‘It’s People’s Whole Lives’: Gender, Class and the Emotion Work of User Involvement in Mental Health Services

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The concept of emotion work has been widely applied to the study of service work. Yet its use in understanding the social dynamics of user involvement in public services remains under explored. Drawing on a study of user involvement in mental health service development, I show its utility for understanding this social and political realm. The article discusses findings from a critical discursive and contextual emotional labour perspective, taking into account organizational and institutional factors as well as social structural dimensions of gender and social class. It shows how discourses on emotion, constructed through articulation of personal experiences of service usage both reflected and constructed the ideological and structural positionings of women service users, while emotional discourse — displays of anger in user involvement forums — worked to constitute traditionally male and ideologically masculine elements of the field, as well as the working-class identities of some participants. These forms of emotion work, and the ways in which they elicited further emotion management from service users and workers alike, are located in relation to the rules of engagement of user involvement and the bureaucratic institutional forms within which this took place. The article concludes that the emotion work of user involvement ultimately helped to reproduce the dominant institutional and social order, including its gender and class dimensions. Implications for policies and practices of user involvement in mental health services are provided.

Keywords: user involvement, emotion work, gender, social class, mental health

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Introduction

The management of emotions as a dimension of work in the service industries (Hochschild, 1983) has received significant research attention (Knights and Surman, 2008). However, little has been given to the new forms of emotion work being demanded in public services as a result of recent policy drives towards involving the public and service users through a more active role at the levels of individual usage as well as management and development of services (Simmons et al., 2007). This emotion work is to be found in the unpaid work of members of the public or service users taking part; workers required to accommodate new participatory rights for service users or patients; and service managers charged with the implementation of user involvement policies. Nowhere is this emotional context of user involvement more evident than in mental health services, where demands for more say in decision-making for those using these have been driven in the UK since the 1980s by both consumerist and democratization agendas, with the latter being pursued by organized groups of service users (Campbell, 1999).

Drawing on an ethnographic study conducted in one UK locality, this article explores this emotional context of user participation in mental health services. It utilises a contextual approach to emotion work (Syed, 2008), situating this within wider social structures of gender and social class as well as the bureaucratic managerial context of mental health services and their social function. Through its analytical focus the article shows emotions as ‘key mechanisms linking behaviour to social structure and vice versa’ and helps elucidate the social, cultural and political dynamics of user involvement (Thoits, 1989, pp. 328, 333–4). In so doing, it contributes to a growing literature on gender and emotion work (Knights and Surman, 2008) and helps address a gender gap in studies of service user and public participation (Lewis, 2005, 2007). I begin with some background to user involvement in mental health services and the study of emotion in this context and then outline my critical discursive approach to emotion work.

User involvement in mental health services and its emotional landscape

User involvement refers to the active involvement of service users in shaping or influencing public services. In the UK the policy directive has been a government mandate for health and social care services since the 1980s. It developed as a response to demands for the democratization of these services along with the introduction of a consumerist agenda, and in a number of areas, including mental health, was influenced by political organizing among
service user groups. Accordingly, its official purposes have been both to increase the responsiveness of services to user need and to promote user empowerment (Barnes and Wistow, 1991). The policy initiative has advocated a more active role for service users in influencing and shaping services at all levels, from individual healthcare encounters through to service management and strategic planning both locally and nationally (see, for example, Department of Health, 2000, 2006a, 2006b). The policy is particularly salient in mental health services, where a well-developed service user/survivor movement exists1 (Campbell, 1999). In practice user involvement in this sector means service users participating on policy-making and policy-implementation groups alongside local and national user consultations; local community forums of service users and providers, and local and national service user/survivor groups and networks (both independent and service-led). User involvement in the mental health sector also takes place through generic National Health Service (NHS) statutory patient and public involvement structures, including new local involvement networks in England, introduced as community-based forums designed to aid the responsiveness of health and social care services to local needs (Department of Health, 2006b) and regional health councils in Scotland.

