

CARE AND POSSIBILITY: ENACTING AN ETHIC OF CARE THROUGH NARRATIVE PRACTICE

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The feminist notion of an ethic of care provides a powerful alternative to justice as a central orienting value for the development of moral theory, but it has been largely overlooked in the literature on care in organizations. We explore how an ethic of care could be enacted in organizations, arguing that it would involve narrative practices embedded in enduring relationships, such as work teams. We articulate three domains of discursive practice—how members construct their experiences, how they construct their struggles, and how they construct future-oriented stories—and from them identify three specific caring narrative practices: constructing histories of sparkling moments, contextualizing struggles, and constructing polyphonic future-oriented stories. We argue that, together, these practices foster an ontology of possibility—a belief system that emphasizes the socially constructed nature of both past and present and, thus, facilitates action and an appreciation of its limits. We conclude by considering the organizational conditions under which an ethic of care is more likely to flourish and the impact of an ontology of possibility on the resilience of organizational teams who adopt it.

Caring begins as an interest in someone that expands through knowledge to a feeling and a commitment to help the person to exist and grow (Nyberg, 1990: 81).

In recent years there has been a growing awareness of the importance of care and compassion at work (Dutton, Worline, Frost, & Lilius, 2006; Kahn, 1993; Lilius, Kanov, Dutton, Worline, & Maitlis, 2012; Powley, 2009). Across diverse areas of management research, including organizational behavior, entrepreneurship, strategic management, and institutional theory, we see evidence of the impacts of how people attend to each other at work, how they feel treated by others, and the quality of their relationships inside and beyond organizational boundaries (Dutton & Ragins, 2007; Goss, 2005; von Krogh, 1998; Voronov & Vince, 2012). While some studies have focused on organizational responses to the suffering of those outside the organizational boundary (Dutton & Dukerich, 1991; Plowman et

al., 2007), an increasingly visible stream of work has investigated how and why organizational members treat each other with care and compassion (Frost et al., 2006; Lilius et al., 2012), as well as the organizational and broader factors that support such behavior (Dutton et al., 2006; Lilius et al., 2012). This latter stream of work has demonstrated the positive effects of care and compassion within organizations on both individual members and organizational units (Dutton et al., 2006; Lilius, Worline, Dutton, Kanov, & Maitlis, 2011; Lilius et al., 2008; Powley, 2009).

In this article we contribute to the study of care and compassion in organizations by exploring the potential contribution of an “ethic of care” (Gilligan, 1982). In 1982 Carol Gilligan published *In A Different Voice*—a foundational text that established an ethic of care as a powerful alternative to justice as the central value around which moral theory and practice might revolve. An ethic of care starts with the perspective of “persons as relational and interdependent, morally and epistemologically,” rather than independent, self-sufficient actors (Held, 2005: 13). While most writing on care in organizations has positioned it as a response to suffering (Dutton et al., 2006; Frost, 2003; Lilius et al.,

We thank Jean Bartunek for seeing the potential in our paper and giving us the gift of her care and guidance, three anonymous reviewers for their constructive and perceptive feedback, Jane Dutton for her constant encouragement and support, and participants of the 2010 and 2011 May Meaning Meetings for all their questions, suggestions, and laughter.

2012), feminist writing sees care as an ongoing, central dimension of relationships, regardless of the suffering or the flourishing being experienced, as captured in the quotation with which this article opens. Such an understanding shifts the metaphor of care from being anchored in caring professions, such as nursing, to being anchored in loving relationships.

The idea of an ethic of care has, over the past two decades, been taken up widely in feminist scholarship and beyond as a way of understanding how human beings develop and how communities are and can be structured (Held, 2005; Liedtka, 1996; Noddings, 2003; Sevenhuijsen, 2004; Wicks, 1996). Despite its prominence in broader discussions of morality and community, however, little attention has been paid to an ethic of care in the scholarly literature on care and compassion in organizations. For instance, it has been mentioned in only one article abstract in an Academy of Management publication (Jacques, 1992) and in the text of only five such articles. We believe that this oversight presents a significant opportunity for studies of care in organizations.

We take up this opportunity by developing a theoretical framework that connects an ethic of care to narrative practices in organizations and to the consequences of those practices for work teams. The link from an ethic of care to narrative practices is rooted in feminist writing that highlights the importance of understanding care as a practice (Held, 2005; Noddings, 2003) and in research on a wide range of narrative practices that suggests they provide an important means through which care can be enacted (Bushe & Marshak, 2009; Frank, 1997; Freedman & Combs, 1996). We focus our discussion on the narrative practices enacted in work teams because an ethic of care emphasizes the importance of ongoing, interdependent relationships as sites of care. We propose that an important effect of narrative practices based on an ethic of care is the promotion of an "ontology of possibility" (Bloch, 1995).

In brief, we distill from the writing on an ethic of care five themes with implications for how care might be enacted in organizations. The first two themes suggest it will involve the discursive practices of members in concrete, ongoing, emotionally significant relationships. The other three themes point to specific domains of discursive practice—the construction of experiences,

struggles, and futures—that are particularly important for care in organizations. In order to concretely situate these themes in organizational life, we translate them into a set of narrative practices of work teams. We do not suggest this is the only way an ethic of care might be enacted but, rather, aim to illustrate an appropriate context and a distinctively important medium through which care can be enacted in organizations. The last part of our theoretical framework connects caring narrative practice to the development of an ontology of possibility—a belief system that emphasizes the socially constructed nature of both past and present and, thus, facilitates action and an appreciation of its limits (Bloch, 1995; Carlsen & Pitsis, 2009; Ludema, Wilmot, & Srivastva, 1997).

Exploring the possible role of an ethic of care in organizations, its translation into work team narrative practices, and its impact on a team's ontology has four main benefits for the study of care and compassion in organizations. First, it broadens and deepens our understanding of care in organizations. Our article connects the study of care and compassion in organizations to the extensive feminist writing that has considered the fundamental role of care in human relationships and communities. We integrate this compelling stream of writing with a flourishing conversation among organizational scholars and explore how an ethic of care might be enacted in organizations. In so doing we reposition care in organizations not only as a powerful response to suffering, as it is commonly understood in the care and compassion literature, but as an ongoing source of strength for all organizational members.

Second, we propose a set of three narrative practices through which an ethic of care can be enacted in organizations. This provides a novel contribution to the care and compassion literature, which has only recently begun to examine the roles of narrative and other forms of discourse.

Third, we develop an overarching theoretical framework that links ethics, practice, and the ontology of organizational members. This framework has implications for how we understand care in organizations, showing how daily practices of care at work not only increase organizational members' feelings of support and connection but also change their understandings of themselves and what they can do.

Finally, we explore some conditions likely to facilitate the enactment of an ethic of care and then discuss important organizational consequences of caring narrative practice. The links we propose between an ethic of care, narrative practice, and an ontology of possibility do not occur in isolation. They are more likely to happen in organizations with certain structures and cultural values. Potential impacts of care in organizations include both practical gains and affective, moral, and relational effects on organizational members (Kahn, 2005; Lilius et al., 2011, 2008). To explore these effects we consider the impact of an ethic of care on work team resilience—the ability of a team to maintain a stable equilibrium in the face of adversity (Bonnano, 2004).

We present the article in three sections that mirror our theoretical framework, followed by an exploration of facilitating conditions and practical impacts and a conclusion in which we discuss the article's boundaries, limitations, and implications for research and practice.

AN ETHIC OF CARE

Feminist Foundations

The notion of an ethic of care emerged in the early 1980s as scholars explored the possibility of a distinctive morality grounded in women's experience. Ruddick introduced the notion of "maternal thinking," which arises out of child-rearing practices and depends on a combination of attention and love that "invigorate[s] preservation and enable[s] growth" (1980: 348). Gilligan (1982) revolutionized the psychology of moral development by exploring the possibility that dominant theories of moral maturity, such as Kohlberg's (1969), did not reflect the experience of women or the moral development of girls. Based on psychological studies and analyses of classic fictional works, Gilligan (1982) described two ways of speaking about moral problems. The first, and dominant, way is from a "'justice perspective' that emphasizes universal moral principles," while the second is from a "'care perspective' that pays more attention to people's needs, to how actual relations between people can be maintained and repaired, and that values narrative and sensitivity to context in arriving at moral judgments" (quoted in Held, 2005: 28).

