**The Message is on the Wall?**

**Emotions, Social Media and the Dynamics of
Institutional Complexity**

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This paper would not have been possible without Patricia Bradshaw. We would also like to extend our thanks to Jennifer Howard-Grenville for her invaluable assistance as editor and to the three anonymous reviews who helped us craft the paper. We are grateful to Elizabeth Goodrick, Rehka Karambayya, Mike Lounsbury, Christine Oliver, Trish Ruebottom, Sean Buchanan, attendees of emotions and institutions workshop, EGOS Montreal, and others who touched the paper over its journey to completion.

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In this paper we explore how emotions influence organizations in situations of institutional complexity. In particular we study members’ and leaders’ emotive responses and influence activities in response to a disruptive event that led to a violation of expectations. Our findings show that when people’s expectations of an organization’s actions are violated it can trigger a process of emotional escalation that leads to the destabilization of the organization through the emotional-laden influence activities of shaming and shunning. The violation in our case resulted in strong negative emotions expressed on Facebook. Facebook acted as an emotional echo chamber where negative emotions were amplified and led to members’ emotion-driven influence activities eventually triggering regret and adaptation by the organization. We discuss implications for the study of emotions in institutional dynamics.

**KEYWORDS**: Emotions, social media, institutional complexity, violation, institutional theory, escalation, institutional logics, Facebook

Since the seminal articles of DiMaggio and Powell ([1983](#_ENREF_11)), and Meyer and Rowan ([1977](#_ENREF_37)), the study of institutions has taken a decidedly cognitive focus, emphasizing how institutions exert forces on organizations that pattern organizational and individual behavior. Yet a growing body of literature has begun to call for addressing this cognitive bias by exploring the role emotions play in institutional dynamics. As Friedland has argued, “[i]nstitutional life does not operate based solely on a cognitivism…It demands myriad moments of located passion” ([2013a: 44](#_ENREF_15)). This literature emphasizes the *emotional* attachments people feel to the institutional arrangements in which they are embedded ([Creed, Dejordy, & Lok, 2010](#_ENREF_9); [Creed, Hudson, Okhuysen, & Smith-Crowe, 2014](#_ENREF_10); [Voronov & Vince, 2012](#_ENREF_67)). People with “cognitive, emotional and/or moral commitments” to institutional arrangements will “police the boundaries of acceptable behavior” by attempting to shame people who breach such arrangements to “reinforce cherished norms and/or punish transgressors” ([Creed et al., 2014: 285](#_ENREF_10)). Consistent with this theorizing, other scholars suggest that people can be expected to *defend* the institutional logics they are invested in ([Voronov & Vince, 2012](#_ENREF_67)) since people can “feel emotionally and ideologically committed” to a logic and its enactment ([Pache & Santos, 2013: 10](#_ENREF_43)), with visceral responses to logic-inconsistent behavior ([Friedland, 2017](#_ENREF_17)). However, despite the ubiquity of the emotional, our understanding of how emotive response and expression shape the trajectory of institutional arrangements or outcomes is in its infancy. In this paper we aim to explore the dynamics of emotional influence in an institutionally complex setting.

Institutional arrangements have been conceptualized as stable structures ([Greenwood, Oliver, Sahlin, & Suddaby, 2008](#_ENREF_22); [Hirsch & Lounsbury, 1997](#_ENREF_27); [Scott, 2001](#_ENREF_57)), however, they are increasingly acknowledged as being constituted by periods of settlement, contestation and disruption ([Dunn & Jones, 2010](#_ENREF_12); [Greenwood, Raynard, Kodeih, Micelotta, & Lounsbury, 2011](#_ENREF_23); [Pache & Santos, 2010](#_ENREF_42); [van Gestel & Hillebrand, 2011](#_ENREF_64)). This is particularly true when organizations face competing prescriptions from different institutional logics, a situation known as institutional complexity ([Greenwood et al., 2011](#_ENREF_23)). Institutional complexity makes organizations more prone to disruption, as contradictions between logics may trigger conflict, uncertainty and change ([Battilana & Dorado, 2010](#_ENREF_2); [Jay, 2013](#_ENREF_29); [Kraatz & Block, 2008](#_ENREF_30)). A growing number of studies have examined the ways in which organizations craft settlements among different logics within organizations, but few have looked at how disruption and destabilization unfold in situations of institutional complexity and none have examined the role emotions play in this process. This is concerning because within organizations that face institutional complexity, different actors may be emotionally invested in different logics leading to internal strife ([Battilana & Dorado, 2010](#_ENREF_2)). This is especially true when disruptive events trigger different expectations for appropriate action. If actors’ expectations are violated they may work to restore or defend past arrangements. These factors motivate our research question: *how are organizations that face institutional complexity affected by emotions when confronted with disruptive events?*

Studying emotionally-driven responses to disruptive events in organizations facing institutional complexity is important both because it is understudied and because societal changes have made it more likely. Advances in information and communication technologies, especially the rise of social media, have made organizational activity more transparent, both to those within the organization, and those outside it. Social media activity has become a mobilizing force that has led to the disruption of a great number of institutional arrangements ([Barros, 2014](#_ENREF_1); [Comunello & Anzera, 2012](#_ENREF_8); [Nielsen, 2013](#_ENREF_40); [Ronson, 2015](#_ENREF_54); [Valenzuela, 2013](#_ENREF_63)). Social media also offers a venue for those who have traditionally been marginalized to voice their concerns to organizations in a way that is unrestrained emotionally and visible to others ([Lewis, Gray, & Meierhenrich, 2014](#_ENREF_33); [Ronson, 2015](#_ENREF_54)), increasing the likelihood of disruptions.

We study a Canadian non-profit federation that serves individuals suffering from a degenerative disease (DD), which we call the Degenerative Disease Federation (DDF). DDF members are individuals suffering from DD and those who support them. Using a comprehensive data set of Facebook, media, interview and archival sources, we analyze members’ and DDF leaders’ emotive responses and influence activities in response to a disruptive event that led to a violation of member expectations. Members, who prioritized a care logic, expressed strong negative emotions when the organization prioritized research over care. Members’ emotions were amplified on Facebook and through the media when the DDF persisted in its mostly non-emotive approach. We suggest that the members’ emotional response and the DDF’s non-emotive response were the result of the emotional registers associated with the logics they prioritized. The emotional register of a logic refers to the logic’s norms regarding the use and expression of emotions. While objective, non-emotive decision-making and expression is required by a research logic, failure to express care and empathy in decisions and actions is considered illegitimate under a care logic. As a result, the DDF’s lack of emotional response led members to engage in emotion-driven influence activities both online and offline (shaming and shunning). In response to members’ shunning and its material consequences (drops in membership and donations), the DDF began to engage in local interactions to reconnect with and mollify its members by rebalancing its use of research and care logics.

We expect that other organizations facing institutional complexity would be subject to similar dynamics, and predict our theorizing to be relevant to settings where organizational members have differing views of appropriate organizational action based in different logics. For example, social enterprises often have actors highly invested in social logics whose expectations would be violated if economic logics were enacted in their place (cf. [Battilana & Dorado, 2010](#_ENREF_2); [Besharov & Smith, 2014](#_ENREF_4); [Peredo & Chrisman, 2006](#_ENREF_46)). Similarly, doctors and other medical professionals may have expectations about the enactment of professional logics which clash with more business-like healthcare logic enactment ([Reay & Hinings, 2009](#_ENREF_51)). Often, these expectations are based in the emotional investments people have in institutions, such as the Catholic Church ([Gutierrez, Howard-Grenville, & Scully, 2010](#_ENREF_24)) or community banking logics ([Lounsbury, 2007](#_ENREF_35)). We suggest emotional investments are frequent, though underspecified, in institutional domains ([Friedland, 2013a](#_ENREF_15); [Friedland, 2013b](#_ENREF_16); [Voronov & Vince, 2012](#_ENREF_67)). We study the role such emotions can play, providing important insights for a variety of organizational contexts wherein members may have emotional investments in, or reactions to, different institutional logics.

In doing so, we contribute to the growing body of work calling for greater attention to the role of emotions in institutional processes ([Creed et al., 2014](#_ENREF_10); [Voronov, 2014](#_ENREF_66); [Voronov & Vince, 2012](#_ENREF_67)), and to the understanding of responses to institutional complexity (Greenwood et al., 2011). We specify how logic violations can lead to emotional reactions and emotion-based influence attempts if groups prioritize different logics. We argue that logics have different emotional “registers”, meaning prescriptions about appropriate emotional content and expression. We find that organizations combining logics with differing emotional registers, like care and research, or social-welfare and market, can expect particular difficulties when disruptions arise since emotive (or non-emotive) reactions based in one logic may be both incomprehensible and normatively inappropriate to perceivers for which a different logic dominates, exacerbating the conflict between logics. Finally, we identified the amplification of emotions and propose that social media platforms like Facebook can have an emotional echo chamber effect, where emotions can be freely and publicly expressed, and become amplified as others react to them and express their own emotions. We show how this echo chamber effect can result in a frenzy of affect and influence activity by a group of traditionally marginalized actors that can disrupt organizations and resource allocations in unprecedented and potentially harmful ways. In theorizing, we encourage greater attention to the emotional as well as cognitive content within logics and how this may influence the institutional dynamics for organizations facing institutional complexity.

**LITERATURE REVIEW**

**Organizational Responses to Institutional Complexity**

Increasingly, scholars have noted that organizations and the people within them ([Greenwood, Diaz, Li, & Lorente, 2010](#_ENREF_21); [Lounsbury, 2007](#_ENREF_35); [Meyer & Hammerschmid, 2006](#_ENREF_38); [Purdy & Gray, 2009](#_ENREF_49)), face “institutional complexity”, or competing prescriptions based in multiple institutional logics. Institutional logics are “socially shared, deeply held assumptions and values that form a framework for reasoning, provide criteria for legitimacy, and help organize time and space” ([Dunn & Jones, 2010: 114](#_ENREF_12)). They provide a “cultural repertoire” of habits, skills and styles which condition action (Swidler, 1986: 273), and which may include specific emotions and emotional styles (Voronov, 2014). Studies of institutional complexity have documented numerous field-specific logics, such as editorial and market logics ([Thornton, 2002](#_ENREF_61)); trustee and performance logics ([Lounsbury, 2007](#_ENREF_35)); and professional vs. business health care logics ([Reay & Hinings, 2005](#_ENREF_50), [2009](#_ENREF_51)). These field-specific logics are underpinned by societal-level institutional orders (family, community, state, religion, market, profession and corporation), but are customized in specific beliefs, norms and values as applied within their specific fields ([Friedland & Alford, 1991](#_ENREF_18); [Thornton, Ocasio, & Lounsbury, 2012](#_ENREF_62)).

In response to competing prescriptions from institutional logics, organizations have been predicted to have a variety of responses ranging from acquiescence to avoidance ([Oliver, 1991](#_ENREF_41); [Pache & Santos, 2010](#_ENREF_42)). In many cases, organizations internalize complexity by *integrating* different logics within the same organization, either compartmentalizing the logics in different organizational units, or blending them within the organization ([Greenwood et al., 2011](#_ENREF_23)). Examples of these organizations (known as “hybrids”) include social enterprises, which combine economic and social welfare logics ([Battilana & Dorado, 2010](#_ENREF_2); [Battilana & Lee, 2014](#_ENREF_3)), research hospitals, integrating science and care logics ([Dunn & Jones, 2010](#_ENREF_12)), social housing organizations, mixing technical and child education logics ([Binder, 2007](#_ENREF_5)); and public-private organizations, integrating government, business and non-profit logics ([Jay, 2013](#_ENREF_29)). While conflicts may occur, settlements evolve that allow organizations to internalize competing demands from various actors, and these actors come to expect these arrangements to persist.

**Disruptive Events and Institutional Complexity**

When there are higher degrees of compatibility between logics, settlements are predicted to be more stable and conflict-free ([Besharov & Smith, 2014](#_ENREF_4)). However, settlements are often only temporary truces ([Greenwood et al., 2011: 3](#_ENREF_23)), and even when logics are highly compatible, organizations may fluctuate from peaceful co-existence to conflict over time (Dunn & Jones, ([2010](#_ENREF_12)), as members engage in institutional work ([Jarzabkowski, Matthiesen, & Van de Ven, 2009](#_ENREF_28)), or as disruptive events reveal contradictions between settled logics ([Murray, 2010](#_ENREF_39)). While the use of deliberate ambiguity has been suggested as an important means to manage disruptions and resettle logics ([van Gestel & Hillebrand, 2011](#_ENREF_64)), the onset of social media and unprecedented access to information makes maintaining ambiguity difficult for organizations. Social media continue to trigger a large number of disruptions within institutional spheres, often leading to legitimacy crises for organizations, institutions and realms, and the destabilization of existing arrangements ([Barros, 2014](#_ENREF_1); [Comunello & Anzera, 2012](#_ENREF_8); [Nielsen, 2013](#_ENREF_40); [Ronson, 2015](#_ENREF_54); [Valenzuela, 2013](#_ENREF_63)). Powerful organizations are “being brought down by people who used to be powerless – bloggers, anyone with a social media account” ([Ronson, 2015: 10](#_ENREF_54)). Yet, despite anecdotal observations of social media’s impacts, few organizational scholars have examined the role social media might play in disrupting organizations in complex institutional settings.