User involvement in mental health services lends itself to analysis in terms of emotion work since it is charged with emotion at a variety of levels. In the first instance, the services themselves are concerned with distress and with the management of (public fears about) distress. They serve a social control function in containing dissatisfaction and disaffection (Ramon, 1985), which relates to the often less than satisfactory experiences of service usage. Indeed, user groups and feminists have been at pains to point out that rather than alleviating distress, experiences of service usage can cause further emotional damage (see, for example, Darton et al., 1994; Lindow, 1995). Added to this, the presence of legal compulsion in services, which means that people can be forcibly detained in hospital or, since the introduction of new community treatment orders (Department of Health, 2007; Scottish Executive Health Department Mental Health Division, 2003), compelled to take medication after discharge, serves to create a culture of fear and domination — a form of affective power that is at odds with attempts to empower or even involve service users (Crossley, 2004; Pilgrim and Waldron, 1998). Since women are the main users of mental health services (Foster, 1995) and men service users are the main targets of fears about violence (Payne, 1999), this emotional context of user involvement is profoundly gendered. Furthermore, it is class-ridden, with mental health services being described by some survivor activists as allied to the repression of the working classes (Crossley, 2006).

In the second instance, then, emotions and politics interpenetrate in the processes of user involvement as experiences of service usage are brought to service-planning and policy-making arenas. Studies have documented the emotions evoked and forms of emotion management engaged in by service
managers and practitioners who perceive such expression as bad manners (Church, 1996). They have demonstrated the forms of disciplining required of service users as a result of the incongruence of their personal experiences and emotions in policy forums shaped by liberal democratic values of equality of opportunity to participate and the need for ‘rational debate’ (Barnes, 2002; Carr, 2007; Church, 1995, 1996; Peck et al., 2002). The outcomes of this, it is often contended, are superficial attempts to involve service users in which the emotional aspects of living with mental health problems can become excluded from policy-making forums (Barnes, 2002). Dominant managerial and bureaucratic approaches to user involvement which attempt to graft user involvement on to existing structures through redesigning only administrative structures and procedures have consequently been widely seen as inadequate (Carr, 2004; Hodge, 2005; Little et al., 2002; Parkes, 2002; Rutter et al., 2004; Williams and Lindley, 1996).

These shortcomings mean that, at a third level, the emotional context of user involvement becomes amplified as a result of its apparent ineffectiveness in managing to meaningfully accommodate service users’ experiences or achieve any actual, observable change (Milewa, 1997; Parkes, 2002; Rutter et al., 2004; Wallcraft et al., 2003). Despite an array of user involvement groups and structures, and its now more than 20-year life span, it is often contended that the aims of user involvement to achieve more user-responsive and democratized mental health services have still not been realized (Carr, 2007; Rose, 2001; Rutter et al., 2004; Stickley, 2006; Webb et al., 2000). As in other areas of public and user involvement in services (see, for example Simmons et al., 2007), there remains a large implementation deficit, or listening gap (Bochel et al., 2007). Cultural, attitudinal change in terms of some acceptance of a more equal role for service users appears to have been achieved, but this has not been accompanied by structural change to empower service users (Campbell, 2006). As such user involvement has been viewed as a technology of legitimation to provide the appearance of democratic change without any threat to existing service arrangements and power relations (Carr, 2007). In this context, criticism has been levelled at some mental health workers’ conceptions of user involvement as therapy, with indications instead of the inevitably painful nature of such political struggles (Wallcraft et al., 2003). And while there have been reports from service users of the confidence building and empowering personal outcomes of taking part, some have described feeling manipulated, disempowered and even traumatised by the experience (Williams and Lindley, 1996; Wallcraft et al., 2003).