Noddings (1984) established the philosophical foundations for an ethic of care. Working from a focus on maternal care, Noddings' fundamental position was that "relations, not individuals, are ontologically basic" (2003: xiii) and that "the caring relation is ethically basic" (2003: 3). Noddings (2003) argued that ethical caring (caring motivated by morality) arises out of "natural caring" (as in the care of a mother for her child) and the memory of being cared for. An important aspect of an ethic of care, Noddings noted, is its relation to rules: "To care is to act not by fixed rule but by affection and regard" (2003: 24). Thus, the specifics of caring will depend on the concrete realities of the relationship and the situation.

Tronto (1993) pushed the ethic of care into political discourse, arguing for a focus on care as practice. She observed that "we need to stop talking about 'women's morality' and start talking about a care ethic that includes the values traditionally associated with women" (1993: 3). To transform the status of care and of women, Tronto argued that we must understand care as a social practice rather than a disposition that is "easy to sentimentalize and privatize" (1993: 118). In contrast to dispositions, practices are social phenomena, owned and controlled by groups that define their correctness and provide ways for members to learn them (Barnes, 2001).

Feminist writing thus presents an ethic of care as an approach to morality that emphasizes the concrete needs of people with whom we are in relationship, is driven by the emotions flowing from those relationships, and is understood as a social practice rooted in maternal relations rather than as a private disposition or feeling.

An Ethic of Care in Organization Studies

Discussions of an ethic of care have been relatively isolated in organization studies, occurring primarily within a few conversations: the application of feminist ideas to organization scholarship (Calás & Smircich, 1996; Fondas, 1997; Jacques, 1992), the place of care in business ethics and stakeholder theory (Burton & Dunn, 1996, 2005; Wicks, Gilbert, & Freeman, 1994), and the writing on caregiving in organizations (Kahn, 1993, 2005; Liedtka, 1996; Parker, 2002).

In his discussion of critique and theory building in organization studies, Jacques (1992) argued that dominant practices in our field reflect

an "ethic of judgment" associated with two sets of key ideas: first, truth exists external to its discussants and, consequently, the development of a mechanism to discern truth is paramount; second, critique is a contest from which truth will emerge and thus must not be interfered with. Jacques characterized this approach as "devoid of grounding in material, cultural, or historical conditions" (1992: 587) and suggested an alternative approach informed by an ethic of care. Writing about "care-based knowledge practices" (1992: 588), he argued for a process of inquiry that moves away from a focus on truth as external and eternal to understanding the truth of a situation and the truth of a community.

Wicks et al. (1994) initiated the discussion of an ethic of care and stakeholder theory with their feminist reinterpretation of the stakeholder concept. This has been followed by a stream of work applying feminist ideas, and an ethic of care in particular, to stakeholder theory (Burton & Dunn, 1996, 2005; Liedtka, 1996; Wicks, 1996). Most recently, Burton and Dunn argued for shifting stakeholder theory from a reliance on abstract principles toward a "caring approach" that "focuses on relationships, responsibilities to stakeholders other than the firm itself, consensus building and communication, and trust and cooperation" (2005: 457). Although stakeholder theory is primarily concerned with an organization's interactions with outside individuals, groups, and organizations, the relevance of an ethic of care stems from a concern it shares with stakeholder theory for actors that are in some kind of direct or interdependent relationship. So, even if the actor in question operates at some distance from the organization, both an ethic of care and stakeholder theory emphasize the actor's connectedness. Drawing on Noddings (2003) to explore how to deal with conflict among stakeholders, Burton and Dunn argued that an ethic of care would move us away from dealing with such actors in ways preoccupied with winning and losing toward a focus on "removing the conflict and enhancing the relationships involved" (2005: 459–460).

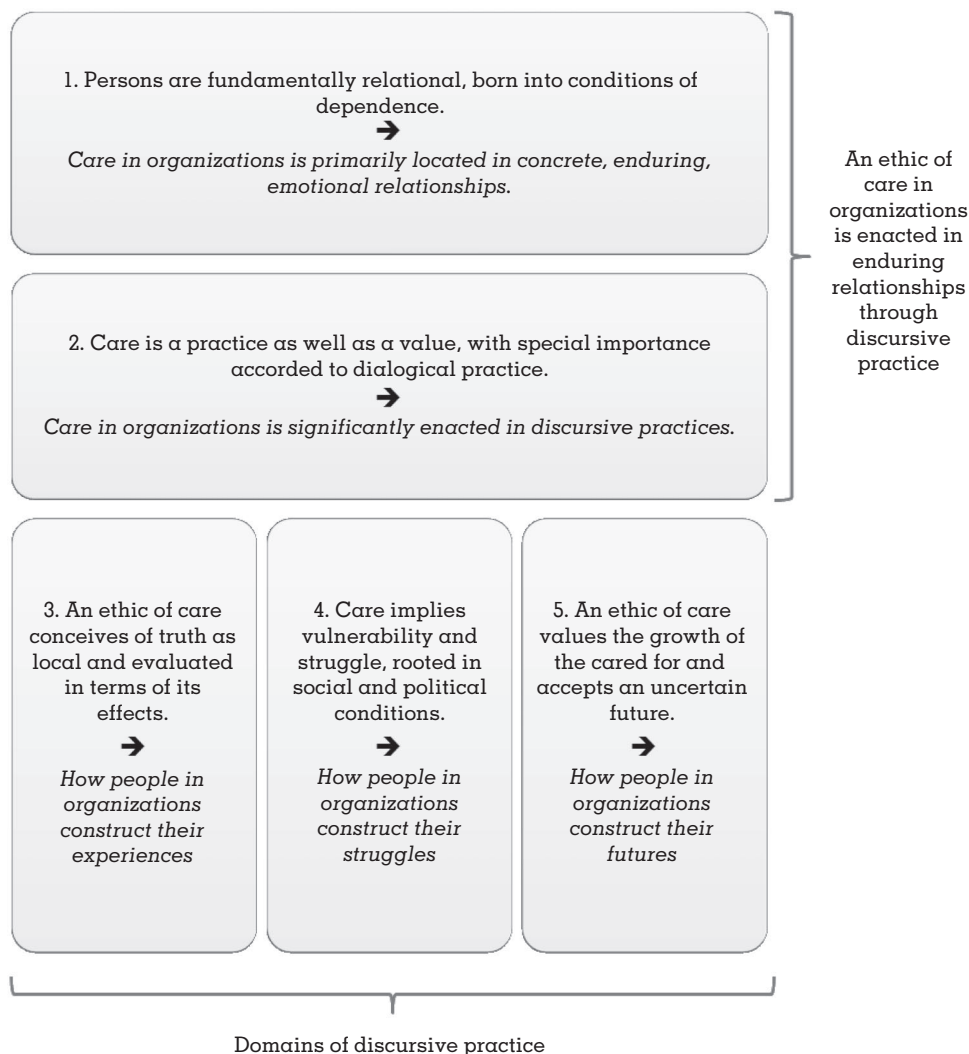
A third, less developed area of discussion concerns the implications of an ethic of care for how organizations are managed. Notable for its attention to life inside organizations is Liedtka's (1996) translation of an ethic of care into a set of ideas that connect squarely to organizational life. Liedtka argued that an ethic of care has

three distinctive elements: "an attention to particular others in actual contexts . . . a focus on the needs versus the interests of those particular others . . . and a commitment to dialogue as the primary means of moral deliberation" (1996: 180). Turning to organizations, Liedtka (1996) suggested that caring organizations require not only caring individuals as members but the active support of caring members through organizational goals, systems, strategies, and values. For example, Liedtka argued that "the architecture of . . . organization[s] would need to be highly decentralized to give each individual the 'reach' necessary to carry out the caring work on a daily basis, in an autonomous way" (1996: 193). Although not based explicitly on an ethic of care, Kahn's (1993, 2005) studies of relationships among members of caregiving organizations extend and clarify these arguments, identifying systemic factors that affect the emotional support provided to organizational members and, in turn, the likelihood of member burnout. Thus, the writing on an ethic of care in the organizational literature has emphasized truth as situated within a particular context, firms as needing to care for their networks of stakeholder relationships, and organizations as potential caregiving and care-supporting systems.

