Rituals of Openness: Vulnerability Practices in Multidisciplinary Professional Settings Beyond Healthcare

Israr Ahmad[1] iD, **Shahid Mehmood[2]** iD

Corresponding Author(s):

Israr Ahmad

International Collaboration for research and publications. United Kingdom.

chaudhryisrar@gmail.com

Abstract: Professional cultures often valorize control, expertise, and emotional composure, rendering vulnerability a counter-normative and high-risk act. While recent scholarship has begun to conceptualize vulnerability as a relational strength, less is known about how professionals in non-clinical, multidisciplinary settings practice and interpret emotional disclosure. Building on the process model introduced by Bouchard et al. (2025), this study explores the ritualized interactions through which vulnerability is enacted in a university-based research team composed of diverse disciplinary roles and institutional hierarchies. Using ethnographic methods including nonparticipant observation, semi-structured interviews, and participatory discussion, we identify a patterned process of vulnerability involving phases of individual disclosure and communal reflection, bridged by theorizing practices. We further introduce the concepts of recursive appraisal loops and interpretive authority to explain the variable uptake and perceived risks of vulnerability practices. Our findings reveal that while formal reflective spaces can enable emotional openness, power asymmetries shape who speaks, who is heard, and whose vulnerabilities are validated. We theorize holding environments as episodic and performative accomplishments that require constant interactional maintenance. This study contributes to the literature on emotional labor, psychological safety, and identity work by showing how vulnerability is both a humanizing and precarious social practice in contemporary professional life.

Keywords: Vulnerability Practices, Holding Environments, Multidisciplinary Teams, Professional Identity, Ritual, Emotional Labor, Psychological Safety, Interpretive Authority, Organizational Behavior

1. Introduction

Professional workers are typically expected to exhibit confidence, mastery, and self-assurance in the performance of their roles, particularly in environments where competence is tied to institutional legitimacy and authority. Across domains such as medicine, nursing, consultancy, law, and academia, professionals are socialized to suppress personal doubt and uncertainty in favor of presenting an image of invulnerability (Clarke & Knights, 2018; Kitay & Wright, 2007; Pratt, Rockmann & Kaufmann, 2006). This expectation is deeply embedded in the institutional cultures that define professional practice. For example, in medicine, the so-called "hidden curriculum" emphasizes emotional detachment and rational control as key traits for clinical legitimacy (Hafferty, 1998). Likewise, in nursing, the "Supernurse" archetype is sustained by cultural norms that conceal the emotional toll of caregiving behind a façade of resilience (Steege & Rainbow, 2017). Similarly, consultants are compelled to perform an image of expertise while simultaneously grappling with their own epistemic limitations (Bourgoin & Harvey, 2018). In these contexts, vulnerability, understood as the experience and expression of doubt and insecurity, becomes counter-institutional (Chreim, Langley, Reay, Comeau-Vallée & Huq, 2020), even though it is a pervasive human condition.

The institutional pressure to maintain a facade of invulnerability is intensified in multidisciplinary settings, where professional hierarchies intersect and jurisdictional boundaries are often contested (Abbott, 1988; Barley, 1986; Bechky, 2003). In such contexts, professionals from various disciplines must collaborate while navigating status differences rooted in institutionalized hierarchies (Huq, Reay & Chreim, 2017). Therefore, revealing vulnerability in front of peers from different professions may risk undermining one's perceived authority and competence (Ahuja, 2023). Indeed, expressing vulnerability in these settings may be perceived not only as a personal admission of weakness but also as a strategic error with professional consequences, particularly in fields where control, mastery, and decisiveness are valued.

However, a growing body of scholarship has begun to challenge the notion that vulnerability is synonymous with weakness. Instead, researchers are increasingly framing vulnerability as a form of strength, courage, and relational openness (Brown, 2015; Corlett, Mavin & Beech, 2019; Corlett, Ruane & Mavin, 2021; Hay, 2014). For

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[1] International Collaboration for research and publications. United Kingdom

[2] School of Business Management, The Islamia University of Bahawalpur, Pakistan

instance, Brown (2015) posits that vulnerability enables authenticity, connection, and resilience, especially when individuals are allowed to confront and share their emotional experiences. Vulnerability, in this sense, becomes not only a therapeutic practice but also a basis for building solidarity, trust, and mutual understanding in work settings. Jordan (2008) and Creed, Hudson, Okhuysen, and Smith-Crowe (2022) further argue that the sharing of vulnerabilities binds individuals together, reinforcing group cohesion and strengthening commitment to collective values. Butler (2016) and Fotaki (2023) extend this perspective by suggesting that vulnerability displays enable individuals to resist detrimental role expectations and assert their agency within rigid institutional structures.

Despite this emerging appreciation for vulnerability, its expression in professional contexts remains fraught with risk. Professionals must weigh the potential benefits of emotional openness against the threat of reputational damage, misrecognition, or diminished credibility. Therefore, scholars have turned attention to the conditions under which vulnerability may be safely expressed. Kahn (2001), drawing on Winnicott (1965), introduced the concept of "holding environments" to describe social contexts that facilitate emotional containment and interpretive sensemaking. These environments provide a psychological safety net, enabling participants to work through difficult emotions and reframe their experiences with the support of others. Petriglieri and Petriglieri (2020), building on the work of Shapiro and Carr (1991), further elaborate on the functions of containment, where group members feel heard and accepted, and interpretation, where meanings are collectively constructed to make sense of distressing experiences.

However, simply establishing a social setting such as a workshop or community of practice is not sufficient to ensure that it will function as a holding environment. What remains underexplored are the specific micro-practices and interactive sequences that constitute and sustain such environments, particularly in multidisciplinary professional settings. This theoretical gap is especially salient in light of studies suggesting that power differences and disciplinary norms may constrain individuals' willingness to engage in vulnerability displays (Kahn, 2001; Mobasseri, Kahn & Ely, 2024). Thus, while settings such as leadership development programs (Corlett et al., 2021), clinical debriefings (Berchtenbreiter et al., 2024), and action learning sets (Marsick & O'Neil, 1999) offer promising venues for emotional disclosure, they often overlook the ritualized interactional processes that enable or inhibit the expression of vulnerability.

Moreover, the literature to date tends to focus on vulnerability displays among individuals from the same occupational or social category. For example, studies of Alcoholics Anonymous meetings (Denzin, 1987; Arminen, 2004) or mutual aid groups (Borkman, 1999; Frigerio & Montali, 2016) highlight the power of ritualized storytelling and reciprocal disclosure in fostering support and interpretation. However, these settings differ fundamentally from multidisciplinary professional environments, where participants do not share a unified identity and must navigate intergroup dynamics. Likewise, counseling and therapy groups (Corey, 2023; Yalom & Leszcz, 2020) often include formalized roles and expectations that do not reflect the informal, peer-based nature of workplace collaboration. Thus, while these bodies of research provide valuable insights into the benefits of vulnerability expression, they offer limited guidance for understanding how vulnerability is practiced in everyday professional contexts marked by power asymmetries and role ambiguity.

