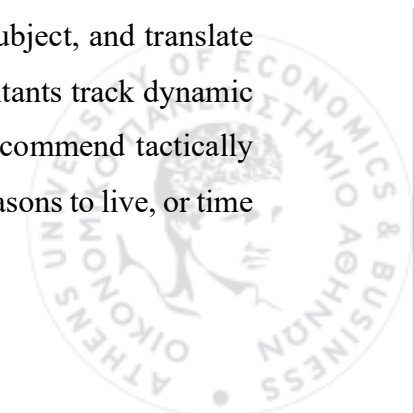
Crisis negotiators frequently face individuals going through extreme instability or transient psychotic symptoms, which means empathic engagement must focus the breakdown in coping and appraisal rather than mirror the intensity of anger or despair (Borum et al., 1992). Acute stress on the team side also affects empathy in the moment: under pressure, state empathy can shift from taking in other people's points of view to focusing on one's own feelings, which makes it harder to make decisions and time things right (Sutton & Paddon Rhoads, 2022). For this reason, negotiation practice combines active listening skills with strict self-control: slow down the pace, name feelings, sum up the meaning, and use "tactical empathy" to understand the other person's experience without supporting harmful actions (Jon, 2023; Johnson et al., 2017; McMains & Mullins, 2015).

From a health and well-being perspective, this framing keeps empathy useful and sustainable. Prioritizing perspective-taking over affect sharing reduces emotional dissonance, makes personal distress less likely, and keeps the attention span needed for safe decision-making. Even so, prolonged exposure to crisis narratives still carries a cumulative cost, which is why structured recovery (peer consultation, hot/cold debriefs, and access to support) is essential to keep the long-term risks of burnout and compassion fatigue low (Watson et al., 2025; Figley, 1995).

To manage this balance, negotiators employ also emotional regulation techniques, consciously or subconsciously. Some use deep breathing or self-talk to stay calm (aligning with deep acting: adjusting inner feelings), while others might mentally distance themselves (a form of surface acting, outwardly warm but internally guarded). Negotiators also use antecedent-focused strategies (Gross, 1998), for reframing the situation as "this is not about me".

#### 4.5. Mental health consultants in crisis negotiations

In crisis negotiations, the mental health professional is not a second negotiator. The role is advisory and integrative: monitor the situation, formulate a behavioral picture of the subject, and translate that picture into negotiation guidance (DeBernardo, 2004). Concretely, consultants track dynamic risk cues – changes in mood, threat language, fixation, intoxication – and recommend tactically relevant adjustments: slow the tempo, avoid triggers, narrow topics, amplify reasons to live, or time



offers for maximum effect. They strengthen the negotiator's voice by shaping what to say, when to say it, and how to deliver it.

A primary contribution is risk triage for suicide, self-harm, or violence, integrating immediate indicators (access to means, agitation, acute loss) with more stable features (personality style, prior attempts, trauma history) that affect containment and messaging (DeBernardo, 2004). Personality-informed consultation supports strategy and tactics selection, for example, how much structure vs. flexibility to offer, what kind of validation is safe, and how to set boundaries without humiliation, so the approach fits the person in front of the team rather than a generic case type (Strenz, 2017).

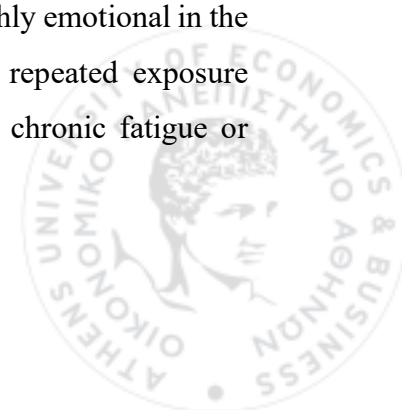
Consultants also protect the team. During prolonged incidents, they provide brief stress-coping strategies to command, tactical, and negotiation personnel and help arrange post-incident debriefs or referrals afterward (DeBernardo, 2004). This is directly relevant to the thesis: such support reduces surface acting and dissonance on shift, encourages cognitive (not purely affective) empathy under pressure, and improves recovery – all of which lower cumulative risk for burnout and compassion fatigue.

Role boundaries matter.

The consultant offers behaviorally grounded input and respects the negotiator's lead and command authority (DeBernardo, 2004). They may propose scripts, anticipate likely escalations, and assist with contingency planning; they do not diagnose at a distance or override operational decision-making. Used this way, mental health input becomes a force multiplier: it refines the tactical use of time, aligns empathy with the subject's capacity in the moment, and supports the team's psychological sustainability during and after the incident (Strenz, 2017).

Emotional Aftermath

Once an incident concludes, often, the crisis negotiators experience an adrenaline crash – the body coming off high stress. Specifically, when the subject finally surrenders and the crisis ends, negotiators frequently report a wave of exhaustion washing over them. The adrenaline that kept them laser-focused dissipates, sometimes leaving them shaking, drained, or highly emotional in the aftermath. While many negotiators recover after a single intense incident, repeated exposure without adequate recovery may evolve into burnout, chronic stress, PTSD, chronic fatigue or cynicism and an increased risk of substance use as a coping mechanism.



## 5. Integrated Model, Implications, and Future Research

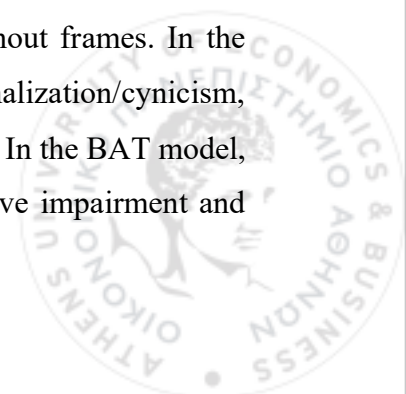
This chapter pulls the threads together. Chapter 2 mapped the main theories of emotional labor, empathy, burnout (MBI/BAT), and compassion fatigue across ““people work”,” and Chapter 4 showed how negotiation actually unfolds in the field. While integrating these insights into an explanatory model of the emotional costs of crisis negotiation, a practical implications for training and organizational policies will be drawn, followed by a brief reflection on limits and future directions.