**Violation and Emotional Investment**

In situations of institutional complexity, members of organizations may have differing perceptions regarding which logic is appropriate to activate in response to a disruptive event. If the organization’s response is based in a logic that is perceived as inappropriate by members giving primacy to a different logic, those members can be predicted to defend their preferred arrangements and react emotionally ([Lok, 2010](#_ENREF_34); [Marquis & Lounsbury, 2007](#_ENREF_36)). To date, however, the role of emotions in these dynamics is rarely theorized ([Voronov & Vince, 2012](#_ENREF_67)). This is true, even though we know emotions in institutional and collective settings can amplify and influence members’ and actors’ responses to events ([Collins, 2004](#_ENREF_7); [Hallett, 2003](#_ENREF_25)).

Reflecting a more sociological view, emotions in institutional theorizing are considered social emotions, “conceived of as occurring within particular interactions and are both an outcome of and inherent to the process of negotiating and settling on an institutional order...” ([Voronov, 2014: 6](#_ENREF_66)). Social emotions may be triggered by comparing interactions against people’s expectations, which are based in the institutional arrangements within which they are embedded or attached ([Creed et al., 2014](#_ENREF_10); [Voronov & Vince, 2012](#_ENREF_67)), as “social emotions…are responses to others’ violations of the social order” ([Creed et al., 2014: 279](#_ENREF_10)).

Violations of expectations cannot only trigger social emotions, but these emotions can drive activity designed to influence others. Emotional investments can lead people to try to “reinforce cherished norms and/or punish transgressors” by engaging in emotion-laden influence activities such as shaming, defined as actions that “seek to induce felt shame and carry implicit or explicit threats of ostracization” ([Creed et al., 2014: 280, 285](#_ENREF_10)). This type of emotional defense is observable, although undiscussed, in several studies in the literature. In Zietsma and Lawrence (2010: 206), for example, forest industry incumbents responded angrily to environmentalists, declaring their claims were “grossly exaggerated”, “outrageous”, and “anti-democratic”. In another example, Marquis and Lounsbury showed how maintenance of the community logic “capitalized on public fear of consolidated capital” ([2007: 801](#_ENREF_36)).

Thus, as this theorizing suggests, violations of expectations can trigger emotive responses and influence activities, yet we know little about how these affect institutional processes. To date there has been no examination of the implications of emotions for organizations confronted with disruptive events, especially for organizations facing institutional complexity. Given our growing understanding of the prevalence of institutional complexity, and the ability to express such complexity in emotional ways on social media, it is of paramount importance to understand the ways in which organizations could be threatened by emotional dynamics. Thus while there exist theoretical arguments that emotions influence institutions ([Scott, 2007](#_ENREF_58)), and the likelihood of institutional reproduction and change ([Creed et al., 2014](#_ENREF_10); [Schwarz, Wong, & Kwong, 2013](#_ENREF_56); [Voronov & Vince, 2012](#_ENREF_67)), the processes by which emotions affect organizations confronted with disruptive events in complex institutional environments have yet to be elaborated. This study aims to contribute to this objective by asking: *how are organizations that face institutional complexity affected by emotions when confronted with disruptive events?*

**METHOD**

We address our research question by investigating the evolution of a conflict between a Canadian non-profit federation, which we call the Degenerative Disease Federation (DDF), and its members over two years after a disruptive event.

**Empirical Context: DD and the DDF**

The degenerative disease (DD) is a debilitating condition that reduces the ability to care for oneself over time and eventually ends in early death. There is no known cure. Prior to the event we study there had been one dominant research paradigm for the DD and most of the funding and efforts to discover a cure were focused within this medical speciality and paradigm.

 The DDF is a non-profit organization founded over 60 years ago to support people suffering from DD. Initially, DDF responded to demands for *care* from those suffering with DD or their families. As the organization grew, it began to support *research* to find a cure for DD drawing on the advice of physicians and researchers, to benefit those with DD in the long-term. In addition, Canadian governments (provincial and federal) came to rely on DDF for policy advice on the funding of the research and treatment of DD. The organization’s mission thus evolved to serve dual demands for *care* and *research*, as the current mission states: the DDF is “to be a leader in *finding a cure* for DD and to enable people affected by DD to *enhance their quality of life*”. DDF operates, thus, in a situation of institutional complexity because they face prescriptions from two central institutional logics ([Greenwood et al., 2010](#_ENREF_21)), care and research. The research logic is rooted in the professional institutional order and was focused on developing knowledge and a cure for the disease, while the care logic[[1]](#footnote-1) emphasized the organization’s ability to offer services to improve the lives of disease sufferers, rooted in the institutional order of community. In Table 1 we review the distinctive features and prescriptions for appropriate action of these two logics as evidenced in our case, with illustrative quotes from our data. The DDF’s mission, communications and actions prior to the event under study all show a commitment and promise to enact both research and care (detailed in Appendix A). Our inductive review of materials thus reveals both logics were central to the organization and institutionalized within it. Within the DDF, the research logic focused on the scientific method, rigor, replication, and specific medical expertise pertaining to DD, while the care logic emphasized well-being, social outcomes, support and quality of life as key sources of legitimacy. Both logics had the *goal* to help people with DD, but through different *means*: the research logic, through finding a cure, and the care logic through improving treatment for those coping with DD today. In this way these logics were competing and complementary, but not contradictory ([Besharov & Smith, 2014](#_ENREF_4)). DDF “settled” the complexity associated with the two logics by internalizing them both as central and compatible logics which co-existed peacefully and without challenge during the DDF’s 60 year lifespan.

 While early in its history, each local affiliate of the DDF had responsibilities for both care and research, in the last decade enactment of the research logic shifted to the center of DDF and regional affiliates focused more on enacting the care logic. As the CEO explained, “The chapter has to focus its role on what it can uniquely do, which is people-facing, because they’re in the community”, whereas “in a modern world where research is extraordinarily expensive…”, research had to be centralized. Board structures reflected this compartmentalization, entrenching these logics into separate spheres. Local boards were likely to be comprised of members with DD, while the central board included physicians and academic researchers. In this way demands for care were more visible at the local level and demands for research at the central level. As one board chair explained, “In some local areas, the key is client services, whereas at the higher levels where the exposure to the research and medical community is quite frequent, there tends to be a focus on the research side”. Both logics were seen as equally relevant and complementary, not contradictory. A DDF local director explained: “We have people suffering from the problem of the disease now so we have to help them (care), but in the long term we also have to do something to try and alleviate or eradicate the disease (research) so it’s a natural... place to fall.”

 Thus, just prior to the triggering event, these two logics were in a settled arrangement based on their separate spheres of enactment and their perceived complementarity. Members had never previously contested the role of DDF, the enactment of the two logics, or the leadership of the DDF. Members’ hopes for a better life were invested in the DDF’s dual mandate: “Our two major programs [focus on research and care] provide hope for the future through the support of DDF research into the cause, treatment and cure of the disease [research] and hope for today through our many services that assist people with DD and their families [care]”.

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Insert Table 1 about here

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In November 2009, a Canadian television program “broke” a story about a new treatment that seemed to dramatically alleviate and even reverse the symptoms of DD, which often prevented people from walking and caring for themselves. The story inspired hope among DD members. However, the treatment was based in a different medical specialty than that of most DD researchers, implying an unexpected cause. Furthermore, several “miracle cures” for DD had been found to be false in the past, making researchers skeptical. Facing conflicting demands from its members and medical advisors, the DDF central office, which set DDF policy, and whose board included mainly researchers and medical specialists in DD, took a stand against the treatment. The DDF’s response violated members’ expectations and triggered conflict. We study members’ and the organization’s responses to this event. We document emotional responses and influence activities over the two year period during which the conflict began, spiked and subsided. The DDF context is an extreme case due to the emotions associated with serious illness, making it a good context for studying the role emotions play in disruptive events confronting organizations facing institutional complexity ([Eisenhardt, 1989](#_ENREF_13); [Pratt, Rockman, & Kaufman, 2006](#_ENREF_48)).

**Data Sources**

 We collected multiple sources and types of qualitative data including Facebook data, interviews, organizational documents, and newspaper articles to triangulate our findings ([Eisenhardt, 1989](#_ENREF_13); [Patton, 2002](#_ENREF_44)) and construct a complete and balanced narrative of events.

**Organizational actions.** We used organizational communications including annual reports, stakeholder reports, press releases, website and Facebook content, DDF-hosted webcasts, information sessions, and DDF’s public statements in two national Canadian news sources to document organizational actions, reactions, and consequences during the two years of the study. As these events unfolded, we conducted 13 interviews (recorded and transcribed) with the CEO, Executive Directors, and board chairs from multiple DDF local affiliates, which enabled us to document their emotional reaction and response to members’ resistance. We used these data to supplement and cross-reference the findings from the organizational documents.

**Members’ emotive responses and influence activities.** We collected data from the three domains recording members’ responses: at DDF local and regional divisions, in the media, and on the DDF Facebook page. Most member activity appeared on the Facebook page, as members purposefully engaged directly with the DDF. Research assistants (cross-checked by authors) collected all 1849 unique comments (ranging in length from one line to several pages) made by the 472 unique members that commented[[2]](#footnote-2) on the DDF’s Facebook page from one month before the DDF’s initial stand against the treatment (October 2009) until two years (October 2011) after. We also collected the 11,293 “likes” associated with comments and posts on the DDF page. “Likes” are indications of appreciation for a particular comment or post by others.[[3]](#footnote-3) DDF responses both online and offline indicated member postings were consequential, as the media also evidenced: “advocates of the … treatment have harnessed the power of social media … generating media attention and mounting nationwide rallies” (media article, May 10, 2011). DDF leaders told us repeatedly that the Facebook posts reflected the sentiments expressed by members over the phone and in person. Importantly, these data allow us to investigate the role of social media in triggering organizational response. Furthermore, the DDF used its Facebook page to respond to members and state and defend its organizational policies. While not all members commented on Facebook, social media’s relevance in triggering change is not inherently linked to the size or representativeness of the response, but rather by the reaction to it ([Ronson, 2015](#_ENREF_54)). We thus argue the Facebook posts, comments and likes are a meaningful source of data to track member reaction and the organization’s response to it. Member and DDF reactions were also reflected in the mainstream media. We collected all (116) media stories that mentioned the organization, the disease, or the name of the controversial treatment over the two years from two major national media sources. Finally, members voiced concerns directly to the DDF’s chapters: “We receive hundreds and hundreds of phone calls; we received a few letters, a number of emails”, or as the executive director of the DDF told the media in April 2010 that “80% of the phone calls the DDF now receives are about [the treatment]”. We questioned leaders in local offices about these phone calls, emails and letters in our interviews, and cross-referenced their accounts with the other forms of resistance documented online and in the media.

**Data Analysis**

Our data analysis occurred in multiple stages.

**Stage one: Tracking events**. We first tracked pivotal events from October 2009 to 2011 by reviewing interviews, documents, media reports and online comments by members and the DDF. Table 2 presents the timeline (See our online supplement for even further detail).

**Stage two: Coding logic activation.** Following standard practice in institutional complexity research, we inductively discovered care and research logics “through the vocabularies and language” used by the DDF and members in our review of the data ([Dunn & Jones, 2010: 130](#_ENREF_12); [Glynn & Lounsbury, 2005](#_ENREF_19); [Lounsbury, 2007](#_ENREF_35); [Smets, Morris, & Greenwood, 2012](#_ENREF_60); [Thornton, 2002](#_ENREF_61)). Again reviewing organizational documents, annual and stakeholder reports, the website and staff interviews, we then identified key words associated with these logics and built a dictionary of each. The research logic emphasized factors such as rigorous research as necessary to *test* treatment, while the care logic emphasized individual DD sufferers and improvements in their quality of life and was about getting *access* to treatment. We then employed a pattern deducing approach ([Reay & Jones, 2015](#_ENREF_52)), reviewing all press releases and Facebook comments to code the activation of care and research logics for members and the DDF using the inductively derived dictionary. Activation of a logic indicates identification or commitment to a logic ([Pache & Santos, 2013](#_ENREF_43)), and thus we used it as a proxy for not only the extent to which members and the DDF used the logic in communication, but also to signify their relative commitment to each logic over the study period. Since media articles did not directly reflect members’ or DDF leaders’ logic use, we did not code them for logic activation. Our coding scheme in Appendix B includes a summary of the keywords used to identify each logic and sample codes. Table 1 was subsequently created to demonstrate the rigour of our approach to qualitatively capturing logics by providing examples of how these logics fit across the y-axis. Figures 1a and b illustrate each logic’s relative activation.