Multidisciplinary work settings add a further layer of complexity. In such settings, professionals from different disciplines must coordinate care, manage tasks, or engage in joint decision-making, often under conditions of ambiguity and time pressure. These interactions are shaped by epistemic assumptions, professional norms, and status inequalities (A.D. Brown & Coupland, 2005; Lee, Ong & Martimianakis, 2023; Oborn & Dawson, 2010). Lower-status professionals, such as trainees or allied health workers, may hesitate to voice concerns or share doubts, fearing judgment or marginalization. At the same time, higher-status professionals may feel that acknowledging uncertainty undermines their leadership credibility or clinical authority. Consequently, the very conditions that necessitate mutual understanding and collective problem-solving may also suppress the vulnerability needed to achieve them.

The recent study by Bouchard et al. (2025) addresses these concerns by introducing the concept of "*vulnerability practices*", ritualized interactional sequences through which professionals share doubts and insecurities in the performance of their roles. Conducted in a multidisciplinary primary care clinic in Quebec, their qualitative study investigates how weekly meetings facilitated by senior professionals serve as holding environments for residents, nurses, social workers, patient partners, and physicians. Through nonparticipant observation and interviews, they uncover a patterned process involving phases of individual disclosure and communal reflection, mediated by practices such as storytelling, emotional probing, theorizing from the case, and collective validation.

Their findings contribute to theory in three important ways. First, they show how ritualized vulnerability practices constitute holding environments not as fixed settings but as dynamic accomplishments enacted through interaction. Second, they challenge the prevailing assumption that vulnerability displays are inherently beneficial by documenting the risks, ambivalences, and uneven participation that characterize these episodes. Third, they highlight how power dynamics related to professional hierarchy and disciplinary affiliation shape the nature, frequency, and impact of vulnerability practices. For instance, while some elements of ritual may flatten hierarchy and encourage openness, others may reinforce existing asymmetries, thereby constraining the scope and inclusivity of the holding environment.

Building on this foundation, our study aims to extend the notion of vulnerability practices beyond the healthcare domain by examining how such practices manifest in non-clinical professional settings. We ask: how do professionals in high-performance, non-medical multidisciplinary teams engage in vulnerability practices, and with what effects on team dynamics and individual identity? By shifting the empirical focus to new organizational contexts, we aim to test the generalizability of Bouchard et al.'s (2025) process model while illuminating the contextual variations that shape vulnerability in professional life. In doing so, we contribute to a deeper understanding of how emotional risk-taking is socially constructed, navigated, and institutionalized across professions.
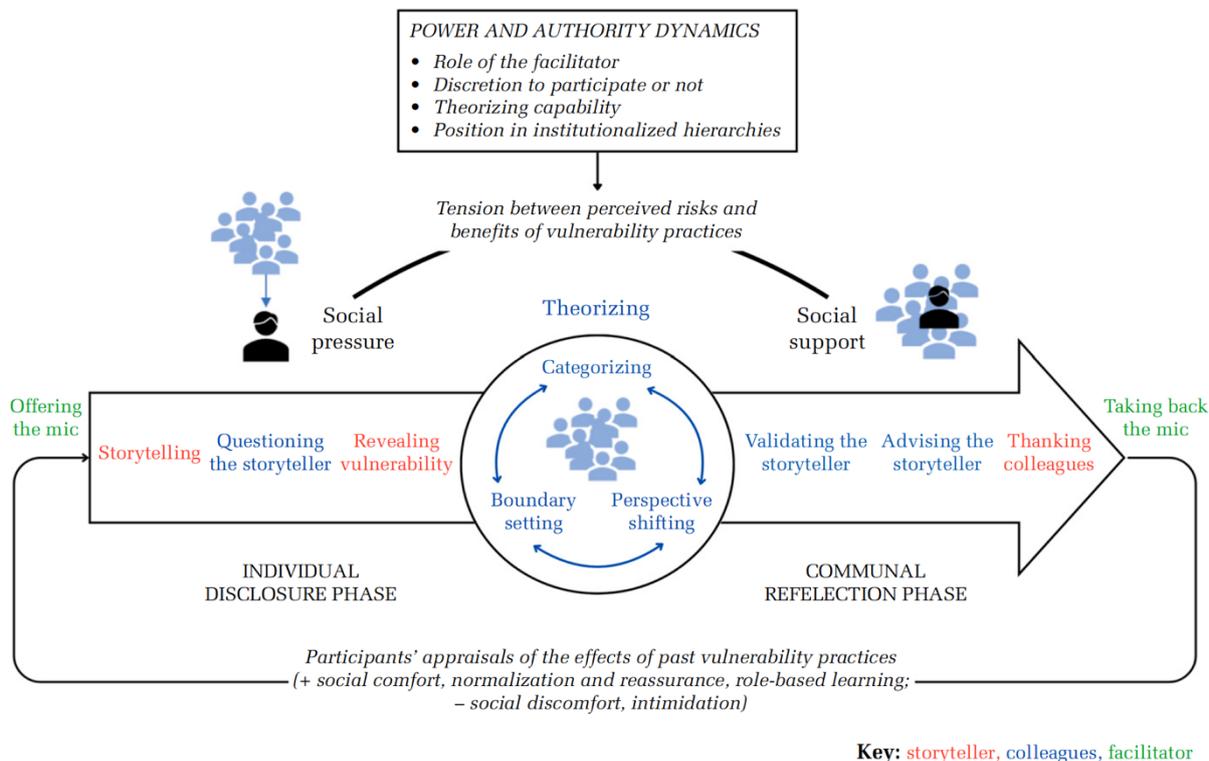

Figure 1. Theoretical Model of Vulnerability Practices in Multidisciplinary Settings

Adapted from Bouchard et al. (2025). This figure outlines the interrelated phases and tensions in vulnerability practices, emphasizing the role of power dynamics, social pressures, and theorizing as central interpretive mechanisms.

2. Literature Review

The concept of vulnerability in professional contexts has garnered growing scholarly attention, particularly as researchers begin to challenge longstanding assumptions about professionalism as synonymous with mastery, rational control, and emotional detachment. In recent years, a reorientation has emerged that reconceptualizes vulnerability not as a weakness to be concealed but as a potentially generative and relational phenomenon. This literature review synthesizes key themes related to vulnerability in professional work, drawing upon foundational contributions from organizational studies, psychology, and interdisciplinary fields. It critically evaluates how vulnerability is experienced, expressed, and institutionalized within professional environments, with a specific emphasis on multidisciplinary settings, power dynamics, and the role of ritualized practices in enabling or constraining vulnerability.

2.1. Vulnerability and the Performance of Professionalism

Professional identity has traditionally been constructed through displays of competence, control, and confidence, particularly in domains such as medicine, law, and consultancy. These professions have developed cultural scripts that valorize invulnerability and rational detachment, thereby discouraging the open expression of doubt, fear, or emotional distress (Clarke & Knights, 2018; Kitay & Wright, 2007; Pratt, Rockmann & Kaufmann, 2006). For example, the medical profession socializes its members through a hidden curriculum that prioritizes composure, technical expertise, and emotional restraint, even in the face of uncertainty or failure (Hafferty, 1998). Similarly, the nursing profession perpetuates the "Supernurse" ideal, which implicitly demands emotional self-sacrifice and resilience, often to the detriment of practitioners' well-being (Steege & Rainbow, 2017). Consultants, too, are expected to project confident expertise despite frequently operating in ambiguous and fast-changing environments (Bourgoin & Harvey, 2018).