### 5.1. What the evidence cumulatively suggests

Across helping professions, the combination of demanding display rules and high empathic exposure creates a reliable pathway to strain: workers must project calm, warmth, and authority on demand even when their inner state does not match, producing emotional dissonance and pushing them toward resource-intensive regulation strategies (Hochschild, 1983; Brotheridge & Grandey, 2002; Singh et al., 2025). When surface acting dominates – holding the mask while feelings diverge – exhaustion and cynicism climb and relationship quality falls (Oliveira et al., 2024; Egli et al., 2022; Maslach & Leiter, 2016). Deep acting can be more adaptive because it recruits cognitive tools – reappraisal, perspective-taking, mindfulness – to align felt and displayed emotion, but under persistent negative load it, too, draws heavily on finite resources and can still feed into fatigue (Van Gelderen, 2013; Singh & Hassard, 2021; Lennie et al., 2020; Clark et al., 2021).

The empathy literature clarifies why this happens. Cognitive empathy (perspective-taking) supports boundary-keeping and communication accuracy and is associated with lower depersonalization, whereas affective sharing that tips into personal distress predicts exhaustion and withdrawal, especially under repeated exposure to suffering (Davis, 1983; Wagaman et al., 2015; Delgado et al., 2021; Zhou, 2025). Acute stress can also shift state empathy: arousal narrows attention, sometimes heightening affective resonance while constraining perspective-taking – exactly the pattern that complicates performance in time-pressured encounters (Nitschke et al., 2022; Sutton & Paddon Rhoads, 2022).

When these demands accumulate, they show up in two complementary burnout frames. In the classic MBI model, the syndrome centers on emotional exhaustion and depersonalization/cynicism, with reduced personal accomplishment downstream (Maslach & Leiter, 2016). In the BAT model, the earliest functional costs appear as exhaustion plus emotional and cognitive impairment and



growing mental distance, precisely the kinds of on-shift decrements that matter in negotiations (Schaufeli, De Witte, & Desart, 2020; De Beer et al., 2020). For trauma-heavy roles, compassion fatigue and secondary traumatic stress run alongside burnout, adding intrusion, avoidance/numbing, and arousal symptoms and a felt reduction in empathic capacity (Figley, 1995; Clark et al., 2021; Rauvola et al., 2019).

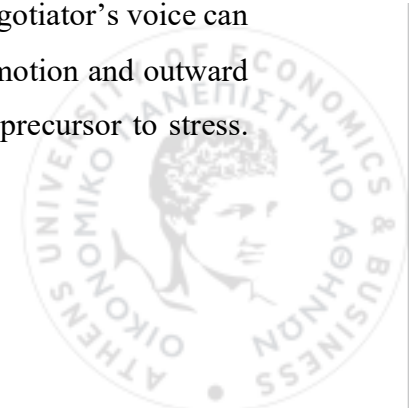
Chapter 4 situates these mechanisms in negotiation practice. Negotiators must manage their own emotions (emotional labor), sustain empathic accuracy under pressure (empathy), and rely on relationship-based techniques (ALS, BCSM) to guide a subject throughout a crisis – all while absorbing distressing content and managing time, risk, and uncertainty (Glavina Jelaš et al., 2024; Johnson et al., 2017; Grubb, 2016, 2021; McMains & Mullins, 2015). Mental health consultants add targeted behavioral formulation and team support that, in theory, should buffer both acute impairment and longer-term cost (DeBernardo, 2004; Strentz, 2017).

## 5.2. Display Rules in Crisis Negotiation

Display rules are the (often unspoken) norms in an organization about which emotions should be openly shown and which should be hidden. In policing and negotiation, this typically means displaying confidence and empathy, while concealing panic or judgment.

Negotiation imposes explicit and implicit display rules: calm, respectful, credible, and patient, even under threat, while suppressing negative feelings like fear, anger, frustration. When the situation is unstable and time-pressured, negotiators must decide (often automatically) between surface acting (holding the line in voice and wording without internal change) and deep acting (using cognitive reappraisal, self-talk, and perspective-taking to genuinely shift state) (Hochschild, 1983; Brotheridge & Grandey, 2002; Singh & Hassard, 2021; Van Gelderen, 2013).

For instance, a negotiator might feel terror if a hostage's life is threatened or even frustrated at a subject's stubbornness, but the display rule is to appear unflappable and reassuring while showing patience and understanding to everyone involved. Thus, crisis negotiation experts emphasize always maintaining a calm voice and neutral tone, while anger or fear in the negotiator's voice can escalate the subject (Vecchi et al., 2004). Although, this gap between inner emotion and outward display (emotional dissonance) is the crux of emotional labor and a known precursor to stress. (Hopkins et al., 2023)



Crisis negotiators cope with those display rules internally: either by surface acting (faking/suppressing) or deep acting (actually modifying their feelings to match the required display).

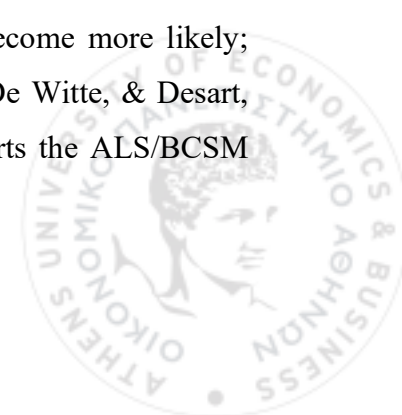
### 5.3. Emotion Regulation Strategy – Surface Acting vs. Deep Acting

Surface acting means the negotiator puts on a mask – e.g., speaking in a calm tone even while boiling inside. Deep acting means the negotiator tries to genuinely invoke feelings of calm or empathy – perhaps by reframing the situation or finding real compassion for the subject’s situation—so that their outward behavior is naturally aligned.