An Ethic of Care Inside Organizations

Reviewing the feminist and organizational writing on an ethic of care highlights an important gap in the literature: how an ethic of care might be enacted inside organizations among their members. Despite the emphasis in the ethic of care literature on close, enduring relationships, organizational scholars have, with the exception of Liedtka (1996), focused on an ethic of care in relation to scholarship (Jacques, 1992) and organizations' external stakeholders (Wicks et al., 1994), rather than attempting to understand its potential impact on life inside organizations. To begin to address this gap, we identify a set of themes cutting across feminist and organizational writing on an ethic of care that indicate how it might be enacted among organizational members. Two themes suggest that care in organizations is likely to be enacted in enduring relationships through discursive practice (see Figure 1 for a summary of the themes we discuss here). Three additional themes suggest particular domains of discursive

FIGURE 1
Key Themes in Writing on an Ethic of Care and Their Implications for Care in Organizations



sive practice that are especially important in enacting an ethic of care.

First, an ethic of care is rooted in an understanding of persons as fundamentally relational, born into conditions of dependence that make caring a basic requirement of all human societies and communities (Noddings, 2003; Tronto, 1993). Held argues that traditional moral theories suggest "what separates us is in some important sense prior to what connects us," whereas an ethic of care "sees persons as relational and interdependent, morally and epistemologically" (2005: 14). Care is anchored not in abstract, universal relations but concrete, specific relationships, and so an ethic of care in

organizations is especially relevant and important for more immediate, enduring, and emotional relationships (Kahn, 1993; Liedtka, 1996) that are likely to occur both inside and outside the organizational hierarchy (Kahn, 1993; Liedtka, 1996). Further, because care involves effort and can involve risk, it requires clear boundaries around responsibilities to ensure that organizational caregivers are not at risk of either burnout or political fallout from their caring activities (Liedtka, 1996).

The second theme highlights the idea of care as not only a value but also a practice. As conveyed in the article's opening quotation, to care is both to feel for another and to act on the

other's behalf: care as practice focuses on meeting the needs of particular others for whose well-being we hold some responsibility by virtue of either natural or social relations (Held, 2005; Noddings, 2003; Tronto, 1993). A critical aspect of care as practice highlighted in the organizational writing on an ethic of care is its dialogical nature (Jacques, 1992; Liedtka, 1996; Sevenhuijsen, 2004). Care in an organizational context is likely to revolve significantly around the ways in which organizational members communicate with, listen to, and especially tell stories to and with one another. Thus, the first two themes suggest that an ethic of care as enacted among members of an organization is likely to involve sets of individuals who are in enduring, concrete relationships with one another (as in a work team, research lab, or interdependent work unit), working to meet each other's needs significantly through discursive forms of practice (talking, listening, sharing stories, etc.).

Three additional themes highlight domains of discursive practice that are especially important to enacting an ethic of care inside organizations. The first stems from an ethic of care's "practical epistemology"—its conception of how people understand their experiences and the meaning of those experiences. An ethic of care rejects an objective perspective on the world, highlighting instead a conception of truth and knowledge as locally situated and produced. This theme is rooted in an ethic of care's "insistence on the particular" (Gilligan, 1982: 101), especially "the claims of particular others with whom we share actual relationships" (Held, 2005: 11). Thus, truth from an ethic of care perspective becomes the truth of a situation and of a community, and the evaluation of that truth emphasizes its effects on those for whom we care (Held, 2005; Jacques, 1992; Tronto, 1993). Evaluating truth by its effects highlights the importance of identifying and celebrating the positive aspects of people and their lives. This is rooted in the earliest traditions of writing on an ethic of care, including Gilligan's (1982) idea of a "different voice," which recast women's morality as valid, legitimate, and strong, rather than lagging behind that of men's. Since then, writing on an ethic of care has reinforced this move, developing theoretical (Dillon, 1992), political (Tronto, 1993), and philosophical (Noddings, 2003) foundations for seeing women's experiences as sources of strength. This theme suggests that a

key domain of discursive practice is how people in organizations construct their experiences, and it points to the importance of doing so in ways that highlight the positive in those experiences.

The second theme that suggests a specific domain of discursive practice is an ethic of care's recognition of "vulnerability and fragility as characteristics of everyday life" (Sevenhuijsen, 2004: 36). An ethic of care takes as its point of departure women's experience of caring for their dependents—young children, infirm adults, aging parents—and so is immediately concerned with understanding and responding to the struggles that others face. Ruddick, for instance, argues that central to maternal practice is "attentive love, the training to ask, 'What are you going through?'" (1980: 359). Although the previous theme emphasized finding and celebrating the positive in people's experiences, an ethic of care also recognizes that people inside and outside organizations experience struggle as a fundamental part of everyday life. Care involves attending to others' struggles and helping those we care for manage, cope with, and overcome them. From a discursive perspective, a key domain is therefore how people construct the struggles they and others face—how acute difficulties and setbacks, as well as chronic challenges, are constructed in everyday life.

An idea from an ethic of care perspective that is important to the construction of people's struggles is the problematization of the division between public and private spheres (Held, 2005; Tronto, 1993). An ethic of care draws attention to the ways in which ostensibly private problems and issues are the result of public, political processes (such as conflict between men and women in work teams stemming in part from socially constructed notions of gender). This idea underpins traditional feminist practices, such as consciousness-raising groups, and sayings, as with "the personal is the political" (Stanley & Wise, 1993: 62). This is not to suggest that individuals cannot play a role in creating the struggles they face but, rather, emphasizes that struggles are rooted not in problematic individuals or groups but in problematic social and cultural conditions. Thus, the second domain of discursive practice is how people in organizations construct their struggles, with an ethic of care suggesting that people contextualize them, situating members' struggles in terms

of their social and cultural underpinnings rather than personalizing them.

The final theme in the ethic of care literature that points to a domain of discursive practice is its fundamental interest in the future well-being of the cared for. In particular, an ethic of care values "growth" (Gilligan, 1982; Ruddick, 1980)—"moving [the cared for] toward the use and development of their full capacities, within the context of their self-defined needs and aspirations" (Liedtka, 1996: 185). This suggests that an important domain of discursive practice is how people construct their futures. Noddings describes this idea in terms of the hopes and dreams a mother might have for her child—visions of a future that "set aside temptation to analyze and plan" (2003: 30). Ruddick echoes these sentiments, arguing that an ethic of care implies an attitude toward the future of those we care for in which "innovation takes precedence over permanence, disclosure and responsiveness over clarity and certainty" (1980: 352). Drawing on maternal care for inspiration, writers in this tradition argue that a caring approach toward another's future requires understanding and accepting uncertainty and working to foster growth, however that person might understand it and however it might evolve. In an organizational context the domain of discursive practice this theme highlights is how members construct their and others' futures, with an emphasis on individuals' potential growth and development in ways that are not necessarily predetermined or narrowly specified.

SITUATING AN ETHIC OF CARE IN ORGANIZATIONS: CARING NARRATIVE PRACTICE IN WORK TEAMS

In this section we situate the themes identified above in the context of day-to-day organizational life. Our choices here are not meant to be exhaustive but, rather, illustrative of how the five themes could be enacted in organizations. The first two themes suggest that an ethic of care in organizations would be located in enduring, emotional relationships enacted through discursive practices; to make this concrete, we focus on work teams and the narrative practices adopted by members of those teams. Work teams represent one kind of enduring relationship in organizations and narrative practices one form of the more general category of discursive

practice. For each of the three domains of discursive practice we highlighted above—how people construct their experiences, the struggles they face, and their individual and collective futures—we examine how they might be enacted through a specific narrative practice in organizations. For each domain we draw for inspiration on a different literature that is sympathetic to the idea of narrative practice as a site of caring and that holds particular insight for that domain.

Narrative Practice in Work Teams

Our decision to focus on work teams is driven by the emphasis in the ethic of care literature on care as situated in concrete, enduring relationships (Held, 2005). We are particularly motivated to look at work teams by Liedtka's (1996) argument that care in organizations involves risk and effort and, thus, requires clear boundaries. Work teams represent an important organizational unit (Guzzo & Dickson, 1996) involving small, bounded groups of people involved in concrete, enduring relationships.