These expectations are further intensified in multidisciplinary contexts, where professionals must navigate not only their own disciplinary norms but also those of their collaborators. As Huq, Reay, and Chreim (2017)

argue, multidisciplinary teams are often characterized by status differentials and contested jurisdictional boundaries, which complicate the interpersonal dynamics of collaboration. In such settings, expressing vulnerability may risk undermining one's perceived authority or professional legitimacy. Ahuja (2023) notes that vulnerability can be particularly costly for lower-status actors, who may be penalized for violating institutionalized expectations of competence. Therefore, even as vulnerability is increasingly recognized as a valuable relational practice, its open expression remains a fraught endeavor in many professional environments.

2.2. Rethinking Vulnerability: From Weakness to Relational Practice

Despite the risks associated with vulnerability displays, scholars have increasingly argued that vulnerability can serve as a powerful means of connection, trust-building, and identity negotiation. Brown (2015), for instance, has been instrumental in reframing vulnerability as an act of courage and authenticity, emphasizing its role in enabling deep human connection. This relational perspective has gained traction in organizational studies, where researchers have documented how vulnerability fosters empathy, mutual support, and collaborative learning (Corlett, Mavin & Beech, 2019; Corlett, Ruane & Mavin, 2021). According to Creed, Hudson, Okhuysen, and Smith-Crowe (2022), vulnerability is not merely a personal trait but a socially embedded practice that emerges through interaction and shared reflection.

Moreover, vulnerability has been linked to identity work, the ongoing process by which individuals construct, revise, and perform their professional identities in response to evolving expectations and relational demands. Butler (2016) and Fotaki (2023) highlight the potential for vulnerability to act as a form of resistance against rigid role expectations, allowing individuals to assert their agency and redefine what it means to be professional. By exposing the fragility of taken-for-granted role performances, vulnerability can open up spaces for reimagining professional norms and institutional arrangements.

However, vulnerability is not always experienced or received uniformly. Its interpretation and effects are shaped by contextual factors such as organizational culture, leadership practices, and group composition. Jordan (2008) emphasizes that for vulnerability to be generative, it must be met with empathic attunement and containment. Without these supportive conditions, vulnerability can lead to shame, alienation, or reputational damage. Therefore, scholars have turned their attention to the environmental and structural factors that facilitate or inhibit vulnerability in professional settings.

2.3. Holding Environments and Emotional Containment

One of the most influential frameworks for understanding the social dynamics of vulnerability is the concept of the "holding environment," originally developed by Winnicott (1965) and later adapted by organizational scholars such as Kahn (2001). A holding environment is a relational and structural space that provides psychological safety, enabling individuals to express and work through difficult emotions without fear of judgment or exclusion. Such environments are characterized by two core functions: containment, the ability to absorb and respond to emotional distress in a non-threatening way, and interpretation, the capacity to help individuals make sense of their experiences through collective meaning-making (Shapiro & Carr, 1991; Petriglieri & Petriglieri, 2020).

In organizational contexts, holding environments are often created through formal interventions such as leadership development programs, reflective practice groups, or clinical debriefings (Corlett et al., 2021; Berchtenbreiter et al., 2024). These settings aim to cultivate psychological safety and interpersonal trust by encouraging participants to share their vulnerabilities in a structured and supportive format. However, as Kahn (2001) and Mobasseri, Kahn, and Ely (2024) observe, the mere presence of a group setting does not guarantee a functioning holding environment. Factors such as power dynamics, group norms, and facilitation style can significantly influence whether participants feel safe enough to disclose their insecurities.

Moreover, holding environments are not static entities but dynamic accomplishments that must be continually enacted and sustained through interaction. This insight shifts attention from structural design to the micro-practices that constitute these environments in practice. What kinds of talk, gestures, rituals, and relational dynamics make holding possible? How are these practices shaped by the status positions and disciplinary affiliations of the participants?

2.4. Ritualized Practices and the Social Performance of Vulnerability

To address these questions, scholars have begun to explore the ritualized nature of vulnerability practices in professional settings. Drawing on Goffmanian dramaturgy and symbolic interactionism, researchers argue that vulnerability displays are socially performed through recurring interactional patterns, such as storytelling, emotional probing, collective reflection, and affirmation (Denzin, 1987; Arminen, 2004; Borkman, 1999). These practices serve to signal emotional openness, solicit empathic responses, and construct shared meanings around experiences of doubt or failure.

The study by Bouchard et al. (2025) contributes significantly to this line of inquiry by introducing the concept of "vulnerability practices", structured sequences of interaction through which professionals share and process their insecurities. Based on ethnographic research in a multidisciplinary primary care clinic, the authors identify a patterned process comprising initial disclosure, emotional surfacing, theorizing from the case, and communal

reflection. These practices are often triggered by storytelling, a powerful medium through which professionals articulate their experiences and invite others into a shared interpretive space.

Storytelling, in particular, plays a central role in enabling vulnerability. It allows individuals to frame their experiences in narrative form, thereby organizing emotional content, signaling openness, and facilitating resonance with others. Moreover, storytelling enables participants to present their vulnerability in ways that are contextually appropriate and professionally credible. As Bouchard et al. (2025) show, even brief, tentative disclosures can spark deeper emotional exchanges and collective insight, provided they are met with empathic attunement and interpretive support.

However, the enactment of vulnerability through ritual is not without its challenges. Not all participants engage equally in these practices, and power differentials can shape who feels entitled or able to speak. For instance, residents and social workers in the study were often more willing to express vulnerability than physicians or senior staff, reflecting broader status hierarchies within the clinic. In some cases, attempts to surface vulnerability were met with silence or awkwardness, highlighting the fragility of these practices and the contextual dependencies of their success.

2.5. Power Dynamics and the Risks of Vulnerability

Power relations play a crucial role in shaping the practice and reception of vulnerability in professional settings. As noted by Mobasseri, Kahn, and Ely (2024), individuals' willingness to disclose vulnerability is influenced by their position within organizational hierarchies, the perceived norms of their professional group, and the anticipated reactions of their peers. Lower-status actors may fear that vulnerability will be interpreted as incompetence, while higher-status actors may worry about losing authority or credibility.

These dynamics are especially pronounced in multidisciplinary settings, where professionals from different fields must collaborate across lines of epistemic and institutional difference. Abbott's (1988) theory of professional jurisdiction highlights how professions seek to defend their domains of expertise and status, often resulting in boundary maintenance and competition. In such contexts, expressions of vulnerability may be seen as breaches of disciplinary decorum or challenges to professional authority. Therefore, even in ostensibly supportive settings, vulnerability displays are shaped by the "cultural scripts" of professionalism and the interactional order of the group.

The findings of Bouchard et al. (2025) underscore this point by documenting how vulnerability practices are both enabled and constrained by the power dynamics of the setting. While some elements of the ritual, such as turn-taking, validation, and theorizing, serve to democratize the space, others may inadvertently reinforce existing hierarchies. For example, the role of the facilitator is crucial in setting the tone and legitimizing emotional expression, but it can also create dependency or gatekeeping effects. Likewise, participants' prior experiences with vulnerability episodes shape their willingness to engage in future interactions, contributing to cycles of reinforcement or withdrawal.