Research indicates surface acting tends to increase stress and emotional exhaustion. In negotiator terms, constantly faking composure without actually calming oneself can create internal strain – akin to stretching a rubber band that eventually snaps. Deep acting, when successful, can be less draining because the emotions felt are real (no dissonance); however, it requires mental effort and may not always be possible in extreme moments. (Hülshager & Schewe; 2011) Notably, if a negotiator’s personal values align with the role (e.g., they deeply believe in the mission of saving lives), deep acting is more natural and buffers stress. If there’s a mismatch (negotiator feels the subject doesn’t deserve empathy but forces it), even deep acting can become exhausting (Hopkins et al., 2023)

The way a negotiator manages their own emotions (surface vs. deep) directly impacts how they deploy empathy. A surface-acting negotiator might rely on formulaic empathic statements without truly connecting, whereas a deep-acting negotiator is likely engaging in genuine perspective-taking and more likely to support cognitive empathy – accurate perspective-taking and emotion labeling – whereas reliance on surface displays under high arousal tends to slide into affective empathy with personal distress (Davis, 1983; Wagaman et al., 2015; Delgado et al., 2021). Acute stress can tilt this balance by narrowing attention and shifting state empathy toward affective resonance (Nitschke et al., 2022; Sutton & Paddon Rhoads, 2022).

When affective sharing dominates, emotional impairment (labile or blunted affect) and cognitive impairment (reduced working memory, slowed flexible problem-solving) become more likely; exhaustion and mental distance follow as the incident prolongs (Schaufeli, De Witte, & Desart, 2020; De Beer et al., 2020). Conversely, a cognitive empathy stance supports the ALS/BCSM



pathway – listening → empathy → rapport → influence → behavior change – which is the backbone of effective negotiation (Johnson et al., 2017; Glavina Jelaš et al., 2024).

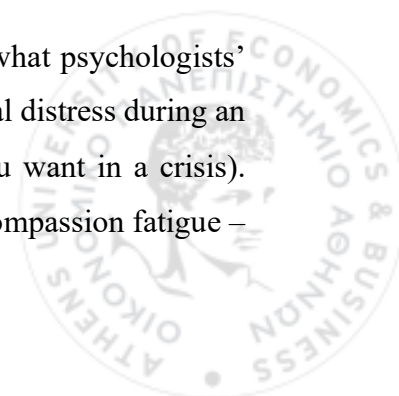
#### 5.4. Empathy Mode – Cognitive vs. Affective Empathy (and Personal Distress)

Empathy is the engine of change in negotiations and in helping professions more broadly. Cognitive empathy refers to intellectually understanding what the other person feels, sometimes called perspective-taking; it preserves boundaries, supports message accuracy, and predicts lower depersonalization (Davis, 1983; Wagaman et al., 2015; Delgado et al., 2021). Affective empathy means actually feeling the other’s emotions, often involuntarily (emotional contagion); it is vital for human connection but becomes risky when it slides into personal distress, especially under heavy caseloads and time pressure (Moreno–Jiménez et al., 2022; Maslach & Leiter, 2016).

In crisis negotiation, cognitive empathy is exemplified by the negotiator accurately articulating the subject’s perspective (showing understanding), whereas affective empathy might be the negotiator internally feeling the subject’s despair, anxiety, or anger as if it were their own (Price, 2024; Davis, 1983). A negotiator engaged in surface acting might paradoxically be more prone to affective empathy in a maladaptive way: because they are not actively aligning their feelings (deep acting), they may either remain emotionally disengaged or, if the subject’s emotions are intense, suddenly get ‘sucked in’ by those emotions when their guard slips. In contrast, deep acting involves consciously connecting to the subject’s situation in a controlled manner – this encourages cognitive empathy (the negotiator is deliberately imagining the subject’s perspective) and can prevent being overwhelmed by raw emotion.

A negotiator in a state of cognitive empathy can maintain clarity; they care and communicate that care, but remain a step back mentally, which allows them to strategize and influence effectively. A negotiator in affective empathy overload might begin to mirror the subject’s despair or panic, potentially causing them to falter in guiding the conversation. For example, an affectively overwhelmed negotiator might start pleading ‘Please, you have so much to live for...’ in a panicked tone, rather than calmly steering towards solutions

If a negotiator begins to feel the same panic as the subject, they experience what psychologists’ term personal distress; essentially, the helper’s own emotional turmoil. Personal distress during an incident can freeze the negotiator or cloud their judgment (the last thing you want in a crisis). Repeated incidents that evoke such personal distress lay the groundwork for compassion fatigue –



the negotiator becomes emotionally exhausted from constantly feeling others' pain. Empirical findings support this: greater cognitive empathy tends to reduce burnout risk, whereas high emotional contagion can contribute to it (Zaiser, 2023; Wilkinson et al., 2017)

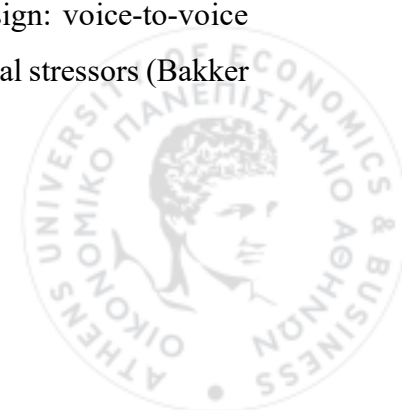
In practice, ALS techniques – labels, summaries, strategic silence – are tools for cognitive empathy in action: they acknowledge emotion without merging with it and they slow the tempo so perspective-taking can recover under stress (Johnson et al., 2017; Glavina Jelaš et al., 2024; Jon, 2023). The consultant's behavioral formulation adds another safety rail by calibrating which emotions to validate, which topics to postpone, and how to time offers, reducing empathic missteps that escalate risk or drain the team (DeBernardo, 2004; Strentz, 2017).