These dynamics of user involvement in mental health services have been explained in political and epistemic terms as arising from a clash between service user and professional forms of knowledge and interests (Pilgrim and Rogers, 1997; Williams and Lindley, 1996). Service users’ requests for service reform to achieve more socially oriented, person-centred and holistic services challenge the dominant, biomedical psychiatric paradigm of mental health
services (Pilgrim and Rogers, 1997) and as such their stance is often one of contestation and opposition to, rather than collaboration with, mental health professionals (Carr, 2007; Forbes and Sashidharan, 1997). Indeed, the epistemological stance of service user groups often emphasizes giving voice to experiences and emotional expression for raising awareness and bringing about change (Carr, 2007; Church, 1995, 1996; Rutter et al., 2004). Like the women’s movement, the organizing of these groups has asserted the value of human testimony and emotions to undercut the value base of scientific knowledge which emphasizes distance and objectivity (Barnes, 2002; Cresswell, 2005). In particular that of lived and direct experience is asserted as the primary basis for knowledge and understanding (Tew, 2002) and as a challenge to the knowledge claims of professionals and experts without such experience (Beresford, 2003). Under such circumstances the actions of members of user/survivor groups to influence services become sites of knowledge contestation and tussles over truth claims as facets of a hegemonic struggle (Cresswell, 2005). Misunderstanding and conflict are the inevitable outcome as service users and professionals come to the process not only with different forms of knowledge contestation and modes of engagement but also different agendas, priorities and interests (Barnes, 2002; Carr, 2007; Church, 1995, 1996; Lindow, 1999; Rutter et al., 2004).

Clearly, then, the ideological, epistemological and political dimensions of user involvement need to be understood in relation to its emotional context. Yet this latter dimension has tended to remain an absent presence in theoretical accounts of the phenomenon. Is emotion the missing link in attempts to explain experiences of user involvement and its apparent ineffectiveness in social-structural terms of institutionalized relations of power and inequality (Williams and Bendelow, 1996)? This article explores this prospect, utilising personal experience and emotion work as vehicles for illuminating dimensions of gender and social class (Thoits, 1989). In taking this approach, the article addresses a lacuna in studies of user involvement in mental health services in respect of a focus on emotions, as well as a consideration of the broader social and political context of mental health services.

A critical discursive approach

The article takes a critical discursive (Fairclough and Wodak, 1997; Gubrium and Holstein, 1994; Reed, 2000) and contextual (Syed, 2008) approach to emotion work which views feelings as social practices (rather than states) in relation to organizational values and norms, as well as those of the wider society of which organizational practices are part (Abu-Lughod and Lutz, 1990; Hearn, 1993). The approach focuses on the linguistic practices through which feelings are constituted in social life, as embodied in people’s socially shaped dispositions or habitus (Bourdieu, 1984). It is concerned with the
social functions of these feeling practices and their constitutive work in the politics of everyday life — the ways in which they are bound up with sociability and power (Abu-Lughod and Lutz, 1990). From this perspective emotions can be understood as socially structured ‘sets of acts and practices’ and as social discursive constructions (Hearn, 1993, p. 148) which are socially constituted and situated in relation to social constructs such as gender and social class, as well as participating in relations of power and ordering (Reed, 2000). This approach, then, evokes a twofold understanding of emotional labour: as the work that people do in ‘performing’ feelings, including through regulating and managing practices in this area, within normative organizational and social contexts; and as the ‘work’ that these practices do in constructing and reflecting social realities, identities, relations and institutions — and thus social structures (including those of gender and social class) (Fairclough, 1992). The discursive and social practices involved in emotion work are consequently seen as dialectical — both socially shaped and socially constitutive — but to take place within relatively enduring social structures (Fairclough, 1992) which, to some degree are ‘both the medium and outcome of the emotionally embodied practices/techniques [they] recursively organise’ (Williams and Bendelow, 1996, pp. 36–7, citing Giddens). The approach is therefore realist in the sense that it emphasizes the linguistically mediated nature of material reality and experience (of which discursive practices are one element) as well as the reifying properties of discourse in constituting social phenomena, such as mental illness, and their associated identities and relations, into concrete, real institutions, practices and power relations (Fairclough, 1992). Furthermore, acknowledgement of these reifying properties of discourse in the social [re]production of our experiences, realities and truths means that the approach also needs to consider how differing positions of power produce differing discourses, or ways of talking about and understanding social phenomena, and hence differing forms of emotion work (Abu-Lughod and Lutz, 1990).