3. Methodology

This study employed a qualitative, interpretive research design aimed at exploring how vulnerability practices manifest in non-clinical, multidisciplinary professional settings. The research was informed by a processual understanding of social practices, drawing on the ethnographic tradition to examine how emotional risk-taking unfolds in situated interactions. This design enabled a detailed exploration of the conditions under which professionals disclose vulnerabilities, the social processes that sustain or inhibit such disclosures, and the organizational implications of these practices. The study sought to build upon and extend the process model introduced by Bouchard et al. (2025), thereby necessitating a methodological approach capable of tracing the fine-grained dynamics of interaction and meaning-making within reflective team contexts.

3.1. Research Setting

The empirical setting for the study was a university-based research centre situated in a metropolitan city. This centre hosted a diverse team of professionals from disciplines including education, sociology, economics, and public health, who collaboratively worked on policy-oriented research and innovation projects. The organization was characterized by a culture of high performance, interdisciplinary collaboration, and ongoing professional development. Weekly reflective meetings were part of its established practices, offering structured opportunities for staff to share experiences, concerns, and insights. These meetings served as a primary site for observing vulnerability practices in action and provided a rich context for examining how professional identity, status, and organizational norms influence emotional disclosure in non-clinical settings.

3.2. Participants and Sampling Strategy

Participants were selected through purposive sampling based on their active involvement in the centre's reflective meetings. The sample was intentionally constructed to capture a range of professional roles, levels of seniority, disciplinary backgrounds, and experiences of participation. In addition to purposive selection, snowball sampling was used to identify individuals who had played facilitative or narrative roles in prior meetings. Ultimately, the study involved between ten and twelve professionals, a sample size consistent with the logic of thematic saturation in qualitative research. This number also aligns with the inferred participant range in Bouchard

et al.'s (2025) study, which similarly relied on small-group dynamics in reflective professional settings. All participants gave informed consent and were assured of confidentiality and the voluntary nature of their participation.

3.3. Research Design and Data Collection

Following the insider–outsider methodological stance advocated by Louis and Bartunek (1992) and practiced by Bouchard et al. (2025), our research team included both embedded and external researchers. The first author acted as a nonparticipant observer, attending 18 weekly meetings over six months, while the second author was a participating member of the team under study. This structure enabled triangulation between participant experience and interpretive distance, enriching our data collection and analysis with both emic and etic perspectives.

In total, 18 meetings (each approximately 60 minutes) were recorded and transcribed verbatim, resulting in over 1,000 pages of qualitative data. Additionally, we conducted 21 semi-structured interviews (each 45–70 minutes) with participants across professional roles and hierarchical levels. Interview topics included personal experiences of uncertainty, perceptions of team dynamics, and reflections on prior vulnerability episodes. We also facilitated three group discussions where participants were invited to comment on emerging themes and offer critical insights into the collective practices observed.

All participants provided informed consent and were assured of anonymity and confidentiality. Ethical clearance for the study was obtained through the host university's ethics review board, and all procedures complied with established research ethics protocols.

3.4. Analytical Approach

Our analysis followed a constructivist grounded theory approach (Charmaz, 2014), emphasizing iterative coding, constant comparison, and inductive theorization. As in the approach of Bouchard et al. (2025), we divided the analysis into six phases to allow for a detailed examination of interactional sequences and emergent meaning-making practices.

Phase 1: Identifying Episodes of Vulnerability Practice

We began by isolating discrete episodes during which one or more participants shared doubts, insecurities, or emotionally charged experiences. An "episode" was defined, following Hendry and Seidl (2003), as a bounded sequence of interaction marked by a suspension of routine communication structures and focused attention on personal disclosure and group reflection. We identified 24 such episodes across the observed meetings.

Phase 2: Mapping Participant Roles within Episodes

For each episode, we recorded the roles enacted by participants, typically categorized as "facilitator" (who initiated and steered the conversation), "storyteller" (who shared the personal experience), and "colleagues" (who responded with comments, questions, or interpretations). This role-based coding allowed us to trace patterns of participation and power dynamics, particularly as they related to vulnerability exposure and containment.

Phase 3: Coding Vulnerability Practices

We conducted open coding to identify the discrete practices through which vulnerability was enacted or responded to within each episode. Drawing on Bouchard et al. (2025), we focused on practices such as storytelling, questioning, emotional probing, theorizing from the case, validation, and advice-giving. We also recorded moments of resistance, silence, or role ambiguity that disrupted the expected sequence.

Phase 4: Interpreting the Perceived Effects of Participation

We analyzed interview transcripts and discussion notes to understand how participants perceived the value or risks of engaging in vulnerability practices. Particular attention was given to participants' appraisals of prior episodes, shifts in comfort levels over time, and perceived outcomes for professional identity and relational trust.

Phase 5: Analyzing Power and Disciplinary Dynamics

We then examined how power differentials, based on hierarchy, role security, and disciplinary affiliation, shaped who initiated, resisted, or benefited from vulnerability practices. Like Bouchard et al., we found that higher-status individuals were often less likely to initiate vulnerability displays, while lower-status participants were more likely to comply with facilitator prompts.

Phase 6: Developing a Process Model

Finally, we integrated our findings into a conceptual process model that illustrates the dynamic sequence of vulnerability practices. This model captures the cyclical nature of disclosure, support, and appraisal, while highlighting the mediating influence of contextual factors such as facilitation, organizational culture, and power asymmetries.

Throughout the analysis, the research team met regularly to review coding decisions, refine thematic categories, and ensure interpretive validity. Discrepancies were resolved through iterative discussion and, when

necessary, by returning to the raw data. Participant feedback from group discussions was incorporated into the final interpretation to ensure resonance and practical relevance.

3.5. Rationale for Qualitative Design

The choice of a qualitative, ethnographic approach is grounded in the need to capture the subtle, context-dependent, and relationally embedded nature of vulnerability practices. As noted by Bouchard et al. (2025), quantitative measures or cross-sectional surveys are insufficient for uncovering the performative and emergent aspects of vulnerability in professional settings. Instead, immersive, interpretive methods are required to document not only what is said or done, but how and why particular practices unfold in specific organizational ecologies.

Furthermore, by including both insiders and outsiders on the research team, we sought to balance the experiential depth of embedded knowledge with the analytical distance necessary for critical interpretation. This methodological pluralism enhances the credibility, trustworthiness, and transferability of our findings.

4.   Findings

4.1. A Ritualized Process of Vulnerability Practices

Our analysis revealed that episodes of professional vulnerability within multidisciplinary teams followed a recurring sequence of practices, which we term a ritualized process of vulnerability enactment. This process unfolded across two broad phases: (1) individual disclosure, where a participant (the "storyteller") was invited to reveal a challenging emotional experience or self-doubt in front of colleagues, and (2) communal reflection, wherein other participants collectively made sense of the disclosure through discussion, validation, and interpretive theorizing. Bridging these phases was a pivotal practice of theorizing from the case, which enabled the group to derive generalizable insights from the storyteller's experience.