Thus, the 'empathy mode' is pivotal: it is the fulcrum between the negotiator's emotion regulation efforts and the outcomes. Next, we examine those outcomes, both immediate (during or right after the incident) and cumulative over time

### 5.5. Psychological demands and costs, mapped to negotiation work

Negotiators carry three overlapping burdens. First, on-shift regulation: projecting calm and concern while experiencing uncertainty, risk, and moral strain is classic emotional labor and creates dissonance when the inner state diverges (Hochschild, 1983; Grubb, 2016). Second, empathic load: ALS and the BCSM require sustained attention to the subject's pain, fear, or shame; done well, this fosters rapport and influence, but it also increases exposure to distressing content (Johnson et al., 2017; Glavina Jelaš et al., 2024; McMains & Mullins, 2015). Third, decision pressure: time, safety, and incomplete information tax working memory and flexible thinking precisely when judgment must be clearest (Alvinus et al., 2014; Norton & Petz, 2012).

Functionally, these demands are visible in BAT-type decrements during longer incidents – fatigue that doesn't clear, difficulty modulating affect on cue, and small lapses in attention and recall – and, over months and years, in MBI-pattern burnout and compassion fatigue for some practitioners (Schaufeli, De Witte, & Desart, 2020; De Beer et al., 2020; Maslach & Leiter, 2016; Figley, 1995; Clark et al., 2021). The risk is not theoretical; it is embedded in the job design: voice-to-voice exposure to acute distress, strict display rules, and repeated moral and operational stressors (Bakker & Heuven, 2006; Mann, 2004).



Across incidents, repeated dissonance and empathic load increase the probability of MBI–pattern burnout (exhaustion, depersonalization/cynicism) and compassion fatigue/STS (intrusion, avoidance/numbing, arousal; reduced empathic capacity) (Maslach & Leiter, 2016; Figley, 1995; Clark et al., 2021; Rauvola et al., 2019).

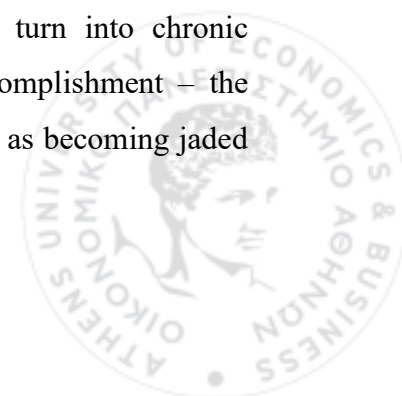
#### Short–term and long–term consequences

Immediate emotional or cognitive costs a negotiator might experience when they have been performing intense emotional labor and empathy during an incident, for example:

- ⇒ Emotional exhaustion (acute): After a single negotiation, the officer may feel drained, as described earlier. They might also experience temporary reduced empathy (after pouring so much out, they feel numb for a while) or irritability once off the phone.
- ⇒ Cognitive depletion: There could be a short-term drop in decision-making capacity or concentration (negotiators might be mentally spent), which aligns with the ego-depletion concept, though recent field experiments suggest professionals can sometimes maintain performance despite feeling exhausted (Zaiser, 2023)
- ⇒ Physiological stress: High heart rate, blood pressure, adrenaline – these can have immediate effects (sweating, tension headaches, etc.). Though negotiators look calm outside, their body likely tells a different story.
- ⇒ Emotional fallout: If a negotiation ends badly (e.g., subject harm), the negotiator may feel acute emotional pain, guilt, or sadness. Even if it ends well, sometimes there’s a crash that includes unexpected emotions (tears of relief, etc.).
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- ⇒

Cumulative Outcomes or long–term outcomes can be:

- ⇒ Burnout: Over years, repeated emotional exhaustion episodes can turn into chronic exhaustion, cynicism (depersonalization), and reduced sense of accomplishment – the classic burnout trio. For negotiators, depersonalization might manifest as becoming jaded



or less empathetic toward subjects over time (“just another suicidal guy, I’ve seen dozens”). This is dangerous because it can erode their effectiveness (empathy is their tool).

- ⇒ Compassion fatigue: Negotiators may experience secondary traumatic stress, akin to what crisis counselors face. Hearing about or witnessing horrifying situations can leave psychological scars. Studies of police who handle trauma (e.g., child crime investigators) show high rates of secondary trauma and compassion fatigue, suggesting negotiators are similarly vulnerable (Bosma & Henning, 2022).
- ⇒ Performance decline: Long term, a burnt-out negotiator might perform worse – lacking the energy or empathy to negotiate effectively, which could lead to poorer incident outcomes.
- ⇒ Turnover/intention to leave: Burnout can lead to people stepping down from negotiator roles or even leaving the police force. Studies have shown that Burnout in law enforcement has been linked to increased turnover and early retirement intentions (Alves et al., 2022).

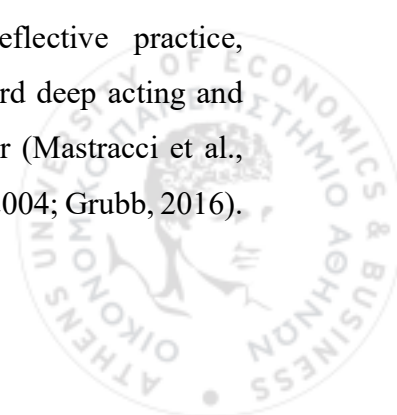
In summary, the model suggests: Rigorous display rules require negotiators to exert emotional regulation (choosing surface or deep acting). That choice influences their mode of empathy during the incident (cognitive vs. affective). In turn, this affects immediate outcomes – for example, surface actors may experience more personal distress in the moment, making the incident more taxing – and over time, those repeated taxing incidents accumulate, resulting in burnout or compassion fatigue. Conversely, negotiators who manage to employ deep acting and cognitive empathy may suffer less immediate strain and build resilience, possibly mitigating long-term burnout

## 5.6. Practical Implications and Recommendations for Mitigation

This section is where we move from analysis to action – proposing how to mitigate the emotional labor/empathy burnout cycle in crisis negotiation.