Our focus on narrative practice as a site for caring stems from the importance of communication to an ethic of care and, more generally, from the central role of narrative in social relationships (Czarniawska, 1998). A narrative can be understood as a discursive ordering of events with a valued end point (Gergen, 2009a) that provides a "creative re-description of the world" (Kearney, 2002: 12; quoted in Rhodes & Brown, 2005: 167). A critical aspect of narratives is that they do not simply describe reality but are a means of socially constructing events, actions, thoughts, and feelings, as well as the relationships among them (Bruner, 1986; Gergen, 2009a). Narrative practice in organizations is closer to an ongoing construction and reconstruction of partial narratives than the formulation of complete, coherent stories (Boje, 1991, 1995). Czarniawska argues that storytelling is a "never-ending construction of meaning in organizations" (1998: 15). In his studies of organizations as storytelling systems, Boje (1991, 1995) contrasts traditional views of narratives as fully fledged accounts, agreed on by members and told from beginning to end, with his experience of organizational stories as partial, conflicted, dynamic sets of often terse narrative pieces. More broadly, Boje's (1991, 1995) research illustrates the ubiquity and

impact of narrative practices, even when whole narratives are in short supply. Shotter's (1993: 148) notion of the manager as a "practical author" offers another important way of thinking about narrative practice. Being a practical author means creating among people "a unique sense of their shared circumstances that enables them to act in ways intelligible to each other" (Shotter & Cunliffe, 2002: 17). Key to the process of practical authorship is that it is social—a process in which authors are "relationally responsive" (Shotter & Cunliffe, 2002: 16) to their own and others' words, gestures, and feelings (Cunliffe, 2008). By creating shared realities and increasing relational responsiveness, narrative practice thus has the potential to provide a powerful way of constructing caring relationships in organizations.

In the remainder of this section we draw on the ethic of care literature and introduce a set of relevant bodies of literature that allow us to specify three specific narrative practices that hold significant potential as vehicles for care in organizations.

How Work Teams Construct Their Experiences

The writing on an ethic of care conceives of truth and knowledge as locally situated and produced, rooted particularly in the claims of others with whom we are in relationship (Gilligan, 1982; Held, 2005). This epistemological orientation suggests that truth be evaluated in terms of its effects on those for whom we care (Jacques, 1992; Tronto, 1993) and so encourages the identification and celebration of the positive in people's histories. A body of literature that provides rich insights into how people in organizations can construct positive accounts of their experiences is that on "dialogical organizational development" (Bushe & Marshak, 2009). Dialogical organizational development includes a range of practices, such as appreciative inquiry (Cooperrider & Srivastva, 1987), future search (Weisbord & Janoff, 2000), open space (Owen, 2008), and "conversational" approaches to organizational learning (Bushe, 2009). All of these approaches are grounded in the basic assumption that organizations are transformed by "changing the conversations that normally take place" in them (Bushe & Marshak, 2009: 360), thereby placing narrative practices as central, driving elements in organizational learning, ap-

preciative inquiry, and "dialogical scripting" (Oswick, Anthony, Keenoy, Mangham, & Grant, 2000). Dialogical organizational development interventions focus on the opportunities assumed to exist in any group that can surface its shared aspirations. Appreciative inquiry, described as "the cooperative, coevolutionary search for the best in people, their organizations, and the world around them" (Cooperrider & Whitney, 2005: 20), is perhaps the most explicit and influential in this regard. Such dialogical organizational development approaches do not naively imagine that organizational life consists only of positive experiences or that only positive experiences allow people to move forward; instead, they argue for a shift in emphasis in organizational development from "fixing" organizational problems to identifying and growing organizational strengths.

To translate these ideas into the context of work teams and their narrative practices, we draw on Bruner's (1986, 2004) discussion of the construction of "good stories," in which he identifies two key discursive moves. First is constructing the "landscape of action" (Bruner, 2004: 698)—telling the history of the events themselves. For a work team this would entail gathering and ordering a set of positive events, or "sparkling moments" (Monk, Winslade, Crocket, & Epston, 1997: 44), to tell a story based on events and actions that might otherwise be overlooked. The emphasis is on scrutinizing the team's shared past to recall times—even if brief or rare—when the team was at its best (Berg & de Shazer, 1993; Molnar & de Shazer, 1987). Sparkling moments need not be triumphs per se but might also include taken-for-granted accomplishments, as well as small moments of redemption in which the team dealt positively with adversity.

The second discursive move leverages the resources brought into play in the first, shifting focus to the "landscape of consciousness" (Bruner, 2004: 698). Here the emphasis is on constructing the meaning of the events, especially recognizing organizational members' commitments and appreciating members' qualities and abilities (McKenzie & Monk, 1997). In an organizational context this might involve highlighting the role of members in making positive events happen, as well as their beliefs and values in motivating effective actions. These attributions encourage a focus on a team's positive core,

building appreciation for what members can do together (Cooperrider & Srivastva, 1987). As part of this practice, team members may share these positive narratives with those outside the team or organization. The writing on an ethic of care and on dialogical organizational development highlights the importance of engaging with caring, supportive, informed audiences as people develop and recount their stories (Cooperrider & Whitney, 2005; Ruddick, 1980). As team members tell and retell their narratives, they enrich and adapt them for different audiences, creating more complex, thicker stories that incorporate the understandings, questions, and experiences of those with whom they share.

Richardson and Ludema (2001) provide an example of constructing a history of sparkling moments in their discussion of McDonald's Midwest Division's use of an appreciative inquiry approach to change its HR management strategy so as to achieve the goal of being "the best employer in each community around the world" (Richardson & Ludema, 2001: 70). McDonald's began this process by having the Midwest Division's HR managers interview key stakeholders, including restaurant managers, operations managers, and owner/operators, asking, "What makes us successful when we are at our best as a strategic business partner (principles to preserve)?" (Richardson & Ludema, 2001: 72). This part of the process reflected Bruner's (2004) notion of constructing the landscape of action. The landscape of consciousness was constructed as McDonald's managers connected and interpreted their sparkling moments through the articulation of "principles to preserve," which described the positive core of the organization that they would work to maintain no matter what else changed as they went forward.

How Work Teams Construct Their Struggles

The writing on an ethic of care highlights the ubiquity of human vulnerability, revealing the significance of how people construct the struggles they and others face. A fundamental tenet of an ethic of care is that private struggles are often rooted in broader sets of social and political contexts and can only be dealt with adequately when those connections are considered (Held, 2005; Liedtka, 1996). Recognizing these connections does not suggest some set of transcendental interests or conflicts; rather, it sug-

gests that local narratives are constructed in the context of a host of other influential narratives circulating through such mechanisms as industry-specific media and associations, popular media and culture, and educational institutions. Recognizing the influence of such narratives can allow people to move away from constructions of their struggles that pathologize themselves and undermine their ability to deal effectively with them. Thus, from this perspective, caring narrative practice will involve contextualizing the struggles people face so that they are understood as distinct from and outside of individuals.

The literature on narrative therapy provides distinctive insights into concrete practices through which members of work teams might contextualize their struggles. Consistent with Sarbin's (1986) observation that narrative constitutes the root metaphor of psychology, most forms of psychotherapy use narrative to access underlying factors. Narrative therapy, however, works at the level of the story itself, based on the idea that the meanings people create in their stories can constrict or expand their future actions (McLeod, 1997: 55; White & Epston, 1990). Narrative therapy is "narrative" not only in its focus on people's stories but also in its perspective on where problems come from: "The problems we encounter are multisourced, they are developed over a long period of time, and they come together through the medium of human language to construct and produce our experience" (Monk, 1997: 27). Thus, narrative therapy emphasizes the social and cultural foundations of client problems (White & Epston, 1990) and works to assist clients in developing new narratives that move away from restrictive, victimizing, or otherwise debilitating meanings to ones that open up possibilities and empower (Polkinghorne, 2004). A staple idea of narrative therapy is that "the person is not the problem, the problem is the problem" (Monk, 1997: 26). Monk argues that while this idea may seem simplistic and contrary to notions of personal responsibility, it reflects a complex understanding of the reality that "problems are manufactured in a social, cultural, and political context. . . . over a long period of time" (1997: 26)

Narrative therapy provides a powerful way for team members in an organization to contextualize their struggles. It involves naming struggles in ways that establish them as separate from

the person and rooted in broader cultural and social patterns. So teams engaging in caring narrative practice might name a problem so as to highlight the connections between it and dominant industry or company discourses, such as those emphasizing short-term results (Gabriel, 2004), which would position team members on the same side of the table—naming the problem rather than labeling the team. For example, in Barry's (1997: 37) application of ideas from narrative therapy to an organizational change intervention, a team of osteopaths moved away from stories of their team as "overworked," with members who included an "administrative incompetent" and an "administrative nightmare," to narratives that described the team's struggles with and efforts to deal with two "characters" separate from the team—"Overwork" and "Administrative Angst." Naming problems in this way enables teams to construct themselves as separate from their struggles and actively respond to them (Barry, 1997; von Krogh, 1998; White & Epston, 1990).