Like Bouchard et al. (2025), we observed that these vulnerability practices were not spontaneous but highly patterned, shaped by the roles of facilitators, the authority of contributors, and the presence of symbolic and conversational norms. While most episodes followed the full sequence, we also identified deviations and "path anomalies" that illuminated underlying tensions, particularly related to status, disciplinary identity, and psychological safety.

4.2. Phase 1: Individual Disclosure

4.2.1.   Initiating the Episode: Offering and Accepting the Mic

Episodes typically began when a designated facilitator, a senior team member or rotating moderator, "offered the mic" to a participant, either by explicitly asking for volunteers or inviting someone to share a reflection. In most cases, participants accepted the invitation without resistance, suggesting a shared understanding that vulnerability was not only permitted but institutionally valued in this context.

However, as in Bouchard et al. (2025), subtle forms of pressure were evident. For example, in one episode, a junior researcher hesitated before accepting the mic, prompting the facilitator to reassure her: "There's no right answer here. Just tell us what's been on your mind this week." This interaction illustrates how the ritualized offer simultaneously invites and nudges participants toward vulnerability.

4.2.2. Storytelling: Framing the Challenge

The storyteller's next move was to recount a specific incident or concern, often related to a project setback, interpersonal conflict, or perceived failure. Storytelling took different narrative forms: clinical (fact-based), emotional (feeling-oriented), or critical (frustration or self-judgment). For example, a project coordinator described her discomfort during a failed stakeholder meeting:

"I kept second-guessing whether I was prepared enough. I felt like I lost the room… and I couldn't get them to re-engage."

This account, while concise, was emotionally charged and signaled a willingness to be seen as uncertain, an act that ran counter to dominant norms of confident leadership.

4.2.3.Questioning and Emotional Probing

Following the initial narrative, colleagues typically asked questions to elicit further detail or emotional depth. These questions often began as fact-finding ("What was their reaction?") but quickly moved into emotional territory ("How did that make you feel?"). This shift was essential for transitioning from surface-level sharing to authentic vulnerability.

At times, colleagues would directly name emotions for the storyteller, echoing the pattern described by Bouchard et al. (2025). For instance, in one episode:

SENIOR ANALYST: "Sounds like you felt exposed. Was that part of what made it so difficult?"
STORYTELLER: "Yes. That's exactly it. I kept thinking, what if they see through me?"

Such probing acted as a form of gentle social pressure, inviting the storyteller to move beyond professional detachment and into a space of emotional resonance.

4.2.4. Revealing Vulnerability

Across episodes, participants revealed a consistent set of vulnerable experiences: feeling overwhelmed, unsure, guilty, helpless, or isolated. For instance, a mid-level researcher confessed:

"*I keep wondering if I'm actually contributing anything meaningful. Everyone else seems to have it together, and I just feel… like a fraud sometimes.*"

This statement evoked what Knights and Clarke (2014) describe as the "impostor syndrome," and elicited immediate nods and murmurs of empathy from the group. As in the Quebec clinic studied by Bouchard et al., these disclosures functioned as shared acknowledgments of emotional fragility, counter-narratives to the institutionalized script of mastery and control.

4.3. Phase 2: Communal Reflection
4.3.1. Theorizing from the Case: Making Meaning Collectively

Once the storyteller had disclosed their feelings, the group transitioned into what Bouchard et al. (2025) term "communal reflection," marked by interpretive discussion and shared sensemaking. A central practice in this phase was theorizing from the case, that is, abstracting general lessons or patterns from the specific episode.

For example, in response to the story above, a senior participant commented:

"*I think this speaks to a larger issue about how we measure value in research teams. It's easy to feel invisible when impact is always defined externally.*"

This move reframed the storyteller's insecurity not as a personal failure but as a systemic issue, thus offering containment and a new interpretive lens. Colleagues often built on such insights, adding their own "second stories" (Arminen, 2004) to further diffuse the stigma of doubt and reinforce relational trust.

4.3.2. Validation and Affirmation

Another key element of the communal reflection phase was validation. Colleagues regularly affirmed the storyteller's emotions and responses, offering empathy and normalizing their reactions. This validation came both from peers and from higher-status participants, whose support often carried added weight.

For example:

"*I've felt that exact same way more times than I can count,*" said a senior faculty member. "*And I still do. Thank you for naming it.*"

Such statements served not only to comfort the storyteller but also to legitimize vulnerability as a collective and enduring feature of professional life.

4.3.3. Advising and Reframing

Following validation, some participants offered practical advice or reframed the situation to emphasize growth or resilience. While advice-giving was less central than theorizing or affirmation, it often helped close the episode on a constructive note. For instance, in one session, a junior team member was encouraged:

"*What you saw as failure might actually be a boundary you needed to set. That's leadership too.*"

These reframings allowed the group to reinterpret vulnerability not as incompetence but as a site of ethical learning and self-reflection.

4.3.4. Path Anomalies and Disrupted Rituals

While most episodes followed the ritualized pattern described above, we also documented several anomalies that revealed the fragility of vulnerability practices. In one episode, a participant began to share an emotionally charged experience but was interrupted by logistical questions, shifting the conversation back to project timelines. The storyteller did not return to the narrative, and the episode ended prematurely.

In another case, a participant refused the offer to speak, saying:

"*Honestly, I'd rather not today. It's been a rough week, but I don't really want to get into it.*"

This moment of resistance exposed the limits of ritualized vulnerability: participation remained formally voluntary but was subtly expected. The facilitator responded with sensitivity, "That's totally fine. Thanks for letting us know", thereby preserving the psychological safety of the space.

Such anomalies underscore the tension, also observed by Bouchard et al. (2025), between social pressure to display vulnerability and social support to contain it. When this balance falters, the holding environment weakens, and participants may withdraw or self-censor.

4.3.5. Power, Status, and Inclusion

Our findings also highlight how power dynamics shaped vulnerability practices. Junior participants, early-career staff, and administrative personnel were often more forthcoming in sharing vulnerabilities, perhaps due to direct prompting or a desire to conform to group norms. In contrast, senior faculty or managers were less likely to initiate disclosures, though their occasional participation had significant symbolic value.

As in the multidisciplinary clinic studied by Bouchard et al., certain voices were "held" more effectively than others. For example, participants with greater rhetorical skill or institutional capital often shaped the direction of reflection, while others remained silent. Thus, even in supportive contexts, vulnerability practices were unevenly distributed, shaped by implicit hierarchies and access to interpretive authority.

4.4. Participant Appraisals and Cycles of Engagement

Interviews revealed that participants' experiences in prior episodes shaped their willingness to engage in future ones. Those who felt heard and affirmed described the sessions as "therapeutic," "empowering," or "humanizing." Others noted ambivalence, citing fear of overexposure or doubt about whether their disclosures were truly understood.

As one interviewee put it:

> "*It helps… but it's also risky. You don't know if what you say will be used against you later. So you measure your words.*"

Such reflections echo Bouchard et al.'s (2025) insight that holding environments are not static spaces but precarious accomplishments, maintained or eroded through each new episode of interaction.

5. Discussion

This study set out to explore how professionals in multidisciplinary, non-clinical settings enact vulnerability practices, and with what perceived effects. Building on Bouchard et al. (2025), who developed a process model of ritualized vulnerability in a primary care clinic, we extended the concept to a university-based research team, a markedly different institutional and epistemic environment. Our findings reveal that vulnerability practices do not merely transplant from one setting to another; rather, they are reshaped by local norms, disciplinary hierarchies, and organizational scripts. In this section, we interpret our findings in light of existing theory and highlight the study's theoretical and practical contributions.