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Include Table 2 and Figure 1a and b about here

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 **Stage three: Coding media articles.** We systematically reviewed media articles to find influences outside the DDF and its members, triangulate members’ and DDF activities, and provide greater contextualization of events, such as government actions and international studies. We also tracked the type of coverage, coding whether articles published on the topic were stories of success, which detailed examples of people receiving treatment and becoming well, or stories of failure, which detailed coverage of people receiving treatment and seeing no benefit or having experienced harm. The resulting coverage was then graphed over the study period in Figure 2.

**Stage four: Coding organizational response.** We identified distinct phases of DDF response in reaction to member’s activities in our open coding of interview, DDF Facebook post, press release and media data. We coded these data for *emotions*, finding that emotional expression was markedly less prevalent in DDF leaders’ communications than in members’ (see below). All DDF press releases, media quotes, and Facebook posts were coded as non-emotive with the exception of two posts on Facebook which expressed minor frustration, and one post in the media that expressed regret. DDF responses were dispassionate and objective, using rationality rather than emotion. We argue that this more limited emotive expression is consistent with the research logic, which is rooted in the professional institutional order where reason and rationality is considered more appropriate than emotion ([Voronov, 2014](#_ENREF_66)) for persuasion and communication. We describe this in the paper as the emotional register of a logic, referring to the logic’s conventions regarding the appropriate use and expression of emotions. In our paper, while the research logic’s emotional register prescribed dispassionate reasoning, the care logic’s emotional register encouraged the use of emotion.

In addition to inductively coding for emotion in the media, press release and Facebook data, we inductively categorized actions by the DDF to influence its members, identifying the *influence activities* of enacting/justifying authority and mollifying. Enacting/justifying authority was coded when the DDF worked to enforce its perspective on the treatment: “the DDF will actively explore the means by which a pan-Canadian therapeutic trial designed to yield conclusive results can proceed ethically and efficiently…”, and/or when the DDF explained why they continued to enact the research logic: “The type of evidence we are gathering is exactly the type that is required by governments and related institutions if there is to be public reimbursement of the treatment”. Lastly, mollifying was documented where the DDF adapted by activating the care logic in its communications and undertaking more care-oriented influence activity to respond to the membership: “People with DD deserve clarity about the hope that the treatment offers as a potential treatment for DD”. We cross-checked all findings for consistency across data sources.

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Insert Figure 2 about here

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**Stage five: Coding member response.** At this point all members’ Facebook comments were content analyzed drawing on the work of previous scholars and established protocols ([Krippendorff, 2004](#_ENREF_31); [Riaz, Buchanan, & Bapuji, 2011](#_ENREF_53)). We inductively identified, and then systematically coded *emotive responses* and *influence activities*.

We first reviewed the entire series of comments closely looking for key words and expressions that were highly emotive, relational and expressed, consistent with our purpose of capturing social, not physiological, *emotive responses* ([Emirbayer & Goldberg, 2005](#_ENREF_14); [Voronov, 2014](#_ENREF_66); [Voronov & Vince, 2012](#_ENREF_67)). We documented twelve emotions in our review: anger, betrayal, mistrust, resentment, satisfaction, despair, frustration, disappointment, appreciation, humour, hope and excitement. We identified six to twelve keywords for each, which we cross-checked for reliability and appropriateness with the emotive categories of a 2012 LIWC[[4]](#footnote-4) dictionary. We used these keywords as a guide, however our coding of each comment for emotional content was more nuanced. As Krippendorf stated “meanings do not reside in words but rather in how words relate to their linguistic environment and capture social actors’ focus of attention” ([2004: 290](#_ENREF_31)). Thus, we identified anger not only by words like “disgust”, “anger”, and “fight”, but also by the tone of expression (e.g., “WE WANT YOU GONE!!!!!!”) and what the actor was saying in entirety (e.g., “The 7 studies are a joke! The meeting was an absolute insult!”). Therefore by coding inductively, we captured emotions from the way words were used in context, even if keywords were not present, providing an advantage over relying solely on LIWC. For example, while the word hope was used in the following comment, review of the tone, and content of the comment resulted in it being coded as anger: “I can only hope that other Board Members of the DDF are reading these responses..., and that THEY WILL HAVE THE GUTS TO SEEK YOUR RESIGNATION...”. Where no emotional content was present it was coded as non-emotive and when multiple emotions were expressed they were all coded for that comment. Our systematic coding resulted in 2125 codes within the 1849 comments. Within our coding, three emotions were consistent, of high frequency, and discrete from the others over the entire two years: hope (189 incidents), anger (359 incidents), and betrayal (313 incidents). Hope is the feeling that “some prospect may obtain or may not obtain, where one desires that it does obtain” ([Pettit, 2004: 154](#_ENREF_47)), while anger, which can range in severity from annoyance to outrage ([Schieman, 2006](#_ENREF_55)), is a negative emotive response to a perceived provocation ([Videbeck, 2006](#_ENREF_65)) or violation of social order ([Creed et al., 2014](#_ENREF_10)). Betrayal is the feeling of being let down, and/or “taken-advantage of” ([Caldwell, Davis, & Devine, 2009: 107](#_ENREF_6)). These three emotions accounted for about 58 percent of all coded emotions (excluding the 637 non-emotive comments).[[5]](#footnote-5) Our analysis of the timeline of member and organizational reaction and response confirmed these as salient and influential emotions.

We then identified three *influence activities* undertaken by members on Facebook: shaming, shunning and supporting. *Shaming* is purposeful activity to influence other people to behave in accordance with an expected logic. As Creed et al., ([2014: 285](#_ENREF_10)) explained: “shaming attempts are indictments of the transgressor’s failure… shamers try to highlight and enforce acceptable patterns of behavior”. Comments were coded as shaming when they disciplined the DDF for its stance on the treatment, which was inconsistent with an institutional logic of care, as this member comment illustrates: “This is a waste of money. There's no need for small studies all over the place. Fund one or two big ones and start TREATING PEOPLE. Waste of time…”.

*Shunning*, however, was a way of rejecting belonging and indicated activity that distanced, disparaged, and disrupted the standing of the actor rather than disciplined them regarding the rules of membership. In our data, shunning was coded when individuals tried to undermine the DDF’s legitimacy and its status as an advocate and elite field actor, as this comment demonstrates: “As long as they hold our health hostage with their ‘recommendations and advice’ we must keep protesting.” While shaming works to the extent that the target is considered part of the social group ([Creed et al., 2014](#_ENREF_10)), shunning rejects the group membership of the target. Shaming focuses on repair of institutional arrangements, and shunning focuses on disruption and de-legitimation.

Lastly, *supporting* was activity conducted by actors to preserve and protect the status quo. We coded comments as supportive if they reinforced the DDF’s response and the continued enactment of the research logic, as exemplified in this statement:

Actually "the treatment" is not proven to work…When there is actual evidence and solid numbers to back up this treatment the DDF will back the treatment… Please make sure you do your research before you attack the DDF which does a lot of good work for a lot of people who have a hard time with this disease.

Neutral comments did not target the issue under debate and thus were not coded in any of these categories. Figure 3a-b illustrates the online activities we documented over time.

We then graphed the frequency of the three emotions we identified relative to all coded emotions (see Figure 3a) and plotted it above the Facebook activity we documented in Figure 3b, enabling visual comparison of the relationship between the influence activities and the emotive responses prevalent at each time. We also recorded the total number of posts and comments over time, along with the cumulative number of unique posters (Figure 4a) and the percentage of supportive vs. non-supportive comments (Figure 4b). Based on our analysis of these data we then were able to aggregate our findings to theorize the role emotions play in response to disruptive events for organizations in situations of institutional complexity.

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**Emotions, organizations and disruptive events**

In this paper we examine the processes by which emotions influence organizations in situations of institutional complexity when a disruptive event occurs. We found that emotional reactions and influence activities shifted over four phases after a disruptive event, leading to the destabilization and eventual resettlement within the DDF.

**Phase 1: Activation of Different Logics and Investment of Hope (November 2009 to January 2010)**

The study period began in November, 2009 when an investigative TV news show in Canada reported on a new treatment for DD, tested by a scientific researcher abroad, which appeared to dramatically improve DD symptoms without medication. Members who had seen the show immediately expressed excitement and hope on the DDF’s Facebook page, stimulating excited posts from other members: “I'm so excited! There are so many people who will have their lives back!... this is what we have been waiting for”, “The most hope I've had in a long time!”. However, members’ hopes were not just about the treatment; they hoped and expected that DDF would advocate for access to the treatment as DDF had substantial influence on the government’s decisions on treatment funding under the universal medical plan: “I'm going to get started on my fundraising efforts … anything to get this treatment available to everyone ASAP!” . “I'm soooo grateful, Thank you for giving me and my family/ friends HOPE”. Members expected and appealed to the DDF to enact its care logic:“Save your resources…I suggest you put the money that you would have used [on research] into getting treatment for DDers fast tracked and do the job we are expecting from our representatives”. As shown in Figure 3a, expressions of hope spiked to nearly 50% of all posts in November. Without government endorsement, the treatment would neither be available nor publically funded in Canada[[6]](#footnote-6) for those with DD. Furthermore, members believed that DDF could advocate for treatment on compassionate grounds as others were doing in other countries. In sum, members invested hope in the DDF’s enactment of the care logic. Members’ comments indicated that they understood the value of research within the DDF generally, yet they perceived a care-based advocacy response to this event was most appropriate: “If DDF truly values our choices...please start advocating to the government for us to have the choice of the treatment here in Canada alongside the studies. So many are declining fast and do not have years to wait…”.

**DDF response: Enactment of the research logic***.* The medical advisors to the DDF, trained in the traditional research paradigm for DD, claimed the new research was insufficient, contrary to established knowledge and that members should be protected from a treatment not yet confirmed through clinical trials. Violating members’ expectations, thus, DDF leaders “initially dismissed this out of hand based on advice from the medical advisory committee; This is bogus… It’s not a proper research study” (Interview, DDF Board member). DDF leaders warned members to avoid the treatment on their webpage, using a rationale rooted in the research logic: “based on results published about these findings to date, there is not enough evidence to say… this treatment would be beneficial.” The media called their response “reticent”, and “cautious”, saying they “discouraged” people from getting the treatment until more research was done. DDF’s exclusive use of the research logic in response to this disruptive event contrasted with members’ care logic activation (See Figures 1a and b). Within days, however, shocked by members’ “unprecedented” emotional response to their warning on Facebook and in phone calls, the DDF removed the warning from its website, yet continued to suggest that the treatment “needs to be replicated and validated in larger well-designed studies”. As the press reported:

Two days after the news story aired, the DDF… amended its position on the treatment and issued an open call to researchers to submit proposals for funding. …The CEO insisted the group's position has not changed, but, because of the overwhelming public response to the media stories, he wanted to stress the group's support for research that would either prove or disprove the theory.

However, despite removing the warning, during the following months the DDF drew almost exclusively on the research logic in its communications about the treatment (see Figure 1[[7]](#footnote-7)) and employed non-emotive and objective language to emphasize the need to ensure the treatment was efficacious and safe to protect members.

**Media and Facebook amplification**. The media responded to DDF’s position by portraying the DDF as uncaring. As a DDF board member explained,“There are news stories with (network) that really said, ‘Hey, this is a great thing.’ And again, painted the DDF as a distant, uncaring, antiquated group of people who are out of touch... It was quite a hatchet job.” (DDF national board member). By the end of January, 2010, a reputable US medical research center announced a study of the treatment’s efficacy, saying the earlier studies represented “proof of concept”. The media reported that the center received around 8,000 calls from individuals who wanted to participate. This announcement, reported in the Canadian media, further fueled member perceptions of a violation of their care-based expectations since the DDF continued to call for more basic research, not action that would lead to access (i.e., clinical trials). Member Facebook comments amplified from only four in all of October to over 50 in the four days following the DDF’s initial warning to avoid the treatment. During this time, the media reported that several other studies had been initiated, and covered numerous success stories of individuals who had experienced immediate improvement after having the treatment. “After having regular debilitating DD attacks for nearly a decade before, Susan has been symptom-free ever since [the treatment]...she now has a quick walk, with no sign of disability”. These emotion-laden stories of success saw members’ expressions of hope spike again as shown in Figure 3a. Yet the DDF continued to state, in language based on reason and objectivity rather than emotions, that supporting access through clinical trials or treatment was not appropriate at this time, since “in real terms this treatment has very little if any real scientific backing” (DDF Local board chair). DDF believed that they had a responsibility to ensure that the DDF’s funding and advocacy were focused on efforts that would lead to safe and efficacious treatment.