### Buffers across levels

Individual (psychological flexibility, self-compassion, experience), team (role clarity, rotations, live coaching, checklists), and organizational supports (supervision, reflective practice, CISM/debriefing, access to mental-health consultation) shift the system toward deep acting and cognitive empathy, dampen acute BAT-type costs, and slow cumulative wear (Mastracci et al., 2012; Watson et al., 2025; Clarke et al., 2024; Clarke et al., 2023; DeBernardo, 2004; Grubb, 2016).



More specifically, at the individual level, training should explicitly pair ALS with regulation skills that bias toward deep acting and cognitive empathy: brief reappraisal drills, self-talk scripts, and perspective-taking under time pressure (Van Gelderen, 2013; Singh & Hassard, 2021). Psychological flexibility and self-compassion are promising buffers that reduce emotional dissonance costs without sacrificing performance; these can be trained and coached (Watson et al., 2025; Clarke et al., 2024). Experience itself appears protective, likely by making demanding tasks more automatic and freeing scarce cognitive resources (Clarke et al., 2024; Clarke et al., 2023).

### Training in Emotional Regulation

Negotiators could benefit from training that goes beyond communication skills to include emotional self-management strategies. Techniques like cognitive reappraisal – reframing a subject’s insults or threats in a way that doesn’t provoke the negotiator – can be taught as part of scenario training. By learning to internally adjust their perspective (a form of deep acting), negotiators may better maintain genuine calm and empathy, reducing stress (Yikilmaz et al., 2024). For instance, In healthcare, emotion regulation training has shown reductions in burnout by shifting workers from surface to deep acting (Sciotto & Pace, 2022). A similar approach could be adapted for law enforcement.

### Empathy Training with Boundaries

Workshops could focus on developing perspective taking skills and teaching negotiators to understand a subject’s mindset without overidentifying. Roleplay exercises might emphasize responding with phrases that convey understanding but also practicing mental detachment techniques. By reinforcing this balanced empathy, negotiators might achieve rapport with less personal toll (Vecchi et al., 2004). This ties with concepts with of police emotional intelligence training that according research improves stress management.

At the team level, role clarity, real-time coaching (“coach prompts”), and deliberate pacing/rotations help protect attention and affect over long calls. Checklists for critical transitions (e.g., subject mood shifts, delivery of bad news) support memory and timing when cognitive load spikes (Norton & Petz, 2012; Alvinus et al., 2014).



### Building Resilience (Awe and Beyond)

Innovative resilience-building practices are emerging. Thompson and Jensen (2023) found that having negotiators regularly reflect on experiences of awe had positive effects on their well-being and stress levels.

Awe in the context of a positive emotion, can lead to an increase in the person's ability for attention, thought formulation, and can broaden one's "physical, intellectual, and social resources. Furthermore, positive awe can elicit greater feelings of calmness and personal control of a situation (Thompson & Jensen, 2023).

Thus, incorporating such positive psychology exercises into training or routine could enhance negotiators' emotional resilience. For example, brief group sessions on gratitude or meaning-finding after crises might replenish the emotional resources that empathy work depletes.

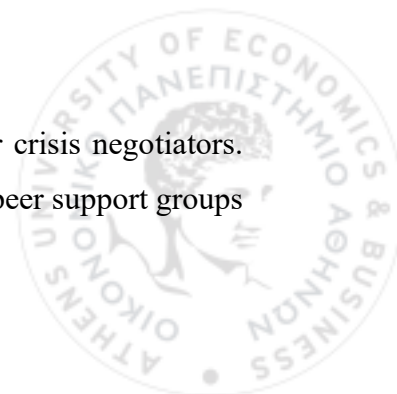
### Compassion Satisfaction and positive psychology

Moreover, fostering compassion satisfaction – the sense of meaning and reward from effective negotiations – may be vital. Higher compassion satisfaction is associated with significantly lower burnout in frontline professionals, suggesting that training and debriefing should also help negotiators recognize and internalize their successes, not only manage the stress of their struggles. For instance, a study of social workers showed a significant negative correlation between compassion satisfaction and burnout, meaning those who find more personal reward in their work have lower burnout (Harr et al., 2014)

At the organizational level, routine reflective practice/supervision and structured debriefing (e.g., CISM/hot-cold debriefs) limit accumulation and normalize help-seeking (Mastracci et al., 2012). Ready access to a mental health consultant during and after incidents adds both operational value (better tailoring) and a wellness buffer (DeBernardo, 2004). These measures align with what Chapter 4 already shows improves practice: slowing time, calibrating empathy, and supporting the team shape better outcomes for the subject and reduce longer-term costs for practitioners (Grubb, 2016, 2021; Johnson et al., 2017).

### Wellness and Resilience Programs

Law enforcement agencies should implement ongoing wellness programs for crisis negotiators. This could include regular psychological check-ins, access to counseling, and peer support groups



where negotiators debrief and normalize their experiences. Studies endorse such measures: for example, departments that provide wellness counseling and peer support report better officer mental health outcome (Bosma & Henning, 2022)

Furthermore, periodic rotations out of the negotiator role or mandatory rest periods after especially traumatic incidents might prevent cumulative stress. Agencies can schedule debriefings post-incident (already common) and also follow-up a week or month later to check for lingering effects

### 5.7. Limitations

This thesis is a conceptual synthesis. It weaves robust strands – emotional labor, empathy, burnout (MBI/BAT), and compassion fatigue – with negotiation practices like ALS and BCSM. What it cannot do is substitute for incident-level data.