5.1. Reaffirming Vulnerability as a Social Practice

Our findings reinforce the view that vulnerability is not simply an individual disposition but a social and situated practice, enacted through patterned interactions, roles, and expectations (Creed et al., 2022; Butler, 2016). Like Bouchard et al. (2025), we found that vulnerability displays occurred in episodes that were structured both formally and informally, initiated by role-specific rituals such as "offering the mic," and shaped by conversational norms of storytelling, emotional probing, and reflection. These interactions constituted what Winnicott (1965) and Kahn (2001) describe as a "holding environment", a relational context that supports the safe exploration of difficult emotions.

However, our findings go further in demonstrating that such environments are not naturally occurring. Rather, they are constructed and sustained through deliberate, reflexive, and often fragile practices. The holding environment in our setting emerged not from organizational design alone, but from participants' shared commitment to the ritual, and their willingness to both enact and respect its boundaries. Thus, vulnerability practices must be understood as performative and recursive, a form of relational labor that is continuously negotiated and reconstituted.

5.2. Power and the Uneven Distribution of Holding

One of the most salient insights of our study concerns the role of power in shaping vulnerability practices. While Bouchard et al. (2025) observed that multidisciplinarity introduces tensions in who feels "held" within a ritualized space, our findings suggest that status hierarchies, contractual insecurity, and disciplinary legitimacy also play a significant role in determining who speaks, who listens, and whose disclosures are validated.

In our setting, junior or contract staff were more likely to disclose vulnerability, especially when invited by facilitators. However, these disclosures did not always lead to symmetrical engagement from senior colleagues. Some episodes demonstrated a lack of reciprocity, with senior participants rarely initiating disclosures of their own. This dynamic reveals how organizational rituals, even when inclusive in intent, can reproduce status asymmetries in practice. As Kahn (2001: 274) presciently noted, holding environments are shaped by "boundaries, power differences, affective patterns, cognitive formations, and leadership behavior." Therefore, vulnerability practices are never neutral; they are embedded in broader organizational scripts of credibility, risk, and legitimacy.

Moreover, the interpretation of vulnerability was not uniform across roles. When senior figures disclosed uncertainty, it was often reinterpreted as humility or mentorship. In contrast, when junior staff did the same, it was occasionally received as a sign of insecurity or inexperience. These interpretive asymmetries echo Petriglieri and Petriglieri's (2020) notion of "containment" and "interpretation" as key functions of holding environments, but

our findings suggest that interpretation is not evenly available to all. Who is allowed to be vulnerable, and who benefits from doing so, remains a function of institutional power.

5.3. Cycles of Engagement: Appraisal, Withdrawal, and Re-engagement

As with Bouchard et al.'s (2025) participants, our informants did not engage in vulnerability practices in a linear or consistently positive way. Rather, their participation was shaped by cumulative appraisals of prior episodes. Some described the experience as cathartic or affirming, leading to increased willingness to participate again. Others expressed ambivalence or concern, particularly about whether their disclosures had been misunderstood, ignored, or potentially weaponized.

These appraisals illustrate what Bouchard et al. term the "delicate tension" between social pressure to participate and social support to contain. Our study adds nuance by showing that this tension is not static; it evolves over time, with each episode subtly reinforcing or eroding the psychological safety of the setting. Thus, holding environments should be conceptualized not as stable containers, but as episodic accomplishments, always contingent on the interplay between past experience, present dynamics, and anticipated consequences.

Furthermore, the presence of "path anomalies", episodes where the ritual failed or was resisted, served as crucial moments for recalibration. In these cases, facilitators' responses played a pivotal role in preserving the integrity of the space. By respecting boundaries and validating refusals, they maintained the group's implicit contract of safety. This underscores the importance of leadership reflexivity and ethical sensitivity in sustaining vulnerability practices.

5.4. Extending the Theoretical Model of Vulnerability Practices

Our findings broadly support and extend the process model proposed by Bouchard et al. (2025), which outlines a ritualized progression from individual disclosure to communal reflection, bridged by theorizing. We observed a similar sequence in our own setting, but propose two theoretical refinements:

1. Participation in vulnerability practices is influenced not only by the immediate dynamics of an episode but also by prior appraisals. These appraisals form a recursive loop that affects future willingness to engage. Positive experiences can foster a virtuous cycle of openness, while negative ones can lead to withdrawal or surface compliance without authentic engagement.

2. We identified the role of "interpretive authority", the power to define what a disclosure means, as a critical mediating variable. While theorizing practices aim to construct shared meaning, not all participants have equal access to this function. Those with greater institutional capital are more likely to shape the communal interpretation, thereby influencing whether vulnerability is framed as courageous, risky, or inappropriate.

These additions highlight the relational complexity of vulnerability practices, reinforcing the idea that such practices are deeply shaped by institutional scripts, role expectations, and epistemic hierarchies.
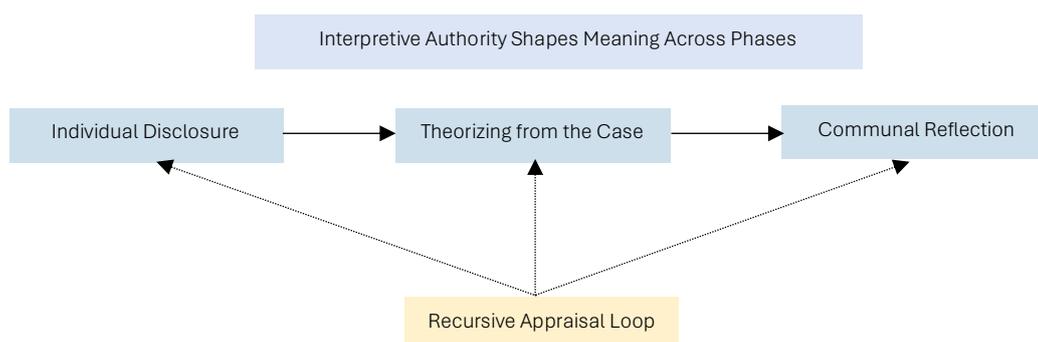

Figure 2: Below illustrates our extended process model of vulnerability practices, incorporating recursive appraisal loops and interpretive authority as cross-phase dynamics that influence how vulnerability is enacted and interpreted across episodes.

6. Implications for Practice

From a practical perspective, our study offers several implications for professionals, team leaders, and organizational designers. First, vulnerability cannot be mandated but must be modeled, especially by those in leadership. Facilitators should recognize their role not only in guiding discussion but also in setting the tone for what types of expression are valid, valued, and protected.

Second, organizations seeking to foster psychological safety must go beyond one-off workshops or performative rituals. Sustained vulnerability requires the creation of ritualized spaces where emotional expression is not pathologized but normalized, where "having doubts" becomes an accepted part of professional identity, not a deviation from it.

Third, attention must be paid to the distribution of interpretive authority. Facilitators and team members alike should cultivate awareness of whose voices are being centered in meaning-making, and whether some disclosures are consistently reframed more sympathetically than others. This calls for reflexive facilitation practices that attend not only to content but also to structure, sequence, and silence.