In sum, members activated the care logic, triggering emotional response and reasoning consistent with this logic. They did so in response to the emotion-laden media reports, along with their own hope, amplified by the Facebook posts of other members. Members expected the DDF to activate the care logic. DDF leaders, however, more exposed to skeptical, rational scientists and medical advisors, activated the research logic, triggering a non-emotive, reason-based response. We identify this connection between emotional response and the logic activated as the emotional register of a logic. In keeping with the idea that logics are constituted with repertories of appropriate action *and* appropriate emotional response ([Voronov, 2014](#_ENREF_66)), we observe that within the emotional register of a care logic, emotive expression and decisions based on empathy were legitimate, while according to the emotional register of the research logic, they were not.

**Phase 2: Members’ Betrayal and Shaming; Leaders’ Justification (February-October 2010)**

Theemotion-laden stories of suffering and transformation in the media seemed to further fuel members’ beliefs that the DDF should enact a care response by advocating for treatment access, leading to the emergence of expressions of betrayal followed by shaming efforts.

**Betrayal and shaming*.*** In February, 2010, the media reported a research study supporting the treatment’s efficacy. Two weeks later, expressing no emotion, and not responding at all to requests for advocacy regarding access to the treatment, the DDF posted the following:

Thank you for patience surrounding the topic of the treatment and this disease…we are in the process of reviewing research operating grant proposals on the treatment... These proposals are currently being peer-reviewed by an international panel of DD researchers and announcements from these reviews will be made in June.

This comment on Facebook triggered an immediate flurry of member comments (55 within four days) and phone calls, many of which questioned the DDF and its motives and asked why the DDF was not fighting for treatment access. At this point, we saw reductions in members’ expressions of hope and substantial increases in expressions of betrayal (see Figures 3a and b). Members complained that their expectations of care (access, support and treatment) were violated and they responded with expressions of betrayal due to the DDF’s sole reliance on scientific proof, rigor and evidence. “I thought the DDF was working on behalf of the people WITH this disease! Not against!... the DDF may be working with its own agenda…”, “I have spent countless hours walking, volunteering, recruiting other volunteers etc... I also suffer from DD and I can honestly say the DDF has done nil for me”, “I feel that the good people and researchers at the DDF are withholding me getting back my health…”.

As emotions intensified, we then began to see members increasingly attempting to shame the DDF for the perceived betrayal. Our analysis shows that shaming spiked in February 2010 along with betrayal, and remained at high levels throughout the spring and summer (see Figure 3b). Shaming moved offline in May, 2010, as online posts escalated into political activism. On May 5, 2010, “Hundreds of DD patients rallied at demonstrations across the country, demanding treatment for a controversial, newly identified condition that many believe is the root cause of DD” (media report). Members protested in front of DDF offices as well as at various government buildings, now publically sharing their betrayal to those offline and outside of the DDF.

 Shaming efforts continued to escalate into October, 2010 (see Figure 3a). Members criticized leaders for not living up to their institutional obligations: “I have not been pleased with the DDF… they ignore us… I take it the money that I give and millions of other people give must go for research…” and “A lot of good that has gotten us.. shut up and wait wait wait .... Peer review... Blindly trust... Please! Give me a break”. Members accused the DDF of being biased by involvement with drug companies and drug researchers[[8]](#footnote-8), and having a biased board. When the DDF formed a committee to advise the government on the treatment, posters noted the committee included more members from the dominant medical specialty with anti-treatment agendas than members with the disease or who advocated for the treatment,

My question is, not only as a concerned Canadian citizen who has given to the DDF in the past, has lead fund-raisers, but most importantly as a DDer.....how can you honestly say that the treatment can get a fair chance if you do not remove some of the members of your medical advisory committee, as these doctors are the ones that have been outspoken against treatment. In any other institution these people would be barred from sitting on a committee.... then I’ll stop questioning your integrity.

Members refuted DDF’s concerns about risks by referring to their desperation, and the horrible side effects associated with the drugs the DDF recommended they continue to take rather than getting the treatment. Members posted journal articles suggesting the DDF may have known about the treatment up to three years before the media story. As more information was released and interpreted as further evidence of a violation of their expectations of care, members’ feelings of betrayal and their shaming attempts continued to escalate. “The DDF has clearly shown where its interests lie. Unfortunately that is not with people that have DD”; “Some people are more interested in their big paying jobs then they are in going ahead with something that eases our suffering”; “…even on ‘compassionate grounds’, the DDF, our advocate agency, said they would not appeal (and they did not appeal) to the Government for immediate testing and treatment of DDers for whom pharmacological treatment is not available and for DDers in further stages of the disease”. Even supportive comments sometimes challenged the lack of implementation of the care logic: “Testing is good, but when are they going to start treating??” . When the DDF announced it would lobby the government for $10 million funding for research, *not treatment*, members were further convinced that the DDF prioritized research over care. The perceived lack of a care-based response drove more expressions of betrayal and shaming.

We don't need 10 Million to fund the DDF to research something that has already been proven - What we need is equality in medical care for those with DD. Quit wasting money and give us testing & the treatment. I can't believe the DDF wants permission to WASTE all this TIME and MONEY... The only reason they have offered this is to quiet the protesting that is going to happen today all across Canada - great timing DDF!!!!

So many of our fellow DDers have pleaded, lobbied, petitioned and advocated for this… even as our advocate agency repeatedly told us they couldn’t do anything. Nothing but appeal for money for research. And we cannot help but wonder what is on the real agenda - research into a pharmacological treatment???

At this time only 10% of posts were supportive, with over 80% of posts being non-supportive and against the DDF stance, as members supported each other in their shaming efforts. On August 31, 2010, a joint government and DDF task force published a report which recommended against clinical trials on the treatment. The government did not fund the trials:

…‘the research has numerous methodological flaws and should be viewed as a pilot study at best’… ‘the treatment involves an intervention that is potentially dangerous and could lead to complications.’ … ‘there is little support for the notion that this condition contributes to the development of DD.’ (media article).[[9]](#footnote-9)

This decision, and the DDF’s involvement in it, enraged members. The number of comments jumped from 49 in August to 404 in September, 2010 – over 90 pages of commentary, as shaming online continued and calls for offline activities were encouraged. Soon after we observed betrayal being expressed alongside, and sometimes replaced by, anger.

Jill Torres (pseudonym) organized a protest at the local DDF offices ... The DDF takes in millions of dollars in donations, she said. "Should they not be using it for this?" she asked. In fact, the DDF recently set aside $1-million to fund the clinical trials, if and when the research says the therapy is safe. (Media report).

The DDF is to blame, each and every one of you who continues to earn a salary in the name of our illness and in each of our names while you stand by and pretend not to see the resulting predicament of DDers. SHAME on you all. (Facebook post).

 **Amplification*.*** The betrayal and shaming we observed during this period was amplified by positive media stories and members’ emotive expressions and activities on Facebook. Many critical comments posted links to positive media stories on the treatment (see Figure 2), suggesting that media was playing a critical role in amplifying members’ experience of betrayal. As more members echoed each other’s betrayal and shaming, many comments explicitly reinforced and applauded those who expressed betrayal. The few members who supported the DDF were met with quick reprimands by multiple members, often within minutes or hours of the post. As this post indicates “Abby said, ‘You're not the boss of them.’ Oh, that's where you are very wrong (Abby). Every person with DD is indeed the boss of the DDF. If there was no DD, there would be no federation”. This response to “Abby” was liked by many and then followed by several more posts that continued to shame Abby, the DDF and any posters that supported them. In another example, a supporter posted: “[The treatment] is not available now and cannot and should not be made available until it can be proven to be safe and effective...” An immediate response: “Really, how dare you?”, followed by “the DDF is deliberately turning a blind eye to accurate and timely information about the treatment. We need to post these important links in the interest of our fellow DDers, since the DDF obviously doesn't care about... informing members of anything that throws their baseless beliefs out the window”.

 Comments were clustered this way within short periods of time, either in response to media stories, or more significantly, in response to other members’ comments. The validity of accusations was often questionable, yet they seemed to spur a frenzy of accusations and claims that were lauded by other posts and followed with new accusations often before the DDF could respond. A local board chair reflected her surprise at these claims:

One comment that I kept hearing was that the DDF is in the pocket of big pharma. I mean it’s just…there’s nothing to it… I remember reading… about all these high paid board members that have no connection to the society that are making all the decisions. And when you’re actually involved with the group, and like I know the people at the national level, and they’re all good people; they’re professional people.

However, on Facebook these accusations could be made, amplifying the shared sense of betrayal. The media echoed members’ sentiments, fostering further betrayal as they continued to post stories of individuals whose lives were better because of the treatment. One article stated, “We have between 20 and 17 people who are going, or who have had it done, every one of them has shown a marked improvement in their life and functions... we can't get that across to the DDF”.

 Thus, in a seeming echo chamber, members and the media expressed and amplified emotions and resultant influence activities as they stated the case for care. By phase end, members’ emotions of betrayal amplified into anger, as their shaming efforts online and offline failed to elicit activation of the care logic. This shaming frenzy (Ronson, 2014), did not lead to the reform they desired and so again we document escalation of response and activity in the third phase of the study.

**DDF Leaders enactment and justification of the research logic***.* The members’ emotive response to the treatment and to the DDF’s stance surprised DDF leaders, who continued to prioritize the research logic, thinking the treatment would “go the way of bee stings and carrot juice” (DDF local board chair). They did not expect their members to prioritize care demands, as they truly believed a research logic was most appropriate. A research logic, based in the scientific method, focuses on observations, preferably of large samples, data collection, and falsifiability of hypotheses ([Singleton & Straits, 2005](#_ENREF_59)). Making decisions based on empathy for individuals’ experiences, perfectly appropriate within the care logic, was not appropriate within the research logic, as decisions based on emotional reactions are seen as biased -- bad science, or not science at all. Rational, dispassionate decision making and expression is the norm within the emotional register of the research logic. The members’ emotional response was thus neither a valid, nor a comprehensible reason to adopt the treatment to those who had activated a research logic. Feeling they were acting appropriately by using reason and dispassionate arguments, many were surprised by the members’ response. For example, when we asked a regional board member what she thought caused resistance from members she highlighted this confusion: “I don’t know. I really don’t know, like it’s just… I don’t know if people thought the DDF was trying to hide something or…I don’t know how to answer.” Or as the executive director elaborated,

All of a sudden the whole groundswell of interest developed and, and people are very emotional about that, especially if you don't have any… treatments for your form of DD and so, we kind of got blindsided with that whole issue… We have people phoning up and harassing us and we had people posting stuff on Facebook …

Despite their surprise at members’ response, DDF leaders continued to feel that the appropriate way to respond to the treatment was to ensure there was more research.

There’s so much buzz in the media about people coming back and being cured… and yet DDF still isn’t promoting it. So I think people would just see that as, “Well, how can you not… these people are seeing these huge improvements, how can you not be promoting it?” When really, like, there needs to be more research. (DDF local board chair)

The research the DDF was prepared to support was still pre-clinical trial. As one regional executive director stated “we don’t support clinical trials until the science proves otherwise”. As members responded with betrayal and worked to shame the organization into attending compassionately to the needs of individual DDers, the DDF responded dispassionately and objectively (see Figure 1a), seeking a link between the treatment and the disease before authorizing even clinical research on the treatment. While both logics focused on the well-being of those with DD, the differences in means to achieve this (advocacy vs further research), and the different emotional content and expression by members and leaders, resulted in the previous compatibility between these logics being disrupted as contradictions surfaced.

The DDF continued to enact the research logic while justifying its approach, acting as if logical arguments would win members over. Leaders posted the names of review committee members to refute charges of bias, provided a live webcast about the treatment, and responded to its members using rational, non-emotive reasoning. As the media reported: “The DDF fear that this rush to seek treatment goes against the principles of science, which requires rigorous testing and thorough evaluation of results”, yet the media followed up and asked “At what point is science more important than treatment?” The CEO of the DDF insisted “It may be a few years, but very quickly we'll get to research that helps us make sure that treatments are offered with the appropriate safeguards”. DDF felt decisions needed to be motivated by research not emotion.

As members’ shaming amplified rapidly, the DDF webmaster attempted to post guidelines for comments and appeals to “keep the conversation respectful and civil”, stating they would “polic[e] the community”. When members failed to respond, the DDF censored comments, banned posters, removed members’ ability to create posts (vs. comments), and expressed frustration: “I continue to read a flood of repetitive and non-constructive comments.”