Thus, within this materialist discursive approach, emotions are viewed as socially structured or organized according to social locations such as gender and social class and associated distributions of power and status (and here the concept of emotional capital has been discussed, see further below), but at the same time ‘done in practices and practical situations’ (Hearn, 1993, p. 148) and so to have a constitutive function in constructing the realities, identities and relations of such social locations (Fairclough, 1992). Viewing gender as both social practice and location means that we can understand the ideological notion of masculinities as ‘social constructions of what it is to be a man’ (Hearn, 1993, p. 151), and similarly, femininities as social constructions of womanhood and its associated identities and relations. Although in the case of social classes economic dimensions require more emphasis, the related cultural dimension can also be viewed in this way — as both practices and
locations and as constructions of class identities and relations. Thus, while not materially determined (in the sense of being tied to sexed bodies and economic structures), the social practices associated with such social locations are also not arbitrary and are materially embodied by women and men. Consequently, it makes sense to consider who is doing emotion work and how, and the relationship of this emotion work to the political economy — to people’s positions of power and status (Abu-Lughod and Lutz, 1990) and the forms of capital at their disposal (Bourdieu, 1984, 1992; Williams, 2000) — along with the constitutive effects of this social practice for social subjects and socio-political, as well as socio-economic, relations (Hearn, 1993).

It is also necessary, of course, to consider the social and cultural context of practices. Forms of political action like user involvement are particularly compelling for the study of emotion work since such forms of conflict involve ‘the mobilisation of sentiments of anger towards carriers of opposing social values and interests’ (Williams and Bendelow, 1996, p. 29). Both the cultural context and the socio-politics of the context therefore require consideration. Culturally, values, kinds of knowledge, ideas and beliefs operating in the organizational and wider social context, along with the interaction rituals (Poder, 2009) of the field of social action, are important and need to be viewed with regard to their normative functions. Socio-politically, the political economy of emotions is important (Williams and Bendelow, 1996) and here the Bourdieusian concept of emotional capital has been proposed (Huppatz, 2009; Williams, 2000). In Bourdieusian terms, forms of capital are resources — cultural (knowledge, learning), social (contacts and institutionalized relationships) and economic — which help people get on in life and access power. Bourdieu (1992) also identified symbolic or ideological capital (authority, recognition etc.) which operates as social belief. Emotional capital refers to the political economy of emotions as socio-emotional resources (Poder, 2009; Williams and Bendelow, 1996), to emotions as linked to access (or barriers) to other forms of capital (Williams, 2000) and to the way in which emotion work can itself operate as a form of capital (Huppatz, 2009). With these considerations in mind, the suggestion of Abu-Lughod and Lutz (1990, p. 15) to examine the politics of both discourses on emotion (local theories about emotions) and emotional discourses (situated deployments of emotional linguistic forms) as ‘loci of resistance and idioms of rebellion’ (p. 15) is particularly compelling in the context of user involvement.

The research question guiding the study upon which this article is based was: What are the outcomes of user involvement policies for the participation of women and men service users in mental health services and for the development of these services? This article addresses this question from the perspective of emotion work, since the findings of the study lend themselves to this theoretical interpretation. It considers the kinds of emotion work engaged in by actors differently positioned in the context of user involvement, the structuring of this emotion work in relation to dominant
socio-cultural and organizational forms, and the overall outcomes for service development. I go on now to outline the study and then to present findings along three themes which grew out of fieldwork and data analysis: service users’ reasons for taking part in user involvement; service users’ emotional labour in the arenas of user involvement; and emotion work and the rules of engagement.

The study

The article draws on a localized, ethnographic study conducted in the northeast of Scotland. It draws on data from two mental health service user/community groups in the locality, which were sampled purposively according to their institutional affiliation and status: a statutory sector group attached to a local psychiatric hospital and a voluntary sector community group, members of which included service practitioners and providers as well as users. The main purpose of the first group was to provide information about mental health services and activities in the locality and to feed service users’ views back to statutory service managers, while the second group took a stronger lobbying function with respect to mental health policy and services. The data utilised in this article were generated from participant observation at service user/community and policy group meetings (formal observations, n = 7) in addition to interviews and informal interactions with service users (female, n = 7; male, n = 9), practitioners (n = 2) and providers/policymakers (n = 3). All participants were white and of British origin and most were aged between 36 and 75 years.