7. Theoretical Contributions

This study advances theoretical understanding in several important ways.

First, we extend the concept of vulnerability practices beyond clinical and therapeutic contexts, demonstrating their relevance to knowledge-intensive, non-clinical professional settings. This broadens the empirical and conceptual scope of work on holding environments (Kahn, 2001; Petriglieri & Petriglieri, 2020), reaffirming that emotional labor and relational risk are not confined to caregiving or trauma-exposed professions but are endemic to contemporary organizational life.

Second, we refine Bouchard et al.'s (2025) process model of vulnerability practices by introducing two new components: (1) a recursive appraisal loop that captures how previous experiences shape future willingness to engage, and (2) the notion of interpretive authority, which explains how the meaning of vulnerability is co-constructed, and often contested, through interaction. These refinements help explain why holding environments are not uniformly experienced and why ritualized spaces of support may also reproduce power asymmetries.

Third, our study highlights the performative and temporal nature of holding environments. Rather than treating psychological safety as a fixed feature of group culture, we conceptualize it as an emergent, episodic phenomenon that must be continuously enacted through deliberate practice. Each vulnerability episode represents a test of the group's holding capacity, one that may succeed or falter, depending on how participants balance empathy, containment, and interpretation.

Finally, by foregrounding the role of facilitators and group dynamics in enabling or constraining vulnerability, we contribute to a more nuanced understanding of leadership and relational ethics. Effective facilitation does not merely involve prompting participation; it entails listening, honoring silence, redistributing interpretive authority, and modeling one's own vulnerability. In this way, vulnerability practices become not only a means of emotional disclosure but also a form of collective identity work, a ritual through which professionals reconfigure what it means to perform their roles in a humanizing, accountable, and resilient way.

In sum, this study reinforces the argument that vulnerability, far from being antithetical to professionalism, is central to its reinvention in contemporary, complex, and emotionally demanding organizational settings.

8. Limitations and Directions for Future Research

As with all qualitative research, our findings are contextually situated and not statistically generalizable. The organizational setting, a collaborative university research environment, differs in important ways from the healthcare clinic studied by Bouchard et al. (2025). Further research is needed in diverse organizational fields such as law, public policy, engineering, or creative industries, where vulnerability may manifest differently.

Additionally, we did not formally measure psychological safety, team performance, or emotional well-being as outcomes. Future research could adopt mixed-method approaches to examine how sustained vulnerability practices influence long-term organizational outcomes.

Lastly, future work could explore the role of digital and hybrid environments, where vulnerability must be enacted in fragmented, asynchronous, or screen-mediated ways. Does the absence of physical co-presence hinder or enhance vulnerability? How does the architecture of digital platforms shape who feels "held"?

9. Conclusion

This study contributes to the growing body of research on vulnerability in professional settings by extending the concept of vulnerability practices into a new institutional domain, multidisciplinary, non-clinical knowledge work. Building on the process model developed by Bouchard et al. (2025), we investigated how ritualized practices such as storytelling, emotional probing, theorizing, and validation enable professionals to express and process emotional uncertainty. Our findings reaffirm the centrality of interactional sequences and social norms in constituting holding environments, while highlighting how these practices are shaped by status hierarchies, role expectations, and organizational culture.

By situating our inquiry in a university research team composed of diverse disciplinary backgrounds and varying levels of institutional power, we demonstrated that vulnerability practices are both context-dependent and deeply relational. We showed that, while formal structures such as reflective meetings may enable vulnerability, it is the quality of interaction, particularly the balance between social pressure and social support, that ultimately determines whether a holding environment is sustained.

Our findings also underscore the precarious nature of vulnerability practices. Episodes of emotional openness are not guaranteed to succeed; they require ongoing maintenance, appraisal, and recalibration. Moreover, vulnerability remains unevenly distributed: those with greater interpretive authority or institutional security are more likely to shape how vulnerability is framed and received. In this sense, the capacity to be vulnerable.

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References

Abbott, A. (1988). *The system of professions: An essay on the division of expert labor*. University of Chicago Press. https://doi.org/10.7208/chicago/9780226189666.001.0001

Ahuja, S. (2023). Who is allowed to speak? Status, vulnerability, and jurisdictional work. *Administrative Science Quarterly*. https://doi.org/10.1177/00018392231154530

Arminen, I. (2004). Second stories: The salience of interpersonal communication for mutual help in Alcoholics Anonymous. *Journal of Pragmatics, 36*(2), 319–347. https://doi.org/10.1016/j.pragma.2003.07.001

Barley, S. R. (1986). Technology as an occasion for structuring: Evidence from observations of CT scanners and the social order of radiology departments. *Administrative Science Quarterly, 31*(1), 78–108. https://doi.org/10.2307/2392767

Bechky, B. A. (2003). Sharing meaning across occupational communities: The transformation of understanding on a production floor. *Organization Science, 14*(3), 312–330. https://doi.org/10.1287/orsc.14.3.312.15162

Berchtenbreiter, C., Innes, S., Watterson, L., Nickson, C., & Wong, D. T. (2024). Organizational debriefing after clinical events: A realist review. *BMJ Quality & Safety, 33*(4), 287–296.

Borkman, T. (1999). *Understanding self-help/mutual aid: Experiential learning in the commons*. Rutgers University Press.

Bourgoin, A., & Harvey, C. (2018). Professional image under threat: Dealing with learning-credibility tension. *Organization Studies, 39*(5-6), 720–743. https://doi.org/10.1177/0018726718756168

Brown, A. D., & Coupland, C. (2005). Sounds of silence: Graduate trainees, hegemony and resistance. *Organization Studies, 26*(7), 1049–1069. https://doi.org/10.1177/0170840605053540

Brown, B. (2015). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. Penguin.

Butler, J. (2016). *Frames of war: When is life grievable?* Verso Books.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage Publications.

Chreim, S., Langley, A., Reay, T., Comeau-Vallée, M., & Huq, J.-L. (2020). Constructing and sustaining counter-institutional identities. *Academy of Management Journal, 63*(6), 1822–1855. https://doi.org/10.5465/amj.2017.0528

Clarke, C. A., & Knights, D. (2018). Practice makes perfect? Skillful performances in surgery. *Organization Studies, 39*(5-6), 687–703.

Corey, G. (2023). *Theory and practice of group counseling* (10th ed.). Cengage Learning.

Corlett, S., Mavin, S., & Beech, N. (2019). Giving voice to the dark side of care: The emotional labor of academics in a UK business school. *Organization, 26*(6), 906–929.

Corlett, S., Ruane, M., & Mavin, S. (2021). Becoming vulnerable: Making and remaking a relational space for action learning. *Management Learning, 52*(4), 425–443. https://doi.org/10.1177/1350507621995816

Creed, W. D., Hudson, B. A., Okhuysen, G. A., & Smith-Crowe, K. (2022). Being the change: Anchoring identity and sensemaking in organizational authenticity. *Academy of Management Journal, 65*(5), 1531–1556.

Denzin, N. K. (1987). *The recovering alcoholic*. Sage Publications.