During the DDF’s treatment-focused webcast, the CEO responded to members repeated questions as to why the DDF maintained its skepticism despite the treatment’s apparent efficacy:

A clinical trial provides appropriate safeguards for the participants, for the patients, through things like ethical approvals, consent. So the reality of our position is that it balances the role that we play in serving the interests of people with DD…but we also want to combine that with the role that we play in racing to those answers that are important in adding to the arsenal of therapies.

A regional DDF leader summarized: “The way National presented… their position was that… ‘we don’t support clinical trials at this time… until the science proves it beneficial’… But what people heard was the DDF doesn’t support clinical trials.”Even when members’ shaming activities transferred offline, the DDF continued to rely on the research logic and justified its decisions with the non-emotive and rational approach of the research logic. Thus members’ emotions and shaming efforts did not trigger DDF leaders’ expression of shame or regret, but instead, justification of the appropriateness of research-based, vs. emotion-based responses:

I have carefully listened to those of you who have expressed disappointment and anger at what has been perceived to be the DDF's negative stance on the treatment. I am personally writing to you so that the views of the DDF can be presented unfiltered. The DDF is committed to doing all that it can to ensure that an eventual trial, if proven feasible, based on the best available scientific evidence, will be rigorously designed and implemented to obtain the conclusive answers that we all seek… (CEO Facebook post).

The DDF plays an important role in advocating for new therapies to be delivered by our provincial health systems, and we have been active players as demonstrated through our advocacy of the DD therapies currently available to Canadians. It's important to recognize that our health systems require evidence of a treatment's safety and efficacy before funding. (DDF Facebook post)

The DDF’s justification of its use of research logic was not persuasive to members who expected a care response. The lack of emotional content in DDF’s post appeared cold and unempathetic for members who felt their suffering warranted a compassionate response. The CEO’s post above elicited more than 107 comments in 24 hours, some of which were deleted by the DDF allegedly for profanity, though posters claimed otherwise. There was a growing divide between leaders using a research logic and members using a care logic to interpret the treatment.

Relief of symptoms should trump all long drawn out research for a cure... (member);

An advocate agency, receiving advice from doctors, should not be trying to stop or delay this, based on their incorrect treatment information…they have been doing a bizarre and cruel dance around the issue. We are protesting the DDF’s questionable and disheartening actions and inactions around treatment. (member).

If the treatment is proven to be a valid therapeutic treatment option for DD, then the DDF would have a role in lobbying to make it widely accessible*...* The studies are not designed to treat DD but rather to understand the prevalence and significance of the condition as it relates to DD, and to identify the best imaging technology to evaluate it. These are critical steps... (DDF)

Each group remained committed to their perceived logic of appropriate action and locked-in to the emotional register associated with that logic: members emotively calling for care, DDF dispassionately reasoning for research.

**Phase 3: Members’ Anger and Shunning (November 2010 to May 2011)**

In the third phase, as shaming was rebuffed by the DDF, anger became members’ dominant emotional response. They began to shun the DDF, repudiating it as their representative, rather than continuing to try to influence the organization to enact the previous settlement.

**Members express anger and engage in shunning.**Members were collectively enraged with the DDF’s lack of responsiveness and the continued use of the research logic in absence of care, and anger accounted for 40 percent of all coded emotions at the time. Anger remained the dominant emotion expressed online for almost all of the remaining period of study (See Figure 3a). When members expressed anger, others echoed them: “I agree with Susan! Anger is the feeling I feel when I think of the DDF, and to think of ALL the fundraising I did!” While members still engaged in shaming in this period (“Your job is to advocate for this LIFE-SAVING treatment in Canada IMMEDIATELY!”), shunning became the dominant influence activity we observed during this period (see Figure 3b). Shunning involved repudiating the legitimacy of the DDF as the appropriate advocate and champion for DD concerns. While betrayal had led members to try and repair old arrangements through shaming, members’ anger at the DDF’s response seemed to fuel a desire to distance themselves from the DDF. Members, thus, fuelled by escalating anger, asked whose needs the DDF was serving if not theirs. “Many accuse the medical profession and the ‘DD industry’ of conspiring to keep them sick and profitable”, the media reported. Shunning reflected a disinvestment in DDF as members began expressing distance from the DDF. This shunning reflected their implicit belief that the DDF was not listening to or caring for them, the people with DD, who the DDF was meant to serve. Their expressions of anger and shunning efforts were characterized by emotion. They focused on the lack of empathy the DDF offered for those suffering, consistent with the emotional-register of care, rather than on whether or not there was sufficient research.

I blame the DDF for not being a compassionate and caring organization. Unlike other health care organizations whose spokespeople expressed happiness because the new device "may save lives", "may improve the quality of life" for patients. Learn from them, DDF, on how to care about patients' lives, quality of life...

YOU!!! And your so called experts are putting people with DD in danger! You do not represent me, a person with DD. If you don’t represent people whose disease your charity is named for what is your purpose?

Increasingly, members indicated they would no longer engage in fundraising for DD, and some indicated they were leaving the organization.[[10]](#footnote-10) At the end of February, a group of 25 members who had regularly posted on Facebook mobilized together offline and sent a shunning letter to the government declaring that the DDF no longer represented their interests and should not be considered the voice of people with DD.

First, the DDF does not speak for us and does not speak for many other DD sufferers we know. In our view, the DDF has actively worked against DD sufferers by joining with a small group of angry [medical specialists] to stop or at least to delay any meaningful investigation into the treatment.

At this time a new organization was formed for those who wanted their donations to go to treatment advocacy, and members encouraged people to fund and join them. Members also held a public rally, extensively covered by the media, and they called on others to boycott DDF fundraising efforts on Facebook. “I think if we start getting them where it hurts they might start listening ... Boycott the walk for DD!! Tell your friends. Don't collect pledges and don't walk!!”. “More of the donating public are hearing about this travesty, they are as disgusted at the deplorable actions of the DDF as we DDers are. Sickening. Absolutely sickening”. “The DDF lacks compassion for the entirety of its membership… So I cannot in good conscious support this campaign, and have asked my friends and family to not support it either”, “I for one will never again go to [corporate sponsor of DDF] until they stop funding the DDF.” The members not only viewed the DDF’s response as inappropriate, but now seemed to no longer consider the DDF itself as a legitimate representative of their interests.

**Amplification.** Shunning fuelled more anger, and anger fuelled more shunning as amplification intensified online (observable in Figure 3a and 3b). During this period we observed that members began to mobilize collectively, echoing each other’s sentiments and building momentum. The few posts on Facebook disagreeing with the collective sentiment were ignored or attacked -- the majority of interactions were between members posting similar sentiments, as they echoed and amplified each other’s emotions and influence activities.

WHO are you to say that the treatment "should not be made available until it can be proven to be safe and effective against the disease". The treatment is safer than the drugs currently prescribed....and the hundreds of treated DDers are... proof that it is effective against this disease...

Members increasingly used the term “we” when expressing their emotions, referring to themselves as separate from the DDF and indicating that they experienced the violation and anger collectively. “The DDF has lost all credibility with the people you are SUPPOSED to be helping. *We* want you GONE!! I have been treated, and I know, first-hand what it's like to go from the pits of hell to being normal again… I was on my way to passing away…”.

I just want to thank everyone in this thread for speaking up! Still listening Mr. CEO? …His words have light a fire under a lot of people and after feeling a bit discouraged about how things have been going lately, I feel re-energized to keep speaking out. Looks like the curtain has been pulled back and the true Wizard of Oz revealed!

Comments such as these were echoed and followed by further encouragement from members, as they declared “here, here”, “This poster [above] says it Best!!! We will continue to fight for [our] rights”. The collective outpouring of anger reinforced members’ commitment to and belief in the care logic, and their statements became bolder and more demanding. When one poster announced she was quitting the page because of the negativity of treatment supporters, 26 comments were posted within 24 hours criticizing her view and supporting each other’s focus on collective action to affect DDF. As a result, during this period posts supporting the DDF fell to their lowest level at less than 5% of all posts, strengthening perceptions of shared emotions and activity since dissenting voices were absent. Facebook was thus acting like an emotional echo chamber: amplifying shared feelings of anger. Similarly, while initially in June and July of 2010, when Facebook allowed members to “like” comments, 50-60% of comment “likes” applied to DDF’s own posts, by November and December 2010, more than 90% of “likes” were for comments of other members. DDF’s proportion of comment “likes” did not return to more than 20% until March 2011, after which time it gradually increased.

When the DDF posted that it had earmarked $1 million for pan-Canadian clinical trials on the treatment, 34 cynical comments were posted within 12 hours, with most comments being “liked” by a number of others. Many referred specifically to having their comments deleted, or requested that they not be banned from posting, as others they knew had been:

I am "on topic", so you should not be deleting this comment. Before I am banned … you should at the very least know my story...just as you should have known the stories of those you have already banned - your clients ...in whose name you exist, and their loved ones who have volunteered/donated/raised money for the DDF.

During this period, the media did begin to cover more negative stories than previously, with November 2010 being the only month where they covered more stories of treatment failure than success, describing the post-operative death of one treatment recipient, surgical complications in others, and the reappearance of symptoms among some who had improved after the treatment.[[11]](#footnote-11) However, the momentum against the DDF amplified despite this, as evidenced by both the low number of DDF-supportive comments and likes. For example, members focused on one of the treatment-supportive media articles in November stating that the task force panel (which recommended against clinical trials) “did not include a single physician or scientist involved in the research, diagnosis or treatment of [the cause theorized] with the new treatment…The optics were plainly bad”. Also in November, the inventor of the treatment was quoted in the media as criticizing Canada for not initiating a clinical trial of the treatment. These two stories fueled and amplified member anger despite the increased media coverage of failures, which were not posted or shared on Facebook. A month later in December, 2010, a media story quoted the president of a medical specialists’ association as stating “it might have been wiser had specialists pushed to have the procedure tested properly, rather than simply oppose it. Ottawa spends a billion dollars a year on medical research and the treatment has undergone none of it.” That month, a poll found that 75% of Canadians wanted clinical trials funded on the treatment, suggesting that the coverage of events was having a powerful impact on the positive views of the treatment not only online, but broadly across the country despite the increased coverage of failures. The DD treatment was declared the top medical news story in 2010. A newspaper columnist said “The media, of course, are being blamed for fuelling the hype…”. Overall, we observed the amplification of members’ anger on Facebook and a growing disconnect between members and the DDF, which was amplified both online and offline by members and the media.

**DDF leaders’ responses***.* Throughout this period, DDF leaders in the central office continued to enact the research logic and justify their responses through this logic (see Figure 1a). The DDF initiated a “100 days of celebration” focus for the website, trying to limit all Facebook posts to positive stories about DD sufferers. As members continued to comment on the treatment, the DDF requested in vain that they stick to its celebration agenda, they then began deleting posts that were off-topic, and eventually cancelled its celebration focus. They appeared increasingly controlling as they censored comments, blocked members outright, and blocked all members from initiating posts (though they could continue to comment on DDF posts) as they tried to stop the virulent spread of anger. In an attempt to “communicate openly” about the treatment, the DDF posted answers to a list of selected questions that they had been asked. A flurry of member posts dissected DDF responses with cynicism and anger. The DDF then posted that it was lobbying the government for funds to follow DD sufferers who had gone abroad to have the treatment, and that it was speaking out against Canadian physicians who refused follow up care for those who had been treated abroad. Again, members interpreted these announcements cynically and angrily. In response, subsequent DDF posts in this period became much shorter and simply related facts or links, such as this one: “Open public lecture DD: Treatment of patients with DD by [the treatment] - scientific, moral and ethical considerations <http://link>”, and “The latest edition of DD in focus is now online. This time the theme is Research and DD. Download it today at <http://link>.” Members’ comments on these posts were overwhelmingly about the treatment, either criticizing DDF, cynically interpreting DDF comments, or relating members’ own progress after the treatment. It appeared that Facebook was now exclusively filled with non-supporters and so any post by DDF seemed to result in an echo chamber effect where anger continually intensified.

**Phase 4: DDF’s Regret and Mollification (March 2011 to October 2011)**

In the fourth phase, DDF leaders expressed regret and began to try to mollify members through increasing expression of the care logic. Restabilization began. This phase overlaps with phase three because members’ responses lagged leaders’ mollification efforts.

**Leaders express regret***.* DDF leaders, led by those at the local level who had more direct interaction with members, began to express regret over the conflict and believed they had not responded well to members’ concerns. The material impact of lost revenues and memberships[[12]](#footnote-12) seemed to destabilize the sole activation of the research logic.