The research adopted a feminist methodological approach which was collaborative, interactive and action-oriented (Kelly et al., 1994). It was conducted from a feminist critical discourse-analytic perspective (Fairclough, 1992; Lazar, 2005) in which there was a central concern with the relationship between language and power and with gender. Observational data were written up immediately following meetings, as were any relevant notes from informal interactions with participants, while all formal interviews were recorded and transcribed. Analysis then proceeded through a preliminary, familiarization stage and then a systematic stage which encompassed both cross-sectional (or between-case) and within-case techniques. This latter form of analysis allowed for consideration of the interpretive context of the data, which then informed further comparison of explanations across cases and contexts (Mason, 2002). The techniques used were conceptually driven cross-sectional indexing, and mind-maps and analytical note-making for within-case analysis. Cross-sectional indexing was undertaken in order to create conceptual categories of data that could then be subjected to more detailed discourse analysis. The process of identifying categories was ‘interactive between research questions and data’ (Mason, 2002, p. 160) and categories
were revised as the analysis proceeded and different explanations were tested out. Analysis then proceeded at three levels: (a) looking for pattern in the data, that is, for variability and consistency both within and between accounts (Gill, 2000); (b) examining both the ‘constructive and functional dimensions of discourse’ (Potter and Wetherell, 1987, p. 169); (c) interpretation at the level of social practice, considering the relationship between participants’ discursive practices and the subject positions available to, and constituted by, participants in and through their accounts (Fairclough, 1992).

**Reasons for taking part in user involvement**

In alignment with other research, (see, for example, Campbell, 1999; Rogers and Pilgrim, 1991), service users’ reasons for taking part in user involvement activities usually related to negative experiences of service usage. These formed the backdrop to and informed their emotional labour in the field, including with respect to its gendered and classed dimensions. Accordingly, when asked about their reasons for taking part, the women’s accounts tended to emphasize participating in order to help themselves and others:

To help people, first of all, initially it was to help me … but now I feel that because of my experience, hopefully I can help other people, and the main thing is to get advocates. (Female respondent, 46–55 years)

I just feel that these groups might hopefully bring about some changes that are helpful for the next people that are coming along and they’ll maybe have an easier time of it, you know, based on our past experiences. (Female respondent, 56–65 years)

These responses demonstrate how the women saw their participation as drawing on their experiences both of distress and service usage and how their ultimate political motivations were to achieve service change. They also indicate the considerable emotional labour this involved for the women, and how user involvement for women participants was predicated on the mobilization of traditional gender ideologies in which womanhood is characterized by care and concern for others (Ferguson, 1984; Skeggs, 1997). In addition, the women’s class locations were relevant to these reasons for taking part, as the following quotation demonstrates:

When I started, it was an interest, it was a way of helping myself get better … and because I am intelligent, articulate, relatively assertive, I felt that I could say things on behalf of people who couldn’t. (Female respondent, 46–55 years)

This quotation shows that the kinds of emotion work that user involvement entailed for the women was often a product of their class, in terms of levels of education and occupational backgrounds, as well as gender locations. This
participant notes how, while her initial participation was to help herself, she utilises her cultural, including linguistic capital in order to speak for others. Not made explicit yet integral to the account again, then, is how both of these motivations are informed by gender ideologies of women’s role in care work (Huppatz, 2009) and in providing emotional labour for others (Ferguson, 1984). The operation of these ideologies in the context of user involvement meant there was some symbolic capital associated with feminine capital in this cultural milieu and that user involvement was an arena in and through which being a woman could be asserted as a positive identity (see Huppatz, 2009; Skeggs, 1997).