The point is not to avoid responsibility or to blame some other party but to prevent cause-oriented thinking (Margolis & Stoltz, 2010) by highlighting the influence of prevailing cultural norms and bringing team members together to deal with the problem. Naming struggles in ways that separate them from a team's identity allows team members to work together in opposition to those struggles, which may involve addressing their own capacity or skills but does not focus on "fixing" the "broken" team. This narrative practice contrasts with a common alternative—constructing "problem-saturated" (White & Epston, 1990) accounts that entwine the team's identity with the problem team members face. Problem-saturated accounts decouple a team's problem from its broader context, pathologizing and potentially demoralizing the team.

How Work Teams Construct Their Futures

The writing on an ethic of care speaks to the ways in which people construct the futures of those for whom they care. Of particular importance is the idea of growth, which from an ethic of care perspective is the fulfillment of an individual's capacity (Liedtka, 1996). Narrative practices that foster growth therefore involve constructing hopeful, supportive, empowering,

future-oriented stories that are also filled with uncertainty and excitement about the potential paths people might follow.

One somewhat counterintuitive source of growth-oriented narrative practice is the writing on narratives of illness. Research on "illness narratives" examines how individuals construct narratives after a life-changing health issue and how these narratives shape their lives and identities (Becker, 1997; Frank, 1997; Maitlis, 2009; Mattingly & Garro, 2000). This research shows that some seriously ill people resist dominant discourses of illness, injury, old age, and infertility, producing transformative and hopeful narratives of the future (Becker, 1997; Ezzy, 2000; Frank, 1997; Maitlis, 2009). Such studies highlight the positive impact of embracing uncertainty and investing in abstract future goals (Ezzy, 2000). Caring narrative practice from this perspective involves constructing what Ezzy (2000: 613) calls a "polyphonic" narrative—one characterized by "overlaid, interwoven and often contradictory stories and values," told in a way that welcomes rather than suppresses contradictions and tensions. Polyphonic narratives exemplify an ethic of care in several ways: by emphasizing ongoing interdependent relationships and embodying a "communally oriented ethics" (Ezzy, 2000: 616); by rejecting standard, universal plots in favor of particular and uncertain life paths; and by acknowledging the power of external forces, such as politics and broader discourses, on any future path (Becker, 1997). A bassoon player in Maitlis's study of injured musicians described how her understanding of the future changed following a career-disrupting car accident:

So, I didn't quit right away, but what I did do was start teaching writing and . . . through that I learned—and through reading more—my world started opening. A lot. And I started finding out I had ideas and interesting things to say. . . . I kept playing and it was, you know, it was painful and I was confused and all of that. But I still, like I say, I still sounded good. But I wasn't sure anymore what my career would be. And the teaching writing opened up a window for me that wasn't there before (2009: 58).

This is a polyphonic narrative told by one individual. For a work team, constructing a future-oriented story that enacts an ethic of care would involve constructing polyphonic future-oriented stories of the members' collective

growth. These narratives would incorporate abstract goals motivating the team but leaving room for exploration and unintended pathways. Key to this narrative practice is the recognition that future-oriented stories are always works in progress, revisited as the future unfolds. Constructing polyphonic narratives facilitates that revision process because the narratives begin with the expectation of uncertainty and emergence. These kinds of future-oriented stories find an echo in Ibarra's notion of "provisional selves," in which people "adapt to new roles by experimenting with provisional selves that serve as trials for possible but not yet fully elaborated professional identities" (1999: 764). A technology work team might, for instance, construct a future-oriented story oriented toward "progress" but with multiple possible outcomes—producing a prototype, identifying technology to next-step the project, or clarifying roles and responsibilities. While this story implies the broad superordinate team goal (Sherif, 1966) of "progress," in contrast to traditional goal-setting theory (Locke & Latham, 1990), it does not specify the precise meaning of that goal or the subgoals through which it might be achieved. Indeed, constructing a polyphonic narrative would acknowledge tensions and potential contradictions among possible goals without attempting to resolve them, and would even celebrate this uncertainty. Future-oriented stories in this work team might therefore simultaneously identify potentially show-stopping technological limits, the need to overcome those limits, and the possibility of someone else getting there first. Such a polyphonic narrative thus provides an orientation that energizes a team about its future in a way that allows for diverse ways of working together and experimenting with different ways of moving forward.

EFFECTS OF CARING NARRATIVE PRACTICE: PROMOTING AN ONTOLOGY OF POSSIBILITY IN WORK TEAMS

The effects of caring narrative practice on work teams are potentially profound, particularly with respect to the beliefs teams hold about themselves and the world in which they work. A narrative perspective emphasizes the active, influential role of constructing and telling stories in shaping what we believe and how we act (Bruner, 1986, 2004). Perhaps the most

consistent and least controversial effect of narrative practice is on our beliefs—what we understand to be true about ourselves, about those with whom we are in relationship, and about the world (Gergen, 2009b; Polkinghorne, 1988). Polkinghorne, for instance, argues that narrative "is a form of 'meaning making' . . . that discloses relationships among the states of affair" (1988: 36). Thus, narratives, through their ordering of events, effect relationships that show us how and why events in the world are connected.

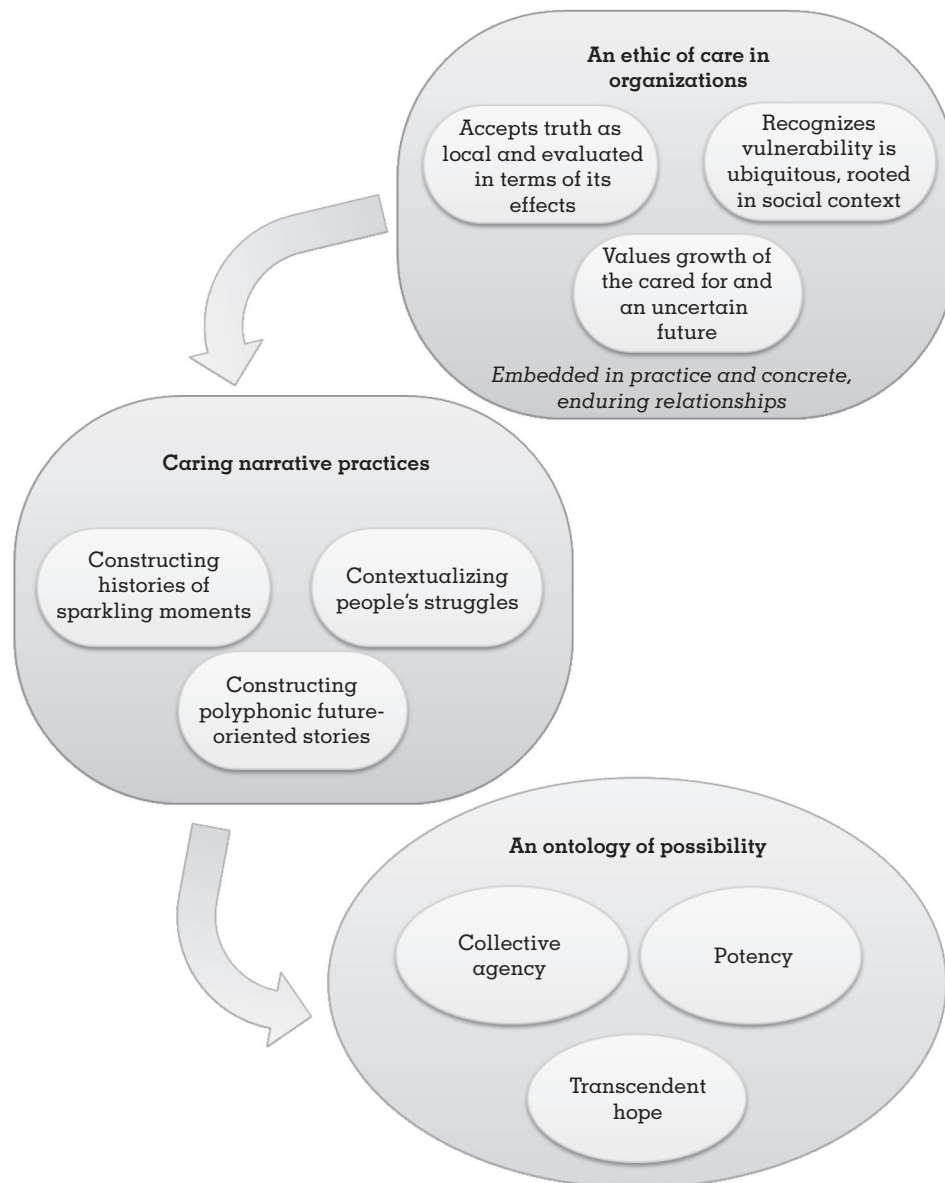
In this section we link each of the narrative practices to a shift in a team's beliefs, and we argue that these shifts combine to change how team members understand the world more generally (see Figure 2 for an overview of the theoretical model we propose).