It’s terrible, the impact is huge … we receive a lot of emails and a lot of phone calls from people with DD… we are losing the confidence, let’s say, of people right now… (DDF local executive director)

They’ve actually had formation of other groups which has a potential to completely fracture the DDF… We do say that we represent people with DD, that’s why we’re there… [we] had to be more inclusive and more representative of what the members or people with DD saw the direction should be. (DDF local board chair)

A DDF staff member publicly apologized in the media: “we are sorry…we came down too heavily on the side of research and not enough empathy for patients and what they are going through”. DDF leaders reflected on the initial stance the federation took:

The medical community… feel it would be disproven... But the people with DD… the support behind the treatment is growing daily. And that’s caused a schism ... a groundswell of support and activity among the members that we’ve never seen before. …that’s raised the concern, “You guys are … not paying attention to the real issue which is, “How do we treat people with DD?” So there’s a concern that we’ve lost touch with the electorate… it now raises very legitimate debate about to what point does the DDF advocate… for something that isn’t medically proven? … And if the National says “no,” do all the rest of us have to say “no”?… We’re losing them now. They’ve left the DDF. (DDF national board chair).

These expressions of regret were the DDF’s first public emotional responses to members as previous communication had been non-emotive and focused on justifying their position.

**DDF leaders adapt activation of logics***.* These feelings of regret led some local DDF leaders to go “rogue” as one executive director explained, to try to connect through local interaction with their members and adopt the care logic in concert with the research.

We have hundreds of members going and spending $10,000 - $15,000 for this treatment. We just can’t… say “You did the wrong thing”... that’s not providing any empathy or any support to our people. So now we’ve adapted to getting people who’ve gone to treatment to share their stories... at the same time passing on the message that officially, no we cannot recommend the treatment. (DDF local executive director).

So while the DDF national office maintained its official stance on the importance of rigor and research, many local offices began to emphasize care in member interactions. “We had to say [to National board] ‘We’re having to adapt’. So you pretty much have to live with it because we really couldn’t proceed as it was”. They moved offline in local interactions rather than to work against the still predominantly negative sentiment online. One local director started support groups in his region and promoted the idea to others:

Allow the members to vent, ask questions, gather information, become educated, share their own stories just so that they see that the DDF is not, you know, taking one position and holding onto that… we had to start communicating… we need to do something face-to-face… Facebook arguments that carry on and on and there was just no way of resolving those…

At this point, the material impact of members’ shunning and anger became apparent, giving DDF reason to acknowledge and respond to the emotions of members as a valid course of action. The DDF needed its members to maintain its role in society, and those who interacted with members and DD sufferers also wanted to support them through their experience of the disease.

I think in the beginning we were wanting so hard to get basically these people to understand the scientific information... But it was a very emotional issue for people with DD... [We] are trying to do a better job of listening to what people with DD are saying and finding ways to remind them that we are an organization for people no matter what they’ve decided… Sometimes the messaging that comes down from national may, I would think much, feel quite cold and disconnected. Um, very clinical or very research oriented …national is changing their communication messaging to better reflect people with DD. (DDF local executive director)

Our analysis shows that the DDF also adapted their communications significantly from March to October 2011, activating a care logic more frequently than a research logic on Facebook, and in other documents (See Figure 1a). When the federal government announced that it would fund clinical trials in June 2011, the DDF committed $1 million. While the research logic remained central, the DDF’s communications included paired statements emphasizing its commitment to members’ well-being *alongside* that of research: “The DDF will continue to monitor all developments related to the treatment. People living with DD are at the center of our work and this will continue to be what drives us as we move through this exciting new phase…”.

 In August, 2011, the DDF publically announced a renewal initiative that would involve “examining all aspects of the DDF including its internal structure, roles and responsibilities to determine if there are ways we can more effectively and efficiently deliver on our mission”. The initiative would be spearheaded not only by leadership but by members, people with DD and other volunteers. In our interviews several of the leaders revealed this initiative was triggered as a result of the disruption, as many in the DDF began to believe they needed to rethink their response to and relationship with members. As one local executive director shared, “[Now] There's a real heavy emphasis on reaching out to people with DD and getting them more involved in the organization”. While the DDF’s national office would continue to focus on research and local offices would focus on care, all DDF offices would use balanced communication, ensuring “people with DD were at the centre of our work”. By October 2011, the level of conflict had dropped, as a resettlement between the logics seemed to have been reached.

We don't close our minds to the possible discoveries and we needed to make sure that … people with DD have to be at the heart of every decision we make… Our approach with all of our stakeholders is much more personal… we've got to use more of the personal stories of people with DD, and living well with DD and doing more to reach out and connect with our members and clients and volunteers. (DDF local executive director)

**Members settle or exit.** Throughout this shift, members saw the DDF adopting what they viewed as more appropriate responses, using both care and research logics. The relative expression of anger and betrayal dropped beginning in May 2011. While supportive comments remained low, “likes” for DDF comments rose steadily from March (when the DDF first equally activated care alongside research, see Figure 1a) to 73% in June of 2011. Fewer shaming and shunning comments were observed and more neutral pre-conflict types of posts increased (i.e., posts on more general concerns regarding the disease). We find thus that since negative emotions and influence activities fell when the DDF began to activate care alongside research, it was not the presence of a research logic that was problematic to members. They saw the value of research. It was rather the absence of the care logic used in the DDF’s response that violated members’ expectations. Thus, the DDF’s expression of regret and return to using both logics seemed to de-escalate emotive response and influence activity, and resettlement emerged.

However, some members remained angry. They could not be convinced that the DDF was sincerely caring. These appeared to be members who had posted frequently on Facebook, and were exposed to the echo chamber effect where others continually supported their views.

Study, study, study my ass, who the hell is the DDF to block us from a healthy life?? … DUH! FAIL! too slow DDF.. 2 Years waiting for you to decide to move forward or not then move forward with clinical trials MAYBE! for treatment after 2 YEARS!!!!!!!!!!!. Meanwhile DDers are getting worse and some die OUTRAGEOUS!!!!!!!!!!!!!!!!!!!!!!!!!

Even as the DDF showed a clear shift to enacting the care logic, launching a website dedicated to discussion of the treatment and study progress and a national monitoring system for those with the disease, things members had directly asked for, these posting members continued to actively shun and delegitimate the DDF. For example in response to the launch of the new website about the treatment, a member posted: “DDF I wouldn’t trust you or the likes of your doctors with any treatment data. You refuse to acknowledge a connection between the treatment and DD and yet you readily claim anything treatment-related as your territory…to what end???”. Other members suggested donations be directed to other organizations. While some members continued to shun the DDF after the period ended, others abandoned their DDF membership. As a leader reflected:

The unfortunate thing for us… is that, people that used to support us have abandoned us because of what we were doing with the treatment. Many of those people haven't come back. And so we've got to somehow rebuild those relationships with people. (DDF local executive director)

Despite the continued emotion-laden influence activities, overall expressions of anger and betrayal fell. Our conversations with DDF staff suggested that many members began to re-form their relationship with the DDF at the local level.

**SPECIFYING THE ROLE OF EMOTIONS IN INSTITUTIONAL PROCESSES**

In this paper we asked howorganizations facing institutional complexity are affected by emotions when confronted with disruptive events. Past research has indicated that disruptions create opportunities for contestation over the status of various logics in the field, and has focused on how different actors invested in these logics defend or challenge the status of logics amidst disruptions ([Glynn & Lounsbury, 2005](#_ENREF_19); [Lok, 2010](#_ENREF_34); [Marquis & Lounsbury, 2007](#_ENREF_36)). We also know that disruptions, for these reasons, have destabilized previously settled institutional arrangements for organizations facing institutional complexity ([Dunn & Jones, 2010](#_ENREF_12); [Glynn & Lounsbury, 2005](#_ENREF_19); [Greenwood et al., 2011](#_ENREF_23)). Our findings reveal further insight into the ways in which disruptions impact organizations in situations of institutional complexity by attending to the role of emotion.

Specifically, our findings make important contributions to the literature in three key ways. We contribute to our understanding of what constitutes incompatibilities across different logics by showing how *emotional* incompatibilities can be surfaced between logics due to differences in the emotional registers of logics. In addition, this paper is among the first to outline the impact of social media on institutional processes by describing social media as an echo chamber of emotional processes triggering response, reaction and adaptation to disruptive events. Finally, we extend the nascent research stream on emotions and institutions by detailing the contribution of specific emotions and emotion-laden influence activity to institutional dynamics. We detail these contributions showing how central emotions are for institutional theorizing.

**Conflicting Emotional Registers in Situations of Institutional Complexity**

 Organizations in situations of institutional complexity can have members who expect the enactment of different logics in response to a disruptive event. In our study, a research logic was cast in opposition to a care logic as the appropriate response to a novel treatment. As a result, despite sharing the goal of helping those with DD, contradiction and conflict emerged between DDF leaders and members. We argue that the conflict in our study was exacerbated because the two logics of the organization had very different emotional registers that influenced the ways in which the factions reacted to the event and each other. We define an emotional register of a logic as the rules for the legitimate use and expression of emotions within that logic. As Voronov ([2014: 186](#_ENREF_66)) suggested “a particular logic constructs and shapes not only cognitive processes and organizes schemas but it also prescribes and proscribes certain emotions… For example, the market logic can be expected to be associated with different sets of emotions than the aesthetic logic.”. What we outline here is that the emotional register of a logic need not inherently involve a particular set of emotions, but rather suggest that logics carry with them expectations about how specific emotions can be used or expressed in specific circumstances. In our study, the care logic implicitly prescribed emotional expression as an important and valid source of information for decision making about individual suffering, and thus, supported and enabled the expression of emotions such as hope, anger and betrayal. The research logic, on the other hand, instantiated from the professional institutional order, prescribed objective evidence, rationality and dispassionate reasoning for professional decision making. Strong emotional expressions, positive or negative, are often inappropriate in professional logics such as research. Expressions of love, anger and hatred, for example, are considered subjective and biased. When members responded using a care logic, with its associated emotional content and reliance on individual experience as data, and leaders reacted using a research logic, with its dispassionate emotional content and reliance on peer-reviewed studies as data, the two groups were at an emotional impasse, failing to respond in the appropriate emotional language of the opposing logic.

Accordingly, we argue that even with shared goals, logics can become contradictory and incompatible. Specifically, we suggest that incompatibilities can be constituted and aggravated by differences in the emotional registers of logics and suggest that these types of emotional incompatibilities can be just as powerful as incompatibilities over means or goals. As a result settlements among logics can be tenuous and easily destabilized by disruptive events because of the different emotional registers of logics. Emotional expression based in a care logic may require emotional responses for actors to perceive responsiveness, while those based in a research logic may not be perceived as “reasonable” if they contain an emotional response. The disconnect between emotional and rational reasoning specified in some logics, thus, can make conflicts between logics difficult to settle, especially as people invested in them begin to view themselves as belonging to separate groups. In our study, when regret-motivated DDF leaders began to interact personally with members, showing respect for their emotions, the partisan effect developed through online expression eroded, creating a space for understanding despite the distinct emotional registers of the two logics.

Our findings demonstrate how conflicts between logics can be constituted or exacerbated by incompatibilities in emotions in addition to those of means or goals, expanding previous suggestions regarding what constitutes logic incompatibility ([Besharov & Smith, 2014](#_ENREF_4)). We believe this finding pushes us further in our understanding of what drives contestation over and between logics in institutionally complex settings, and the situations under which settlements can become more fragile. As a result, we call for further attention to emotional influences on conflict or peace within institutionally complex settings. Particularly relevant is whether the emotional content of a triggering event activates perceptions of the appropriate logic for response. In this paper the initial media coverage that triggered this disruption was highly emotive. It showed a woman previously incapacitated able to walk again – it was a hope-filled coverage of the treatment based on a *human* experience. While our data do not allow us to say so conclusively, it may be that this emotive coverage actually led members to activate the care logic in response – a logic which values the experience of the individual as a data source and prescribes the expression of emotions. If the media coverage had been scientific, perhaps members would not have invested their own hopes in the enactment of care but in science. We suggest thus that future research closely examine not only the emotional registers of logics, but whether disruptive triggers in specific emotional registers actually work to activate logics with the same emotional registers.

**Social Media as an Emotional Echo Chamber**

In our study, social media played a significant role in the ways in which emotions influenced organizations facing disruptive events. Social media provided a platform where DDF members without formal power or position were able to voice their experience of violation and influence a response. The capacity of social media to empower people has been observed in other settings ([Comunello & Anzera, 2012](#_ENREF_8); [Nielsen, 2013](#_ENREF_40); [Ronson, 2015](#_ENREF_54)). However, what we argue is particularly important to our findings was the role social media played in *emotional* *amplification*. Journalist Ronson (2015: 281) commented that social media is turning “into a giant echo chamber where what we believe is constantly reinforced by people who believe the same thing”. We find a similar effect, however we propose specifically that Facebook acted as an *emotional* echo chamber that led to emotional amplification, which mobilized and escalated influence activity.