User involvement was predicated as well on the mutual support function it served for many who had negative experiences of services, and here gender was again integral to the discursive practices surrounding this. The women often conveyed the value of user groups and networks for providing social support and a feeling of solidarity: ‘I think it’s good that people who are like-minded come together.... You feel that people are, feel the same’ (female respondent, 46–55 years). Such comments demonstrated the emotional dimensions of political action discussed by way of introduction to this article and how for women and other subordinates solidarity becomes a crucial value in the face of lack of power (Ferguson, 1984). They also illustrate the kinds of social and emotional capital that can be generated — especially by women — in response to such a lack of power and status in the social structure (Huppatz, 2009), as well as how expressions of solidarity are often a feature of the talk of women, again tied up with their caring role (Ferguson, 1984).

The men service users interviewed also spoke of the mutual support function of user involvement activities on occasion. However, in so far as the men were less inclined to form networks in the course of their participation in user involvement, their participation tended to be more individualized. Furthermore, while, like the women, they were clearly motivated by a desire to achieve service change, their personal reasons for taking part were often put in masculinized terms of a chance to air your views, to ‘get things off your chest’ (male respondent, under 25 years). They also often spoke in a generalized manner of user involvement providing meaningful activity and a sense of purpose in life and how it could be a way of attempting to fulfil a desire for social status, especially for men participants. One participant joked, for example: ‘Lovely, even though I’m as mad as a hatter, I can find some place where I can sit on a committee and call myself Chairman or something like that’ (male respondent, 36–45 years).

In contrast to the women’s personal emotional involvement, the men’s accounts therefore demonstrated a distancing, both in the context of interviews and user involvement activities. And while the women constructed their reasons of taking part in terms of helping others, for many of the men, the emotion work of user involvement became framed in terms of public activity and recognition, and the display of dissatisfaction and anger —
elements of symbolic capital central to the construction of organizational masculinities (Hearn, 1993).

**Service users’ emotional labour in the arenas of user involvement**

This gendering in and through participants’ accounts was reflected in the forms of emotional labour which manifested in the discursive arenas of user involvement and of the research. One participant noted gender differences in styles of contribution at meetings, with women tending to ‘press issues’ and place ‘attention on results’ compared to men seeming to be ‘satisfied if they speak’ (male respondent, 66–75 years). The women also tended to express more personal experience and to be more likely to articulate feelings. As such, during interviews, they often discussed how their treatment in mental health services had made them feel, sometimes in the context of a discourse of care and concern for others. For example, one participant pointed out that as an inpatient, ‘You want to feel welcomed and that somebody cares’ and described the negative impact of her treatment on her self-worth: ‘Well, I’m worthless, nobody cares! ... Well, it made me feel horrible’. The women also sometimes drew on their own experiences to inform suggestions for service provision:

> Well, I know from my experience with being ill, I can tell myself if I’m sort of wavering or whatever, and you do know yourself and that’s when people are crying out for, well somebody, somewhere to go because you know that two weeks down the line you’re going to be in hospital. (Female respondent, 56–65 years)

This kind of emotion talk in the context of personal experience can be interpreted as a way of asserting authority and personhood (see Lewis, 2009a) as a political and pragmatic act (Abu-Lughod and Lutz, 1990) in the context of user involvement. In the face of the dominance of abstracted scientific and bureaucratic knowledge and its accompanying professions in mental health services, and in alignment with the epistemological stance of the service user/survivor movement outlined earlier, this participant asserts the value of direct, experiential knowledge as a shared reality for service users. Along with the articulating of emotions, this constituted a source of value and expertise for the women (Lutz, 1990), affording symbolic capital in the context of service user politics. Although latent in facilitating access to power, this knowledge had a tactical use value (Huppatz, 2009) in providing a powerful tool for putting one’s point across in meetings and interviews, as well as a means through which social solidarity with other service users was built.

Indeed, the above participant noted at another point how her value and expertise came directly from the challenge of her humanistic perspective...
centred around care and concern for others to the bureaucratic procedures of mental health service development: ‘It sounds lovely on paper, but I’m more thinking, now how is it to the person that’s going to be on the end of this?’ This again demonstrates that women’s emotion work in the context of user involvement was underpinned by the person-oriented values of women’s traditional role and the caring role conventionally assigned to women in bureaucratic organizations (Ferguson, 1984). The expression of personal experience and the articulation of feelings as a normative feature of traditional femininity and womanhood (Lutz, 1990; Syed, 2008) was both reflected and constructed in this context since, as Ferguson (1984, p. 95) notes, ‘women are expected to be more personable, to display more emotion, and to volunteer more self expression’ and this cultural dimension is a facet of their position in the social order.