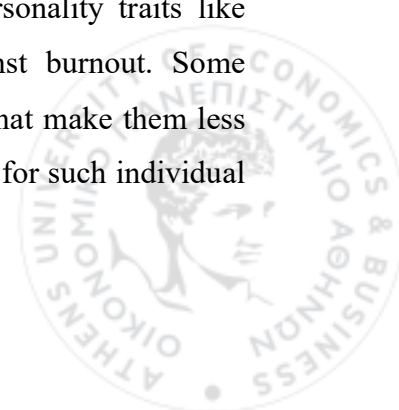
In this context, one limitation is that empirical research specifically on crisis negotiators and burnout is limited. The integrated model is therefore theoretical, built by drawing together findings from related domains (therapy, policing, etc.) and reasoning by analogy. While this is a necessary approach due to the sensitive and infrequent nature of negotiation incidents, it means some assumptions (e.g., that negotiators experience similar burnout mechanisms as other helping professionals) remain to be directly tested in this population.

Thus, this thesis is primarily theoretical (or based on literature review) and does not include original field data from negotiators. As such, it can propose correlations and mechanisms but cannot statistically verify them. Future studies could address this by surveying or interviewing crisis negotiators to examine, for instance, whether those who report more surface acting also show higher burnout levels – a direct test of the model's predictions

Furthermore, there are other factors that might influence burnout in negotiators which this thesis didn't focus on. For example:

#### Individual differences

Not all negotiators will respond the same way to emotional demands. Personality traits like resilience, emotional intelligence, or prior experience might buffer against burnout. Some negotiators might have higher stress tolerance or personal coping strategies that make them less prone to the negative effects described. This model doesn't explicitly account for such individual differences.



### Team and Agency Support

Similarly, organizational and team factors (e.g., the presence of a strong peer support culture, or a particularly stressful period of increased critical incidents) could modulate these outcomes. One negotiator unit with great support may see less burnout than another unit without it, even if individual empathy demands are the same.

### Situational differences

The negotiation scenarios can vary widely – a hostage terrorism case vs. a lone suicidal subject – and the emotional toll might differ across these. The framework used in this thesis is a generalized one; specific sub-scenarios might warrant tailored study.

### 5.8. Future research directions

Future research should empirically validate the model: e.g., longitudinal studies following negotiators over time to track how their emotional regulation strategies relate to burnout outcomes. Such studies could use validated measures (e.g., the Emotional Labor Scale, the BAT or MBI for burnout, and empathy scales) to quantitatively test our hypotheses.

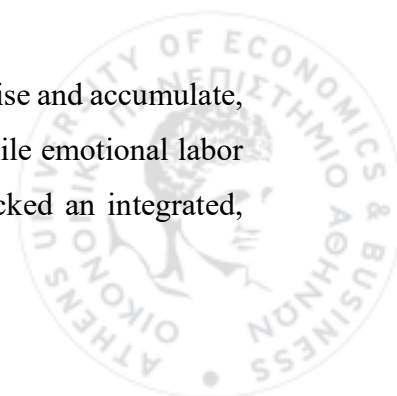
In-depth qualitative studies (interviews, observational research) with negotiators could also enrich understanding. Negotiators might report in their own words how they cope emotionally and what support they need; this could reveal nuances or factors our theoretical model didn't capture.

Intervention research is another avenue: for instance, implementing a new training module on emotional regulation in a negotiation team and measuring if it results in lower burnout or better negotiation outcomes compared to a control team.

Comparative research could look at crisis negotiators versus other crisis responders (like 9-1-1 dispatchers or emergency medics) to see if the emotional demand mechanisms are similar or if negotiators truly have unique patterns. This would help isolate which findings of this thesis are specific to negotiation and which apply broadly to high-emotion occupations

## 6. Summary

This thesis set out to explain how the emotional demands of crisis negotiation arise and accumulate, and what can probably buffer their impact. The problem, restated, was that while emotional labor and empathy have been widely examined in helping professions, we still lacked an integrated,



negotiation-specific account of how display rules, regulation strategies, and empathy modes translate into immediate psychological costs and longer-term outcomes for negotiators.

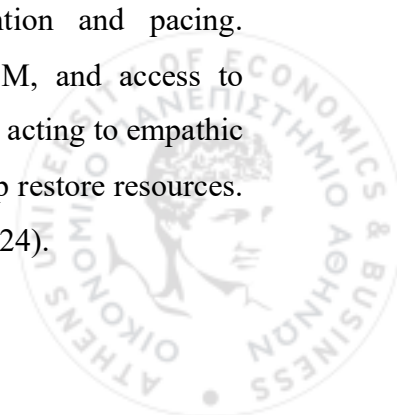
To address that gap, the thesis used an integrative, literature-driven approach – synthesizing established theories of emotional labor, empathy, burnout (MBI/BAT), and compassion fatigue/STS – and applied them to the distinctive pressures of police crisis negotiation; it did not include new empirical field data, and therefore generates theory and testable propositions rather than statistical verification.

### 6.1. What the thesis found (answers to the research questions)

**RQ1 (display rules → regulation → empathy mode).** Across “people-work” contexts, organizational display rules (e.g., mandated calm, neutrality, and respectful tone) shape whether practitioners rely on surface acting or deep acting; that choice in turn channels empathy into more cognitive (perspective-taking) or more affective (emotion sharing) forms (Davis, 1983). Crisis negotiation inherits the same logic: the imperative to project calm and control under pressure pushes negotiators toward effortful regulation, with deep-acting paired to perspective-taking emerging as the safer default when feasible, and surface acting raising the risk of dissonance and fatigue. (Maslach & Leiter, 2016; Davis, 1983).

**RQ2 (immediate and cumulative outcomes).** The same mechanism forecasts two layers of cost. Negotiators face functional impairments consistent with the BAT profile – exhaustion, emotional/cognitive dissonance – especially under acute arousal and time pressure. Over repeated exposure, these on-shift costs accumulate into the classic MBI pattern – exhaustion and depersonalization, with reduced accomplishment downstream – and may co-occur with compassion-fatigue symptoms where traumatic content is central. (Schaufeli et al., 2020; De Beer et al., 2020; Maslach & Leiter, 2016; Figley, 1995).