Hallett’s ([2003: 705](#_ENREF_25)) theory of emotional amplification suggested that “interactions serve as a stimulus to evoke emotional responses, but as interactions continue, these interactions provide an additional stimulus that feeds back into the initial emotion, amplifying it”. Collins ([2004](#_ENREF_7)) emphasized that collective emotions arise within groups from face-to-face interactions and physical proximity. Our study documents how *online* interactions amplified emotions. When members expressed their betrayal on the offending organization’s Facebook page, each expression of betrayal or anger served as further stimulus for the experience of those emotions by other members, particularly when members egged each other on by expressing support, liking their posts, or criticizing the posts of those with other opinions. Some members, feeling betrayed, may have only escalated to anger and shunning after viewing the angry posts of others: others sense of anger enabling and triggering their expressions of anger. Supporters of the DDF were pushed off Facebook by the critique of pro-treatment members, and thus Facebook became increasingly constituted by those expressing discontent with DDF – leading to the emotional echo chamber effect. Media articles were also often (selectively) referenced in posts, showing that external influences were part of the amplification process and the mainstream media too was influential. Importantly we also show that emotional amplification online can then spread offline as it stimulates offline influence activities such as protests. It can then be magnified when attended to by the mainstream media, which broadens the distribution of affect and stimulates further disruptive activities both online and offline. We thus argue that the echo chamber effect can explain why a relatively small number of actors can influence organizational change and response: through the emotional amplification created on social media. It was not just that hope, betrayal, or anger were documented discretely in this study that was particularly relevant, but rather that these emotions fed and built on each other through members’ interactions on Facebook. The sense of hope members invested in the DDF made betrayal for the perceived violation more acute. While many members expressed betrayal, the collective expressions amplified betrayal into anger when members felt their sense of betrayal was rebuffed by the DDF. Highly affective posts trigger a cascade of emotions that mobilize into influence activities like shaming and shunning, which can then garner the attention of mainstream media and further escalate pressure on the target.

We argue that this emotional echo chamber effect can lead to both positive and negative outcomes. For example, the increase in democratic rights (however temporary) arising from Arab Spring protests is often seen as a positive outcome of social media, while the anti-vaccine movement is a negative example since the amplification of fears led people to reject vaccines, causing a resurgence in diseases. Similarly, in the case we studied, while the emotional echo chamber effect amplified the voices of some of the members of the DDF, it is unknown whether the Facebook-active members represented the views of all DDF members, or whether the money eventually spent on research for the treatment was a waste of resources that could have been dedicated to more scientifically-plausible treatments.[[13]](#footnote-13) In any case, our theorization of the interaction between social media and emotions is highly relevant because we identify a theoretical mechanism of influence of import in modern society, and encourage further research to examine its implications. Advocacy of uncertain ideas occurs frequently on social media, with associated emotional reactions, reinforcing the relevance of our findings for modern contexts.

An alternative explanation might be that the increase in failure stories about the treatment in the mainstream media resulted in increasing support for the DDF’s use of the research logic, as members’ fear about the treatment would drive them to seek more research-based assurances. We did not find support for this alternative explanation, as the highest incidence of failure stories in the media about the treatment (10 in November 2010) were coincident with the very lowest level of supportive comments and likes for the DDF. Instead, support for DDF did not begin to increase until March 2011, closely following expressions of the care logic by DDF.

**Emotional Response and Influence Activity**

While there is a sparse but emerging literature on emotions and institutions, most extant work on disruptions in situations of institutional complexity treats emotions as an aside – an impact of institutional processes rather than a causal factor. Our study reveals that emotions can be central to institutional dynamics, both as causes and effects of institutional activity. Specifically we describe both the distinct types of emotive responses that disruption can trigger, and the influence activities that ensue from these emotive responses and their escalation based on perceptions of reactions. In doing so our findings contribute to the emerging literature on emotions and institutions by illustrating the role emotive response and influence activity can play in institutional dynamics.

Specifically, we document hope, betrayal, and anger as key emotive responses that shaped the unfolding destabilization and resettlement of the organization. In response to a disruptive event concerning a novel treatment that gave hope to people suffering with DD, DDF members invested this hope in their expectations that DDF would advocate for their access to a novel treatment. The investment of a positive emotion in the enactment of a particular logic can be expected to trigger negative emotions and resistance if that logic is not enacted. We suggest this insight is relevant to a broad range of settings where actors might have positive emotions invested in logic enactment. For example, a study by Gutierrez and colleagues, (2010) found that members of the Catholic Church had hope and faith invested in the church as an institution. These emotional investments were threatened by sexual abuse allegations in the Church. Members formed a movement to change the Church while remaining identified with it. Activists and social enterprise members can similarly have positive emotions like hope invested in the enactment of social logics (Peredo & Chrisman, 2006). We thus bring attention to the importance hope can play in the dynamics of institutional complexity, suggesting that when hope is invested in the enactment of a logic, negative emotions and conflict are likely to surface if this logic is not enacted.

In addition, we show that the under-theorized emotion of betrayal can play a powerful role in institutional processes. Feelings of betrayal signal more than dissatisfaction because one’s interests were not met; they signal the emotional pain of the perceived violation of expectations (Voronov & Vince, 2012) by someone in the perceiver’s social group. For example, LGBT ministers experienced betrayal by their church as their faith marginalized and excluded them based on their sexual preferences (Creed et al., 2010), and musicians felt betrayed when their expectations for tenure based on an aesthetic logic were denied on grounds rooted in a market logic (Glynn & Lounsbury, 2005). Yet the role of betrayal in triggering these actors’ subsequent resistance was not explored in these studies. Our findings suggest that betrayal is likely when actors find their expectations are violated by a party they are in relationship with, and when emotional investments have been made in arrangements constituting this relationship. Feelings of betrayal can lead to efforts to shame the offending party to restore expected arrangements.

We find that shaming is an emotional-laden influence activity undertaken by people who seek to repair social ties by reminding the perceived offender of their obligations to enact certain institutional logics, empirically validating Creed and colleagues ([2014](#_ENREF_10)) theorizing. Shaming efforts are thus early responses to violation and betrayal, usually directed at organizations with which people remain invested. Had leaders reformed in response to shaming, members may not have escalated to anger and shunning activities, though further research is required to confirm this. However, when shaming was met with activities to justify rather than reform the behavior, feelings of betrayal continued and escalated to anger.

Anger has been widely recognized as a salient emotive response to threats or violations in institutional dynamics ([Creed et al., 2014](#_ENREF_10)), and our study further confirms the relevance of anger, but extends our understanding. We argue that anger can emerge both out of failed shaming attempts, and the amplification of betrayal. As Creed and colleagues (2014) have expressed, shaming is an attempt to appeal to a transgressor to change their behaviour because they value the social relationship. Failed shaming, as we saw in our study, can signify to the shamer that the transgressor does not value the relationship. The aggrieved party’s investments in the relationship (here, hope, fundraising, donations and membership) have not been reciprocated. When DDF leaders failed to respond to members’ attempts to discipline them to act “appropriately”, the members felt that DDF leaders were not listening to their concerns: this was particularly egregious to members given they were adopting the care logic, where empathic and caring response was valued and expected. In response to failed shaming, we suggest anger results, along with a disinvestment in the relationship that leads to further emotional influence activity (shunning). Shunning thus repudiates the offender as no longer part of the social group. Members may have repaired the relationship earlier had leaders changed their approach in response to shaming. However, when shaming was rebuffed, anger emerged leading to an escalation from shaming to shunning.

We thus extend work on shaming by introducing shunning as a subsequent influence activity relevant when actors seek to repudiate ties with others rather than disciplining them into obedience. We show that shaming efforts can escalate to shunning when people fail to see their targets reforming, and anger is triggered by betrayal and emotional amplification. Shunning is thus rooted in anger rather than betrayal. For these reasons we suggest that organizations seeking to reach settlement with actors who have begun to shun the organization can expect more difficulty than with those who have only shamed the organization. Shaming is an institutional repair activity by those still invested in the target, while shunning is an institutional disruption activity by those who have (at least temporarily) become disinvested from the target. In theorizing the role that shaming and shunning play in institutional dynamics, we move beyond a general notion of emotional relevance to a more specific understanding of how different emotions can be expected to affect institutional activity.

Together these findings demonstrate that there is a tight connection between emotions and influence activity that is rooted in the relationship between the members of an institutional domain. In developing these insights regarding the role discrete emotions and influence activity play in response to a disruptive event for organizations facing institutional complexity, we show that the emotions people express can play a central role in the dynamics of change and contestation in institutional domains, thereby encouraging future scholars to pay more attention to social emotions in their research contexts. Our findings thus challenge the study of intra-individual emotions, which have primarily been conducted in the laboratory, missing contextual influences ([Gooty, Gavin, & Ashkanasy, 2009](#_ENREF_20)), and the naturalistic ([Lazarus, 1995](#_ENREF_32)) and social expression of emotion.[[14]](#footnote-14) Thus, studies that only attend to intra-individual emotions miss powerful contributors to emotional responses including relational dynamics, the role of social media and the emotional registers associated with logics.

This study documents the emotions and influence activity of members, but focuses predominantly on the activities of those posting on Facebook. This was relevant as we were interested in understanding the role of social media in this context. In addition, within our study organizational leaders explicitly stated that sentiments of members posting online were similar to those in person, and the organization actively acknowledged the relevance of the posts made on their social media site. This may not be the case in all settings. Future research should explicitly examine whether or not stakeholders engaged online differ significantly from those not engaging on social media and the role this plays in influencing or preventing organizational response.

**Practical Implications**

Managers are keenly aware of the importance social media can play for their organization, yet many continue to treat their communications on social media as one-way communication of the organization’s agenda. Our paper provides practical guidance on improving social media communications to reflect audience concerns, with a recognition that the social media space is at the boundary of the organization, not owned by it. Organizations, particularly in communications with their members, should take care to appreciate, and communicate using the logic of their audience, including appropriate emotional expression, to avoid a negative backlash. Furthermore, our study provides guidance on what to do when a backlash occurs on social media. For the DDF, efforts at justifying their “rational” response did not alleviate the emotional amplification, but rather provided fuel for further emotional reaction. The emotional echo chamber effect can push those supporting the organization off the page, leaving behind a frenzy of negative affect. Appreciating the logic of DDF members by engaging with them in person and attending to the emotions they were expressing online triggered a turn-around for the DDF. Importantly, the DDF, initially surprised by members’ care-based response to the disruptive event, eventually learned to value and reflect members’ care logic, with more appropriate emotional expression, as part of its renewal initiative. Managers hoping to forge or maintain long-term relationships with their constituents would do well to ensure their communications (on social media and otherwise) reflect constituents’ concerns both in content and in emotional tone, particularly after a perceived breach. Justifications are likely to be ineffective unless they are based in the content and emotional register of the logic in which audience members are embedded. Furthermore, the earlier organizations are able to respond in audience logic-consistent ways the better – otherwise the echo chamber effect on social media can lead to rapid escalation of emotions.

**Conclusion**

In this paper we have explored how emotions influence organizations in situations of institutional complexity when confronted with disruptive events. When people expect one logic to be enacted in response to a disruptive event and a different logic is enacted, it can trigger negative emotions. Emotive responses shared online through social media can lead to an emotional echo chamber effect, involving the amplification of these emotions and leading to influence activities that work to shame and even shun the offender. We observe, in summary, that emotions are a central mechanism influencing organizations in situations of institutional complexity. To date, however, the literature on institutional complexity has remained cognition-centric and has been disconnected from modern contexts where social media changes the dynamics of sharing and interaction for organizations. Our findings lead us to suggest that emotions may be inextricably linked to institutional activity and warrant considerable further study and elaboration, particularly in the context of social media where they can be amplified and extended to a variety of audiences.