Caring Narrative Practices and Team Beliefs

The first narrative practice we examined was constructing a work team's experiences as a history of sparkling moments, which has much in common with appreciative inquiry's search for the best in people and the world around them as a foundation for organizational change. For a work team, a significant effect of narrating members' experience as a history of sparkling moments is likely to be an increase in "potency": members' belief in their collective ability to perform (Guzzo, Yost, Campbell, & Shea, 1993; Lester, Meglino, & Korsgaard, 2002). Potency is similar to collective efficacy (Bandura, 2000) but refers to "broader perceptions of team capability spanning tasks and situations" (Gully, Incalcaterra, Joshi, & Beauieu, 2002: 819). Potency has been found to relate positively to productivity, satisfaction, and a variety of measures of team effectiveness (Campion, Medsker, & Higgs, 1993; de Jong, de Ruyter, & Wetzels, 2005; Shea & Guzzo, 1987), but relatively little is known about how group potency can be developed (Lee, Farh, & Chen, 2011; Lester et al., 2002). We suggest that identifying sparkling moments and interpreting those events in terms of a team's capabilities and competence lead to shifts in team potency: as a team member talks about an important goal successfully reached, for example, he or she reminds team members of their demonstrated ability to work together effectively.

The second caring narrative practice in work teams we identified was contextualizing their struggles—situating problems and challenges

Figure 2
Theoretical Framework



in terms of the social and political roots of those struggles—rather than personalizing the struggles and thus pathologizing the team. The impact of this practice on a team's beliefs is suggested by narrative therapy's discussion of its effect on individuals (White & Epston, 1990). In narrative therapy individuals are encouraged to conceptualize their struggles as separate from themselves—as something they face and battle with, rather than something they are (Drewery & Winslade, 1997; White & Epston, 1990). This is not

a move to avoid responsibility but to allow individuals a chance to see themselves as actively working to deal with those struggles. Thus, for a work team, the narrative practice leads to an increase in members' sense of collective agency. "Agency" describes an actor's motivated striving to engage with and influence his or her environment (Emirbayer & Mische, 1998). By a belief in the team's agency, we mean members' understanding that they have the capacity to act together to try to influence the problem they

face. As with an individual in narrative therapy, a work team that situates the struggles it faces as separate from the team itself, and anchored in broader social and political conditions, is more likely to believe it can respond actively to overcome those struggles—a position of collective agency.

The third caring narrative practice we identified is oriented toward the future, and so its impact on a team's beliefs will be similarly oriented. Constructing polyphonic future-oriented stories means narrating a positive but uncertain future that includes exploring and following unintended pathways—"a celebration of mystery, surprise and creativity" (Ezzy, 2000: 605). The literature on narratives of illness shows that people who construct such stories gain "transcendent hope" (Marcel, 1962). Hope theory in positive psychology defines hope as "the perceived ability to produce pathways to achieve desired goals and to motivate oneself to use those pathways" (Rand & Cheavens, 2009). Hope is understood as emerging out of difficult situations (Lazarus, 1999) and is developed in individuals through certain story-making practices (McDermott & Snyder, 1999; Snyder, McDermott, Cook, & Rapoff, 2002). We follow Ezzy's (2000) argument differentiating between "concrete" and transcendent hope. Concrete hope is similar to psychological definitions of hope and is relatively precarious because it is tied to specific outcomes that may or may not occur (Ezzy, 2000). In contrast, transcendent hope is "not oriented to achieving a goal" but, rather, a "mode of experiencing . . . [that] embraces uncertainty and finitude, celebrating surprise, play, novelty and mystery" (Ezzy, 2000: 607), a distinction echoed in Carlsen and Pitsis' (2009: 87) ideas of "attainment" hope and "opening up" hope. A work team that constructs its future through polyphonic narratives builds images of that future that are positive but uncertain and, thus, engender transcendent hope.

An Ontology of Possibility

The starting point for our discussion of these links from caring narrative practices to shifts in a work team's beliefs was the feminist notion of an ethic of care. From an ethic of care we identified a set of themes that we translated into caring narrative practices that increase a team's potency, collective agency, and transcendent

hope. We now pivot in our theorizing, turning toward the overarching relationship between an ethic of care and a team's overall belief system. Together, potency, collective agency, and transcendent hope—a team's beliefs in its capabilities, its potential for cooperative work, and a positive though uncertain future—underpin a more general belief that the world in which the team works provides "a vast spectrum of possibility, an endless invitation to innovation" (Gergen, 2009b: 5). We describe this general belief as an "ontology of possibility," an idea that has been used to describe Ernst Bloch's (1995) utopian philosophy in which reality is fundamentally determined by the future rather than the past (Fischman & McLaren, 2000). To adopt an ontology of possibility is to understand existence as the pursuit of a better future rather than the outcome of past decisions and events. Bloch positions his ontology of possibility in opposition to a view of the world as "a palace of fateful events" (1995: 6). An ontology of possibility suggests that who we are and what we do is the beginning of who we want to be and what we want to do, rather than the end point of who we have been and what we have done.

We are proposing a general relationship between an ethic of care and an ontology of possibility. This relationship is important because it suggests that enacting an ethic of care inside organizations may have significant impacts that go beyond the immediate well-being of those cared for by opening up what can be. We can see the potential magnitude of this shift if we contrast it with the more traditional ethic of justice. A justice ethic emphasizes the universal application of timeless principles, rather than the situated response to individual need that is associated with an ethic of care (Gilligan, 1982). Thus, an ethic of justice is grounded in the past rather than the future and in an ontology of actuality rather than possibility. This means that the application of an ethic of justice in organizations may constrain members' behaviors based on their histories and long-standing commitments. An ethic of care, in contrast, is linked through caring narrative practices to an ontology of possibility that opens people up to novel action and uncertain futures. The constitutive elements—potency, collective agency, and transcendent hope—all underpin this orientation, focusing people's attention and energy on what they can accomplish together in the

future. An ontology of possibility also supports other positive organizational processes, such as forgiveness, compassion, and courage: understanding the world as a spectacular sea of possibility suggests an attitude of munificence rather than scarcity such that the weaknesses and transgressions of others are more easily accommodated.

DISCUSSION

Our aim in this article has been to explore how an ethic of care might be enacted within organizations. We explored this gap in terms of narrative practices, identifying three sets of narrative practice in which care could be embedded and arguing for a set of positive effects of such practices if enacted in work teams. We now broaden our exploration, looking both "prior to" and "after" the relationships we outlined in our main model. First, we discuss potential organizational characteristics that might enable team members to enact an ethic of care. We then turn to a discussion of the potential impact of caring narrative practices on a consequential organizational outcome—work team resilience.

Characteristics of Organizations Supporting an Ethic of Care

Our focus has been on the links between an ethic of care, caring narrative practice, and the beliefs of organizational members who enact these practices. Implicit in our argument is that organizational members have the freedom and capacity to engage in caring narrative practices. This can be facilitated or undermined, however, by the organizational conditions in which members work. As Kahn (2005) argues, giving care in organizations depends on the organization itself being a caregiving system. Although a comprehensive examination of the organizational conditions that would support an ethic of care is beyond the scope of this article, we can highlight some important factors connected to organizational structure, culture, and members' skills.