**RQ3 (buffers).** The analysis identified plausible buffers at three levels. Individually, psychological flexibility, self-compassion, and accumulated experience appear protective. At team level, role clarity, rotations, real-time coaching, and checklists can protect attention and pacing. Organizationally, supervision, reflective practice, structured debriefing/CISM, and access to mental health consultation are positioned to interrupt the pathway from surface acting to empathic distress to burnout. These supports reduce dissonance, distribute load, and help restore resources. (Mastracci et al., 2012; Clark et al., 2021; Watson et al., 2025; Clarke et al., 2024).



## 6.2. Synthesis of the theoretical insights

Chapter 2 showed that the core mechanism travels reliably across helping roles: display rules drive regulation strategy; regulation strategy shapes empathy mode; and that cascade predicts both immediate functional costs and cumulative outcomes (MBI/BAT; compassion fatigue/STS). In crisis negotiation, the same mechanism operates under compressed timeframes, public-safety risk, and moral stakes. Thus, emotional labor “sets the stage,” empathy does the linking work (ideally cognitive and strategically applied), and together they influence both performance on shift and well-being over time (Maslach & Leiter, 2016; Schaufeli et al., 2020; De Beer et al., 2020; Figley, 1995; Davis, 1983).

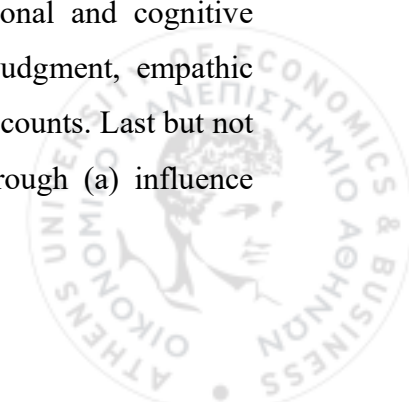
This synthesis clarifies empathy’s double edge: perspective-taking supports boundaries and communication accuracy, while unregulated affect sharing risks personal distress and contagion – precisely the pattern negotiators must manage while moving a subject from arousal to problem-solving (Wagaman et al., 2015; Zhou, 2025). In short, cognitive empathy aligned with deep-acting regulation is more sustainable under load; surface acting coupled with affective contagion is not.

## 6.3. The integrated model and its contribution

The model advanced here maps a sequence from organizational display rules → emotion-regulation strategy (surface vs. deep acting) → predominant empathy mode (e.g. affective vs. cognitive) → outcomes (immediate: BAT-type impairments; cumulative: MBI-type burnout and compassion-fatigue features), with buffers moderating each link.

Its contribution is twofold. First, it adapts established theories to the specific realities of crisis negotiation where time pressure, life and death risk, and moral stakes intensify both the need for, and the cost of, emotional control and empathic engagement. Second, it identifies where practice-based supports (e.g., supervision, critical incident stress management debriefing, on scene mental health consultation) can plausibly interrupt the strain pathway. In doing so, the model fills the integrative gap identified at the outset and provides testable propositions for future study.

Furthermore, from an academically perspective, by centering BAT’s emotional and cognitive impairments, the model links negotiation-critical skills (attention, recall, judgment, empathic calibration) to measurable burnout dimensions, complementing MBI-based accounts. Last but not least, the analytical frame offers a compact lens for reading incidents through (a) influence



processes (ALS → empathy → rapport → influence → change) and (b) cost processes (acute functional strain; cumulative outcomes), guiding both training and after-action learning

In doing so, the model fills the integrative gap identified at the outset and provides testable propositions for future study.

#### 6.4. Practical implications (buffers and training)

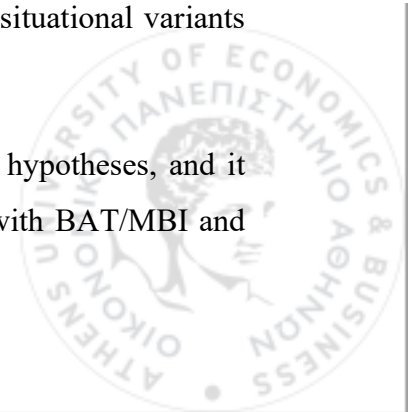
Several implications follow directly from the model and the evidence synthesized:

- ⇒ Train for cognitive empathy and deep-acting under stress. ALS and the BCSM already embody these principles; training should explicitly name them as regulation-and-empathy tools, not just communication techniques, and rehearse their use under realistic arousal. (Johnson et al., 2017).
- ⇒ Build team-level safeguards. Role rotations during prolonged incidents, structured coach prompts/checklists, and attention to tempo protect working memory and judgment – precisely the capacities flagged in the BAT profile as vulnerable under load (Schaufeli et al., 2020; De Beer et al., 2020).
- ⇒ Institutionalize organizational supports. Routine supervision, reflective practice, and CISM-style debriefings, plus ready access to mental-health consultants, reduce surface-acting pressure, sustain cognitive empathy, and shorten recovery arcs after difficult calls (Mastracci et al., 2012).

#### 6.5. Scope and limitations

Thus the scope is police crisis negotiation with subjects in acute distress, this thesis analyzes robust literatures on emotional labor, empathy, burnout (MBI/BAT), and compassion fatigue/STS, and practice models such as ALS and the Behavioral Change Stairway Model and proposes mechanisms and practical leverage points that should now be tested empirically. Though it does not directly measure negotiators' outcomes or adjudicate causal claims in this population; it also does not model individual-difference moderators (e.g., trait resilience) or all situational variants (e.g., terrorism vs. suicide risk) in depth.

As a conceptual synthesis, it advances an explanatory account and practical hypotheses, and it outlines empirical designs to test them (e.g., pairing emotional labor scales with BAT/MBI and



empathy measures in longitudinal samples). Future studies can examine, for example, whether negotiators trained and supported to favor deep-acting and perspective-taking show lower on-shift BAT impairments and reduced MBI burnout scores over time relative to controls, and whether structured debriefings measurably shorten recovery curves after high-impact incidents.