Delgado, C., de Groot, J., McCaffrey, G., Dimitropoulos, G., Sitter, K., & Austin, W. (2020). Nurses' experiences of moral distress in end-of-life care: A qualitative study. *International Journal of Nursing Studies, 110*, 103660.

Fotaki, M. (2023). The psychodynamics of organizational and societal trauma: On the limits of theory. *Organization Studies, 44*(5), 733–754.

Frigerio, A., & Montali, L. (2016). Narratives of change and self-transformation in self-help groups. *Culture & Psychology, 22*(4), 505–519.

Ghosh, R., Haynes, R. K., & Kram, K. E. (2013). Developmental networks at work: Holding environments for leader development. *Career Development International, 18*(3), 232–256. https://doi.org/10.1108/CDI-09-2012-0084

Gill, R. (2015). 'It's like going to the hairdressers': Gender, power and intimacy in digital consultancy. *Organization, 22*(5), 610–626.

Hafferty, F. W. (1998). Beyond curriculum reform: Confronting medicine's hidden curriculum. *Academic Medicine, 73*(4), 403–407. https://doi.org/10.1097/00001888-199804000-00013

Hay, A. (2014). 'I don't know what I am doing!': Surfacing struggles of managerial identity work. *Management Learning, 45*(5), 509–524. https://doi.org/10.1177/1350507613483421

Hendry, J., & Seidl, D. (2003). The structure and significance of strategic episodes: Social systems theory and the routine practices of strategic change. *Journal of Management Studies, 40*(1), 175–196. https://doi.org/10.1111/1467-6486.00008

Hibbert, P., Beech, N., Callagher, L., & Siedlok, F. (2022). The affective microfoundations of learning from other practices in interorganizational collaborations. *Academy of Management Review, 47*(1), 22–45.

Huq, J.-L., Reay, T., & Chreim, S. (2017). Protecting the paradox of interprofessional collaboration. *Organization Studies, 38*(3-4), 513–538. https://doi.org/10.1177/0170840616640847

Jordan, J. V. (2008). Recent developments in relational-cultural theory. *Women & Therapy, 31*(1), 1–4. https://doi.org/10.1080/02703140802145540

Kahn, W. A. (2001). Holding environments at work. *Journal of Applied Behavioral Science, 37*(3), 260–279. https://doi.org/10.1177/0021886301373001

Kitay, J., & Wright, C. (2007). From prophets to profits: The occupational rhetoric of management consultants. *Human Relations, 60*(11), 1613–1640. https://doi.org/10.1177/0018726707084302

Knights, D., & Clarke, C. A. (2014). It's a bittersweet symphony, this life: Fragile academic selves and insecure identities at work. *Organization Studies, 35*(3), 335–357. https://doi.org/10.1177/0170840613508396

Lee, J., Ong, C., & Martimianakis, M. A. (2023). The dynamics of speaking up and listening up: Power and voice in interprofessional teams. *Medical Education, 57*(2), 182–192.

Louis, M. R., & Bartunek, J. M. (1992). Insider/outsider research teams: Collaboration across diverse perspectives. *Journal of Management Inquiry, 1*(2), 101–110. https://doi.org/10.1177/105649269212002

Marsick, V. J., & O'Neil, J. (1999). The many faces of action learning. *Management Learning, 30*(2), 159–176. https://doi.org/10.1177/1350507699302004

Mobasseri, S., Kahn, W. A., & Ely, R. J. (2024). The theory and practice of containment in organizations. *Academy of Management Annals*. https://doi.org/10.5465/annals.2023.0003

Oborn, E., & Dawson, S. (2010). Learning across communities of practice: An examination of multidisciplinary work. *British Journal of Management, 21*(4), 843–858. https://doi.org/10.1111/j.1467-8551.2009.00684.x

Petriglieri, G., & Petriglieri, J. L. (2020). The return of the oppressed: A systems psychodynamic approach to organization studies. *Academy of Management Annals, 14*(1), 411–449. https://doi.org/10.5465/annals.2017.0007

Petriglieri, J. L., Ashford, S. J., & Wrzesniewski, A. (2019). Agony and ecstasy in the gig economy: Cultivating holding environments for precarious and personalized work identities. *Administrative Science Quarterly, 64*(1), 124–170. https://doi.org/10.1177/0001839218759646

Pratt, M. G., Rockmann, K. W., & Kaufmann, J. B. (2006). Constructing professional identity: The role of work and identity learning cycles in the customization of identity among medical residents. *Academy of Management Journal, 49*(2), 235–262. https://doi.org/10.5465/amj.2006.20786060

Salinsky, J. (2018). Balint groups and the Balint method. *Journal of the Balint Society, 46*, 9–15. https://doi.org/10.1201/9781315376417-7

Shapiro, E. R., & Carr, A. W. (1991). *Lost in familiar places: Creating new connections between the individual and society*. Yale University Press.

Steege, L. M., & Rainbow, J. G. (2017). Fatigue in hospital nurses, 'Supernurse' culture is a barrier to addressing problems: A qualitative interview study. *International Journal of Nursing Studies, 67*, 20–28. https://doi.org/10.1016/j.ijnurstu.2016.11.014

Van Buskirk, W., & McGrath, D. (1999). Organizational stories as holding environments: A narrative approach to behavior in groups. *Human Relations, 52*(6), 747–770. https://doi.org/10.1177/001872679905200606

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. Hogarth Press.

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th ed.). Basic Books.

Appendix A: Interview Questionnaire

Purpose of the Interview

This interview is designed to explore participants' experiences of emotional disclosure, vulnerability practices, and reflective interactions within multidisciplinary team environments. It aims to understand how individuals interpret, navigate, and respond to vulnerability in professional contexts.

Section 1: Background and Role Context

1. Can you briefly describe your professional role within the organization?

2. How long have you been part of this team or research centre?

3. What kinds of interactions or collaborations do you typically engage in during weekly meetings?

Section 2: Experience with Reflective Meetings

4. Can you describe your first experience participating in a reflective meeting here?

5. How would you characterize the atmosphere or tone of these meetings?

6. What kinds of topics or experiences do people tend to bring into the reflective space?

Section 3: Emotional Expression and Vulnerability

7. Have you ever shared something personal or emotionally significant during a reflective meeting? If so, what prompted you to do so?

8. How did you feel before, during, and after sharing your experience?

9. What kind of response did you receive from others in the group?

10. In your view, what makes it easier, or harder, to be vulnerable in these meetings?

Section 4: Group Dynamics and Power Relations

11. How do factors like seniority, disciplinary background, or role in the organization affect who speaks and who remains silent?

12. Do you think everyone has equal space to share during the meetings? Why or why not?

13. Are there individuals in the group whose opinions or interpretations carry more weight than others?

Section 5: Reflections on the Function of Vulnerability

14. What do you think is the value or purpose of these meetings, both individually and collectively?

15. Have you noticed any changes in team dynamics, relationships, or professional identity as a result of these meetings?

16. Do you see these meetings as helping to humanize the work environment? Why or why not?

Section 6: Final Reflections

17. Are there any moments or episodes that stand out to you as particularly meaningful or difficult?

18. If you were to design a similar reflective practice for another organization, what would you keep the same, and what would you change?

19. Is there anything else you'd like to share about your experience of vulnerability in this professional context?