Structure. Feminist writing on organizations has long recognized the impact of organizational structure on the ability of members to care for each other (Ferguson, 1984; Iannello, 1992). A starting point for much of this work is the rejection of traditional bureaucracy as a structure

within which care can easily be enacted (Ferguson, 1984; Iannello, 1992; Liedtka, 1996). Ferguson, for instance, argues that, in bureaucracy, efforts to control and standardize produce a setting where "individuals are isolated, social relations are depersonalized, communications are mystified, and dominance is disguised" (1984: 10). Liedtka suggests as an alternative "the creation of a web, or network, of connections, where the focus . . . [is] on the relationships between individuals, rather than the position of 'boxes' in a hierarchy" (1996: 193). An important effect of such a network for fostering care is increased integration in organizations. Kahn argues that caring organizations require constant attempts to integrate: "Like all organizations, caregiving systems contain a number of splits and divisions. . . . Organizations that struggle well to . . . integrate on behalf of those they serve, create themselves as caregiving systems" (2005: 38). These ideas are echoed in research on the activation and mobilization of compassion in organizations that shows the importance of integrating resources from multiple networks (Dutton et al., 2006; Lilius et al., 2012). This work underscores that organizations are more able to give a competent compassionate response to an internal crisis when members can coordinate across multiple, diverse relational networks to provide access to different kinds of resources to those in need. Thus, structures of networks that permit autonomous action but also enable integration are more likely to enable the enactment of an ethic of care.

Culture. Support for an ethic of care in organizations is also closely connected to organizational culture. Of particular importance are sets of values and beliefs regarding the nature of work relationships and the meaning of work. In their study of compassion organizing, Dutton et al. (2006) found that widely shared values of holistic personhood (Friedman, Christensen, & DeGroot, 1998), family, and expressed humanity were associated with an organization's ability to respond to members' needs with compassion. In a similar fashion, an ethic of care is likely to flourish in organizations where members are understood by each other and especially by those in power as more than their formal roles, and where it is believed that people's humanity should be displayed rather than concealed. Such values are, in turn, shaped by organizational leaders, who can both model and rein-

force a culture of care (Dutton, Frost, Worline, Lilius, & Kanov, 2002; Frost, 2003; Kroth & Keeler, 2009). Leaders are in a unique position to create legitimacy around displays of humanity and practices acknowledging the "wholeness" of organizational members, including their emotions and vulnerabilities. They can do this through their own caring actions toward others and by supporting members' caring practices with encouragement, time, and organizational resources (Kanov et al., 2004; Lilius et al., 2012). Together, these practices help build a culture of trust, which is a critical condition for enacting an ethic of care, with its inherent risks and costs (Liedtka, 1996). Similarly, Kahn (2005: 46) argues that a "primary belief" in caregiving organizations is that "members move toward rather than away from one another when they experience stress and anxiety," and this requires trust in those others.

Skilled practitioners. The last set of organizational conditions for an ethic of care suggested by the writing on care and caregiving concerns the skills of those expected to enact caring practices. Kahn (2001) argues that care depends on both competent giving and competent receiving. Carers need to be "physically and emotionally available for and competent at creating holding environments" (Kahn, 2001: 267), while the cared for need to be "appropriately receptive without running too far away from or jumping too close to others" (Kahn, 2001: 268). Thus, as suggested in the feminist literature, caring and being cared for are learned sets of practices that both those who care and those who are cared for can become better at over time (Fletcher, 1999). Just as a woman learns to mother and a child learns how and from whom to accept care, so organizational members can become better, more dependable participants in relationships of care. Thus, caring practices can be fueled in organizations by "the pleasure and meaning of helping others find their ways, of caring for and regenerating others during difficult moments, of being, above all, used well in the service of others' growth" (Kahn, 2001: 270). Along similar lines, research on "compassion spirals" shows that those who receive compassion are subsequently better able to enact caring and supportive behaviors with others (Goetz, Keltner, & Simon-Thomas, 2010).

Impacts of Caring Narrative Practices on Work Team Resilience

We expect that caring narrative practices can have a positive impact on a range of important outcomes. In this section we discuss the potential impacts of caring narrative practices on one such outcome—work team resilience. Work team resilience has been described as the "capacity to bounce back from failure, setbacks, conflicts, or any other threat to well-being that a team may experience" (West, Patera, & Carsten, 2009: 253). We chose resilience as a potential outcome on which to focus because its connection to care has been suggested previously in the organizational literature: Wilson and Ferch argued that "resilience in the workplace can be enhanced through the practice of caring relationships" (2005: 46), and Kahn found that organizations in which members "work in the shelter of one another . . . become resilient, able to absorb a great deal without being paralyzed or disrupted" (2005: 50).

We propose that caring narrative practices build team resilience through the development of an ontology of possibility and, specifically, through building potency, collective agency, and transcendent hope in teams. These arguments are consistent with research on individual-, group-, and organizational-level resilience, which has identified the importance of psychological adaptive systems in fostering resilience (Caza & Milton, 2012; Gittell, 2008; Gittell, Cameron, Lim, & Rivas, 2006; Masten et al., 2004; Powley, 2009; Sutcliffe & Vogus, 2003). Such studies suggest that understanding work team resilience requires careful attention to the beliefs held by team members that allow them to leverage resources in good times and bad. We examine the links to resilience of each of the three sets of beliefs we proposed are engendered through caring narrative practices.

First, potency—the belief derived from the practice of constructing a history of sparkling moments—has been shown to foster resilience under taxing conditions (Egan, 1993) by reinforcing team goals and increasing a team's persistence when task performance does not attain aspired levels (Bayazit & Mannix, 2003; Mathieu, Maynard, Rapp, & Gilson, 2008) and when the team faces adversity (Gully et al., 2002; Lindsley, Brass, & Thomas, 1995). The impacts of team potency on resilience are similar to those of col-

lective efficacy (Bandura, 2000) but generalize across task domains (Gully et al., 2002). Consistent with previous research showing that work teams with greater potency maintain a stronger commitment to their goals (Campion et al., 1993; Lester et al., 2002; Shea & Guzzo, 1987), we expect such teams will be more motivated to achieve their goals when confronted with emergent problems and, consequently, will be more resilient.

Second, several strands of argument connect the caring narrative practice of contextualizing people's struggles to resilience through a team's belief in its collective agency. Drewery and Winslade (1997) suggest that contextualizing problems facilitates a sense of agency by positioning people as resourceful and intelligent rather than deficient human beings and through fostering resilience by highlighting the influence, but undermining the determining effects, of external discourses. The writing on narrative therapy and narratives of illness suggest that such a shift enables team resilience because teams will be better able to organize themselves in response to problems they see as separate from themselves and rooted in factors not necessarily of their own making (Drewery & Winslade, 1997; Ezzy, 2000). A sense of agency also allows people to emotionally dissociate from the source of adversity (Bonanno, 2004; Luthans, Vogelgesang, & Lester, 2006), enabling a more respectful mode of interaction with each other that engenders in teams a belief in their collective agency (Weick, 1993).

The final team belief we link to resilience is the transcendent hope that stems from constructing polyphonic future-oriented stories. Scholars have argued that hope fosters resilience by energizing people and providing them with images of a positive future in spite of setbacks (Luthans et al., 2006). Although Luthans et al. (2006) focused on a broader concept of hope, transcendent hope (Ezzy, 2000) may play an even stronger role in fostering resilience because it is less likely to be dashed by unexpected setbacks or frustrations. Thus, transcendent hope fosters resilience because it energizes teams without tying that energy to any particular outcome.

Looking across the three sets of beliefs that stem from caring narrative practices in work teams, we see that each of them is likely to positively affect work team resilience. Thus, we see that, more generally, an ontology of possi-

bility will increase the ability of teams to flex with and respond positively to adversity.

CONCLUSION

We have explored how an ethic of care might be enacted in organizations by deriving a key set of themes from feminist and organizational writing that suggest how caring practice in organizations might look, situating those ideas in the context of a work team's narrative practices, and probing the potential impacts of caring narrative practices on a team's beliefs about itself and the world. We have argued that these links—between an ethic of care, caring narrative practice, and an ontology of possibility—are more likely to occur in organizations with structures that foster integration, with cultures that nurture trust and respect the emotional lives of members, and where members have the opportunity to become competent carers. Finally, we have argued that an ethic of care enacted in work team narrative practices will increase that team's resilience through its effects on members' beliefs. We conclude by discussing the articles's boundaries, limitations, and implications for research and practice.