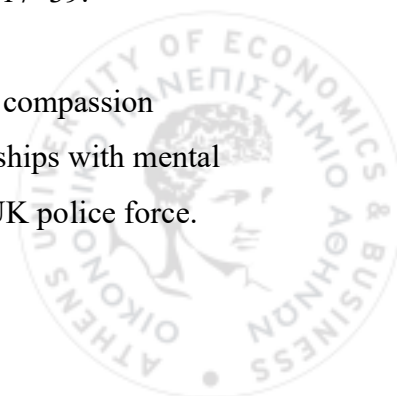
## 6.6. Closing

Taken together, the analysis shows that crisis negotiation runs on the same psychological engine as other forms of “people-work”, but under greater intensity and time pressure. Display rules make regulation unavoidable; regulation shapes empathy; and the two together determine both moment-to-moment functioning and long-term health. By mapping this pathway and locating the buffers that can interrupt it, the thesis offers a coherent, negotiation-specific account of the “emotional cost of saving lives” – and a foundation on which agencies and researchers can build to better safeguard those who stand on the crisis front line. (Maslach & Leiter, 2016; Schaufeli et al., 2020; De Beer et al., 2020; Figley, 1995; Davis, 1983).

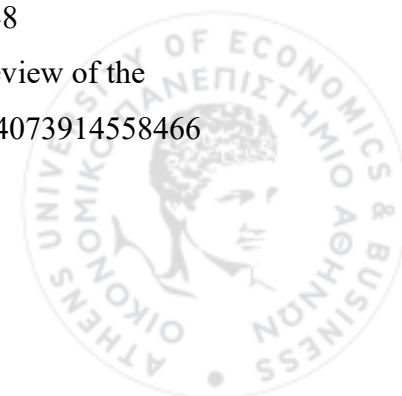


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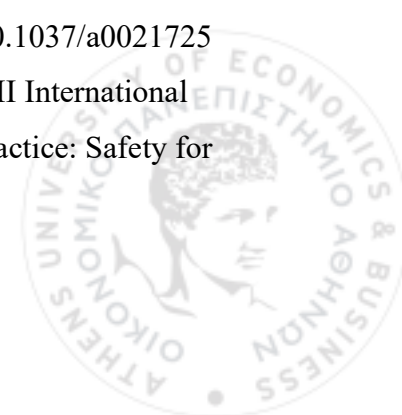
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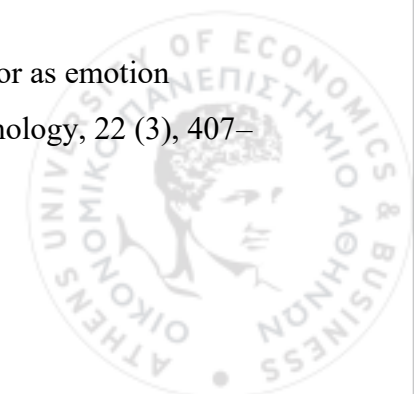
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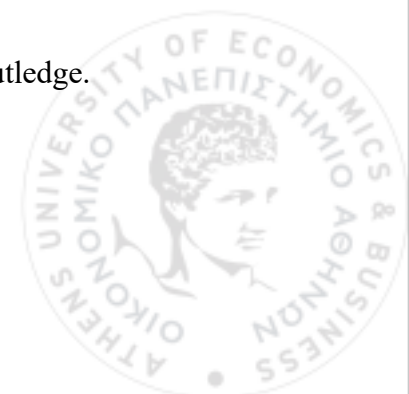
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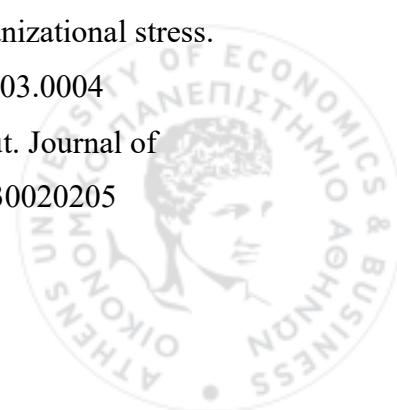
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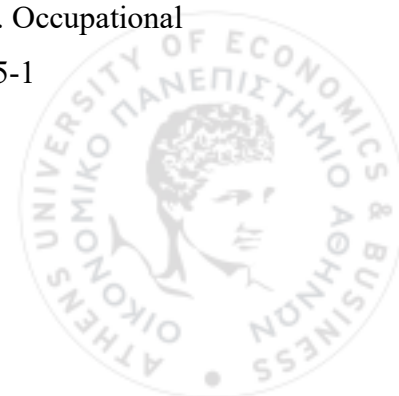
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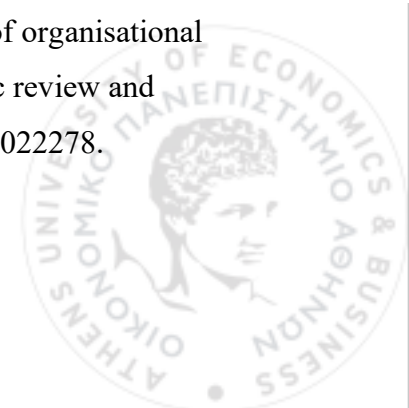
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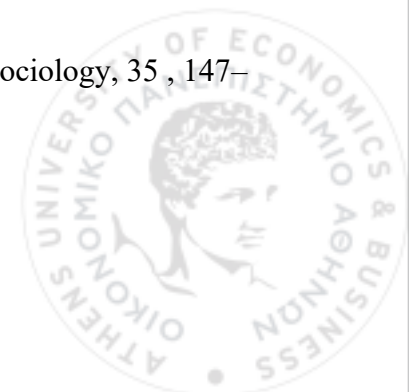
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