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**Table 1: Components of Care and Research Logics with Illustrative Quotes**

|  |  |  |
| --- | --- | --- |
|  | **Care** | **Research** |
| **Root Metaphor** | **Compassion**DDers need whatever relief they can get...For a Organization that is supposed to be there for its members..I ASK.. WHY has the DDF not lobbied for rather then against these patients...Thank you | **Efficacy**There is an overwhelming lack of scientific evidence on the safety and efficacy of the procedure... |
| **Sources of Legitimacy** | **Human experience**I was fortunate enough to be treated with the treatment in Albany, NY. Since treatment, the excruciating... pain that honestly made me want to die, has completely disappeared. My vision has cleared and I no longer need an afternoon nap every day. You can make the DDF relevant to me (if that's your question) by LISTENING to DD sufferers | **Scientific method**As the published research on this topic is preliminary and restricted to a single medical center, it will require replication and validation in multiple well-designed studies so that its potential importance in DD can be scientifically clarified. |
| **Sources of Authority** | **Those suffering and in need of care**If you were supporting people with DD then you would support our wish to be treated to help our symptoms!!  | **Doctors, professionals**There was unanimous agreement from the scientific experts that it is premature to support pan-Canadian clinical trials on the proposed "treatment".  |
| **Sources of Identity** | **Emotionality and connection**I, and thousands of other people across this nation are sick.....all we want is to get better… DDF that is supposed to protect our very interests still thinks this is a hoax.  | **Rationality and reason**The DDF of Canada is committed to funding strong science, backed by research goals that move us forward in our pursuit to end DD disease…  |
| **Basis of Norms** | **Ethics of Care**Your job is to advocate for this LIFE-SAVING treatment in Canada IMMEDIATELY! People in your care are dying, as you drag your heals.  | **Ethics of Justice**We are committing significant resources to research on the treatment in a way that will not compromise other promising areas of research or the much-needed services we deliver across the country. |
| **Basis of Strategy** | **Response**too slow DDF.. 2 Year wait for you to decide to move forward or not then move forward with clinical trials MAYBE! Meanwhile DDers are getting worse and some die. OUTRAGEOUS!!!!!!!!!!!!!!!!!!!!!!!!!!!! | **Process**Because the studies employ rigorous blinding and controls designed to attain objective and comprehensive data, the full results of the ongoing research will be available only after significantly more scans have been completed and evaluated…  |
| **Basis of Attention** | **Individual**we know someone who just passed away who may have been saved if this was offered on compassionate grounds. there is no way for me to express how that makes me feel inside | **Humanity**We understand there are many opinions about the treatment and it’s our role to respect all points of view and continue to accelerate *all* research into DD, including the treatment |

**Table 2 – Timeline of Organizational and Member Communications**

|  |
| --- |
| **Phase 1: Activation of Different Logics and Investment of Hope (November 2009- January 2010)** |
| Nov. 20-21, 2009 | Controversial treatment is first publicized in Canadian media (print on Nov. 20, TV on Nov. 21).  |
| Nov. 23, 2009 | DDF briefly publishes warning about the treatment on their webpage.  |
| Nov. 23, 2009 | DDF announces competition for research grants for Dec. 2009.  |
| Dec. 9, 2009 | DDF launches the competition for grants to fund further research on the treatment.  |
| Jan. 27, 2010 | US medical research center announces study of treatment |
| **Phase 2: Members’ Betrayal and Shaming; Leaders’ Justification (February 2010 - October 2010)** |
| Feb. 8, 2010 | Canadian media reports on international study supporting treatment’s efficacy |
| Feb. 24, 2010 | DDF posts notice saying successful research proposals will be announced in June. 70 members’ posts follow, many expressing betrayal responses and shaming activities.  |
| Apr. 7, 2010 | DDF hosts a live webcast on the treatment; members continue to respond with betrayal and shaming.  |
| Apr. 8-14, 2010 | TV News reports describe “war” between DD patients and DDF.  |
| May 5-10, 2010 | DD patients protest for treatment across the country; DDF announces plan to lobby for $10 million in research funding. Members respond with betrayal responses and shaming activities. Politicians call for clinical trials.  |
| Jun. 11, 2010 | DDF announces awards of seven grants totaling $700,000 for research on the treatment.  |
| Jun. 12, 2010 | DDF blocks the election of board members advocating for the treatment at annual general meeting.  |
| Jul. 20, 2010 | DDF creates "treatment" working group. First meeting scheduled for September.  |
| Aug. 26, 2010 | DDF and government committee recommend against clinical trials. Members’ Facebook comments spike.  |
| Sept. 10, 2010 | DDF CEO posts a formal response to the negative comments being posted on Facebook.  |
| Sept. 16, 2010 | DDF commits $1 million for clinical trials if they are approved after research; DDF restricts Facebook posts. |
| Sept.- Oct., 2010 | Various provincial governments announce support for treatment; DD sufferers protest at Parliament. |
| **Phase 3: Members’ Anger and Shunning (November 2010 - May 2011)** |
| Dec. 16, 2010 | Media reports 75% of Canadians want clinical trials funded.  |
| Jan. 31, 2011 | 6 month progress report issued on studies funded by DDF.  |
| Feb. 28, 2011 | Members send letter to the government shunning DDF, saying they no longer represents their interests. |
| **Phase 4: DDF’s Regret and Mollification (March 2011 - October 2011)** |
| Mar. 11 2011 | Federation staff member at the local level issues public apology on CTV news.  |
| Mar. 18 2011 | Web-site dedicated to the treatment is launched by the Federation. |
| Mar. 23 2011 | National monitoring system implemented for people with disease, CEO issues statement in press release. |
| Jun. 29, 2011 | Federal government will fund clinical trials. The DDF supports this initiative.  |
| Aug.29 2011 | Strategic renewal initiative launched and shared with membership on Facebook. |

**Figure 1a - DDF’s Activation of Care vs Research Logic in Formal Press Releases and Facebook Comments**



**7**

**Figure 2 – Number of Success and Failure Stories Published in Top National Media Outlets**

**Figure 1b – DDF Member’s Activation of Care vs Research Logic on Facebook**

**Figure 3 a,b - Members’ Emotional Expression and Engagement in Shaming, Shunning and Supporting**



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**Figure 4 a,b: Number of Facebook Comments, Unique Commenters and Number of Supportive vs Non-supportive Comments**



 **Appendix A - DDF’s Dual Commitments, Actions and Promises to Care and Research Logics**

|  |  |  |
| --- | --- | --- |
|   | **Care**  | **Research**  |
| Mission | Enhancing quality of life | Finding a cure |
| Organization activity | “We offer support counseling and so, it's either one-on-one or in a support group. We have a range of social and recreation programs that we offer so, we have program called "Coffee Break" where people with the DD come to the office... We run you know maybe some games.” | “We provide funding to DD clinics in a number of academic health science centers … the clinic becomes a platform for clinical trials.” |
| Member Promise | “People affected by DD… will be meaningfully engaged in shaping the work of the DDF. They will have access to client-centered, consistently evaluated, and continuously improved programs and services that will enable them to achieve the highest possible quality of life while living with the daily challenges that the DD disease presents.” | “Answers to the fundamental questions of the cause and prevention of DD will be found. Early treatments … will be available and accessible. Canada will be the world’s premier destination for the training and retention of young DD researchers. Collaboration among researchers will be strengthened and accelerated.”  |
| Commitment  | “The DDF is ready to offer as much or as little help as you may need within its range of services.… We provide programs and services to those affected by DD to achieve the highest possible quality of life while living with the daily challenges that DD presents.” | “In its first 60 years, donors to the DDF have made it possible to provide over $110 million in funding for Canada’s world-class researchers, enabling them to explore new ideas and participate in international clinical trials of new medications. The DDF also provides vital seed money for new avenues of research, and promotes the development of the next generation of scientists and clinicians working to find a cure for DD.” |

**Appendix B: Coding Scheme and Coding Examples for Care and Research Logics**

|  |  |  |  |
| --- | --- | --- | --- |
| **Logic** | **Keywords and focus of content** | **Example code from DDF** | **Example code from Members** |
|  |  |  |  |
| **Care** | Treatment access, well-being, quality of life, health, support, compassion, care | We believe that individuals who have travelled outside of Canada to receive treatment should be allowed post-treatment care and follow-up from the health care system. The health of the individual returning from outside of Canada is a top concern. | …even on “compassionate grounds”, the DDF, our advocate agency, said they would not appeal (and they did not appeal) to the Government for immediate testing and treatment of DDers for whom pharmacological treatment is not available and for DDers in further stages of the disease. |
|  |  | Our actions are based on the mandate of keeping all people living with DD at the centre of our work. | When DDers reminded the CEO of DDF that Dr. X [doctor who pioneered treatment] had also called for immediate testing and treatment on compassionate grounds, the CEO chose to ignore this and made no comment. |
|  |  | Everyone here can appreciate your sense of frustration and urgency to come to conclusive answers on treatment. Please know the DD Federation is committed to… supporting those individuals who live with DD. | We don't have years to wonder when we'll get our chance to have our lives back. I have not been pleased with the DDF. A number of us live a few hours away from a city, they ignore us and won't even set us up with a support group. I take it the money that I give and millions of other people give must go for research instead. |
|  |  |  |  |
| **Research** | Medical expertise, rigor, safety, proof, evidence, further research, science | It's important to recognize that our health systems require evidence of a treatment's safety and efficacy before funding it. There are many factors involved in preparing a clinical trial - gathering and review of evidence... In terms of process, funding agencies including the DDF will actively explore the means by which a pan-Canadian therapeutic trial designed to yield conclusive results can proceed ethically and efficiently. Expert peer review will be a required component of approval. | I seek answers to my questions, true answers, and not those based on biased opinion or a one-sided view of the evidence. let's get on with life and wait for the results to come in for this, like every other time a discovery is found- it's based on good science… make those decisions based on evidence - not desperation |
|  |  | If the treatment is proven to be a valid therapeutic treatment option for DD, then the DD Federation would have a role in lobbying to make it widely accessible. Increased research funding is the only way we'll get closer to unraveling this complicated disease | It's a matter of having the right science to do that, which the initial call for proposals is about. I do hope she gets funding, because she'll get the right answers to get go to the next stage of research |

*Authors’ Bios*

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1. A care logic reflects prescriptions of appropriate action based on a rationality of care. It is distinct from the generic capacity of an individual to have concern for another. See Table 1 for more explicit detail. [↑](#footnote-ref-1)
2. These numbers underrepresent the numbers of commenters, as many of those who posted were banned from the Facebook page during the conflict, as both the DDF and members revealed. Thus, the number of unique members posting on Facebook is lower than the amount actually engaging with the page. Nonetheless, commenters represent less than 10% of the membership of the organization as a whole (estimated to be 8000-9000 members). [↑](#footnote-ref-2)
3. Prior to June 2010, Facebook allowed members to “like” their posts, but not the comments people made on these posts. As a result, and since only DDF had the facility to make initial posts, prior to June 2010, 100% of the “likes” recorded on the Facebook page were of the posts made by DDF. After that point, however, members were able to “like” the comments others made on the DDF posts, and so we present these data. Because individuals were unable to like comments of members prior to June 2010 these data again underrepresent the number engaging on the Facebook page as data is not available for the earlier period of the study. [↑](#footnote-ref-3)
4. LIWC or Linguistic Inquiry and Word Count is a textual analysis software. See Pennebaker, Francis and Booth (2001) for examinations of its validity and reliability and Helms, Oliver and Webb (2012) for its use in institutional analysis. [↑](#footnote-ref-4)
5. If we combined emotions such as resentment and frustration under anger, excitement under hope, and mistrust under betrayal, these three emotions would account for 86 percent of all coded emotions (hope with 312 incidents, anger with 570 and betrayal with 391 incidents). However to be conservative, we only reported on those specifically coded as hope, anger, and betrayal. [↑](#footnote-ref-5)
6. Since this treatment was a common procedure for a different illness, it was available and publically funded in Canada. However it was not available to those suffering from DD. [↑](#footnote-ref-6)
7. For further evidence see our detailed timeline in the online supplement. [↑](#footnote-ref-7)
8. DDF received grants from pharmaceutical companies of several hundred thousand dollars each year, though this accounted for less than 1% of the organization’s annual revenues. [↑](#footnote-ref-8)
9. Despite the federal government and the DDF’s positions against treatment clinical trials, several provincial governments announced they would fund clinical trials and/or begin tracking the experiences of those who had gotten their own treatments overseas. One province started a fund to help DD patients pay for treatment. [↑](#footnote-ref-9)
10. Membership revenues dropped by about 7% in 2010 vs. 2009, but they did rebound in 2011. Community based-fundraising and individual giving and direct marketing each dropped by about 12% from 2010 to 2011 (Figures from DDF annual financial reports). Executive directors and board chairs also expressed they were losing members and donations to us in our interviews, indicating these losses were concerning for the DDF. [↑](#footnote-ref-10)
11. These media stories were consistent with the DDF’s research stance, yet were not reflected in either the DDF’s or the members’ Facebook activity. [↑](#footnote-ref-11)
12. Interviews with local and national office managers revealed that they believed a significant number of members left the organization over the conflict, and donations dropped significantly due to the conflict. [↑](#footnote-ref-12)
13. The four year follow-up to this event suggests that to this day there remains some controversy on the treatment based on the mixed empirical results that continue to be published. The DDF still maintains a web-page specifically for the treatment at time of publishing. However, while there is no concrete answer regarding the efficacy of the treatment, it is acknowledged that it is not the miracle cure DDF members initially thought. [↑](#footnote-ref-13)
14. We are indebted to an anonymous reviewer for this point. [↑](#footnote-ref-14)