Boundaries and Limitations

We have tried to set clear theoretical boundaries around the application of our arguments. Most critically, we have restricted our focus to narrative practices within work teams, rather than all practices, and the effects of those practices on team members, rather than the effects beyond the team boundaries. In much of the scholarly writing attempting to integrate an ethic of care into organization studies, scholars have explored its application to the relationship between an organization and its external stakeholders (Burton & Dunn, 1996, 2005; Liedtka, 1996; Wicks, 1996; Wicks et al., 1994)—an important relationship, especially when considering the potential impacts of large organizations on communities and societies. We argue, however, that there is also a real need to understand care within organizations—how organizational members care for themselves and for those with whom they work. In a team context this includes how a team cares for itself as a team, as well as how the team cares for its individual members. Our focus on care within organizational teams

is consistent with research arguing for compassion as a "healing force that is indispensable in organizations" (Frost et al., 2006: 843) and showing the widespread positive impact of caring acts among organizational members (Lilius et al., 2011, 2008; von Krogh, 1998). At the same time, however, we recognize that the application of an ethic of care implies prioritizing those with whom one is in close, enduring relationships, and it may therefore lead to questions about the desirability of one's choices for those outside close networks.

It is important to recognize two limitations of our arguments. First is a lack of systematic consideration of the relationships among the caring narrative practices we propose. Because the underpinning ethics of constructing histories of sparkling moments, contextualizing struggles, and constructing polyphonic future-oriented stories are the same, these practices may support each other and amplify each other's effects. We have not explored, however, the degree to which they might interact in some kind of overall process. For instance, contextualizing struggles might facilitate the construction of a history of sparkling moments by highlighting a team's influence over similar previous struggles. But the reverse is also true: constructing a history of sparkling moments might enable a team to contextualize struggles that have been diminishing its sense of agency. For this reason we present our theoretical model as a set of parallel processes rather than as a process model with one practice leading to another in a lock-step fashion.

The second limitation is that we have not explicitly considered whether there may be, for organizations, trade-offs implicit in adopting an ethic of care or enacting caring narrative practices. The measure of success from an ethic of care perspective is the well-being and growth of those cared for, along with the health and well-being of the carer (Held, 2005). These are not traditional metrics of organizational success, particularly with respect to organizational members rather than the clients served by the organization. Although there is often a positive relationship between the well-being of organizational members and the satisfaction of clients or the organization's financial, operational, or strategic performance, there can also be conflicts between these kinds of success (Appelbaum, Bailey, Berg, & Kalleberg, 2000). Many organizations

adopt strategies that explicitly or implicitly depend on the sacrifices made by organizational members with respect to their well-being, happiness, health, or family life. In such cases adopting an ethic of care may offer a great deal to organizational members but might also hinder the achievement of certain organizational objectives.

Implications for the Study of Care and Compassion in Organizations

The study of care and compassion has emerged as a powerful concern for organizational scholars (Dutton et al., 2006; Frost et al., 2006; Kahn, 2005; Lilius et al., 2008). Research in this area has established the significant impact of care and compassion at work and has identified a range of organizational and individual practices through which care is enacted (Dutton et al., 2006; Kahn, 2005; Kanov et al., 2004; Lilius et al., 2011). We build on this work in three main ways.

Our first and most basic contribution to this literature is the integration of the explicitly feminist ethic of care. Our analysis has focused on identifying key elements of an ethic of care, situating them in narrative practice, and exploring their effects on a work team's beliefs. Stepping back from this analysis, however, we can see that an ethic of care also has some very general implications for how we think about care and compassion in organizations. First, it is anchored in relationships—especially those of mothers and children—that are not often in the foreground of writing on care and compassion in organizations or in organization studies more generally. Studies of care and compassion in organizations have tended to be anchored in people's suffering and responses to suffering. In contrast, rooting care in maternal relations might inspire researchers to examine care as an ongoing source of strength for people when they are suffering and when they are not. Second, an ethic of care is political. It highlights how problems of individuals and groups are rooted in broader social and political contexts. In contrast, the literature on care and compassion in organizations has been relatively apolitical to date, focusing largely on how organizational members are able to solve or ameliorate problems that colleagues or clients face. Incorporating feminist politics into the study of care and

compassion could be an important move for organizational scholars, facilitating a powerful critique of social and organizational structures that are tied to the adversity organizational members face.

The second contribution we make to the study of care and compassion in organizations is through our focus on how an ethic of care might be enacted in organizational members' narrative practices. Our arguments suggest that the ways in which people construct and recount narratives in organizations can be significant in enacting care. While the organizational literature has shown the impact of leaders' caring stories in the emergence of compassion organizing (Dutton et al., 2006), relatively little is known about how different kinds of storytelling differentially enact care and which key narrative practices constitute the work of caring for people or contribute to the "compelling moral salience" of responsibility that Held (2005) argues is central to an ethic of care. Our arguments regarding caring narrative practices thus add to organizational research on care and compassion by providing a foundation for empirical research that could investigate the practical ways in which an ethic of care is enacted in organizations.

Our third contribution to the study of care and compassion concerns the organizational effects of caring practices. Our arguments suggest that care may have important effects on the beliefs of those who care and are cared for. The link we establish from an ethic of care to an ontology of possibility suggests that care in organizations may have profound, widespread effects that go well beyond addressing specific needs of individuals and groups. Fostering an ontology of possibility in organizations may provide a foundation for organizations that are more progressive, innovative, and dynamic because members believe that the world—past, present, and future—is socially constructed and, thus, open to influence. Such beliefs can have powerful effects in organizations. Our illustration of the way in which caring narrative practices, through an ontology of possibility, may enable team resilience is just one example of such an effect. Our theory therefore broadens the implications of care in organizations to highlight its impact on a variety of collective processes critical to an organization's effectiveness. The importance of these arguments depends signifi-

cantly, however, on the degree to which the relationships we propose—from an ethic of care to caring narrative practices, and from caring narrative practices to an ontology of possibility—hold up in various organizational contexts. So a first step in using the framework we have developed should involve empirical examination of the theoretical relationships, whether through some kind of intensive, qualitative examination of specific aspects of our model or through broader, quantitative testing of the links we propose.

Implications for Practice

Our theory connecting an ethic of care, narrative practice, and beliefs is a practical one. The narrative practices we have identified require a sophisticated understanding of the ideas that underpin them, which may involve education and training for organizational members, but they do not require massive injections of resources or wholesale structural changes in organizations. Our theory suggests that members of work teams and their colleagues have the potential to build resilience by adapting the ways they talk and listen to each other. At a general level, our arguments suggest that team members should become more sensitive to their use of language and the stories they tell. Organizational discourse is often understood as background to the real work of the organization (Marshak, 1998), which overlooks the impact of narrative practices on teams and those around them. More specifically, organizations would benefit from understanding narrative practices as important skills for their members to master and from learning the especially powerful impact of narrative practices that embody an ethic of care. The importance of storytelling in organizations is recognized as a leadership skill, as evidenced by the wealth of executive development books and courses available on the topic (Loehr, 2007), but its value for lower-level employees has only recently been acknowledged (Margolis & Stoltz, 2010). Our theory suggests this is a serious oversight, since the potential for team resilience may hinge significantly on this ability.

Another set of skills that our arguments suggest may be important for organizations to foster in their members involves the kinds of sensitive, empathetic facilitation associated with dialogi-

cal organizational development and narrative therapy. Work in these traditions has shown the power of positive, future-oriented, politically sensitive interventions at the organization, group, and individual levels (Bartunek, Balogun, & Do, 2011; White & Epston, 1990). Dialogic organizational development in particular has much to offer in terms of specific narrative practices that reflect or could be tailored to reflect an ethic of care. Although the caring narrative practices we identified do not necessarily depend on the intervention of a consultant or therapist, integrating some of their skills into the professional development available to organizational members working in teams might prove very valuable, since it could strengthen their abilities to enact caring narrative practices and help others do the same.

An issue we have not explored here but having significant practical implications is how diversity among teams might affect the way caring narrative practice is enacted. The general arguments developed in this article would therefore need to be translated into practices reflecting the cultures of different organizations, industries, and national contexts. Overall, however, we believe that the narrative practices we have identified provide a means of incorporating an ethic of care into organizational life in a relatively simple, practical manner.

Concluding Thoughts

Our aim has been to begin to explore the potential for an ethic of care to inform studies of care and compassion in organizations by examining how it can be enacted in the everyday practices of organizational members. This, however, is only a first step. The writing on an ethic of care provides a broad foundation for investigating organizations as sites of care and compassion, particularly if we acknowledge the roots of care in our lives prior to and outside of work. An ethic of care suggests that how we act as organizational members is inherently connected to and dependent on who we are as parents, children, friends, and family members. It connects people's work to their broader lives in ways that go beyond traditional notions of the work family interface. Thus, we believe an ethic of care has the potential to energize scholars to more deeply examine the social, psychological,

and political dimensions of care and compassion in organizations.

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