As well as a way of asserting a subjugated knowledge base and one’s own value and identity, then, the women’s discursive practices surrounding personal experience and emotion also needed to be understood as a product of their restricted access to ‘rationality’ as a source of value and expertise and to other sources of authority (Hochschild, 1983; Lutz, 1990) within a bureaucratic order — both by virtue of being a woman and a mental health service user (Foucault, 1965; Williams and Bendelow, 1996). This additionally meant that these discursive practices were often marked by control, a form of self-disciplining among western women who are aware of denigrating and devaluing constructions of them as ‘emotional’ and hence ‘irrational’ (Lutz, 1990; Putnam and Mumby, 1993), and a discursive tactic that was used in the context of this research to assert one’s voice and forge personal empowerment within the bureaucratic arenas of mental health service planning. Consequently, a rhetoric of control of emotion display in the context of a personalizing strategy of directly portraying oneself as the (non) enactor of the emotion was also evident in their accounts, particularly in relation to the male-linked emotion of anger (Putnam and Mumby, 1993): ‘I didn’t get angry and agitated, I just stated the point; some people do, you see, it’s still very, very raw’ (female respondent, 36–45 years). As such, while the women’s discursive practices operated to challenge the bureaucratic organizational emotional boundaries of user involvement, in tailoring their practices to the rational expectations of emotion control in this context, they also reinforced these boundaries and their associated cultural values and structural relations of power to some extent.

The above findings demonstrate how user involvement became a site within which women’s traditional responsibility for emotion work in service and care jobs (Knights and Surman, 2008) was enacted. They indicate as well how women often use emotions as a resource when discussing mental health issues in the public and private realms (Pilgrim and Rogers, 1997) and how this emotional labour draws on a distinctively female form of emotion linked to social capital (Huppatz, 2009). This emotional capital was not only more
available to women but was a form of capital the women were encouraged to inhabit and use in the context of user involvement, and as such was also a form of feminine capital that helped construct gendered subjects in the field of mental health services qua care work (Huppatz, 2009; Skeggs, 1997). The ways in which the women service users both drew on and constructed a discourse on emotion (Abu-Lughod and Lutz, 1990) as part of their involvement in mental health services thus served identity, interpersonal and sociopolitical functions for them. However, while their practices worked to challenge the emotional boundaries and knowledge hierarchies of mental health services, in so far as the women’s emotion work and emotional capital in this context was a function of their position in the organizational and social hierarchy, this also became reinstated through their participation in the bureaucratic organizational workings of user involvement (see Ferguson, 1984).

There was occasion during meetings when the women engaged in emotional discourse (Abu-Lughod and Lutz, 1990) through the display of anger. Again, however, this was often in the context of asserting personal experience. For example, one woman described ‘never feeling more powerless’ than she did as a mental health service user, while another stood up and related her experiences as a psychiatric inpatient, describing how poor she had found the conditions in the local psychiatric hospital to be. Consequently, the women’s discursive practices did break with gender stereotypes at times and encompass normatively male and ideologically masculine forms. However, this tended to be within the personalized strategy outlined above which, in this arena, was distinctively female and linked to gendered cultural expectations of women’s responsibility for the (emotional) private sphere (Putnam and Mumby, 1993; Williams, 2000).

As for the women, the men’s discursive and social practices in the context of user involvement conveyed a great deal of anger and upset over the way they had been treated in services. However, in contrast to the women’s articulation of this experience, the men were again more likely to speak in abstract terms about mental health services and to generalize, thereby distancing themselves from their accounts and retaining personal detachment. As such, their interview accounts were often concerned with structural issues such as the numbers of users, compared to service professionals, taking part in planning committees. Mirroring to some extent those of service providers and practitioners, they were also often littered with reference to practical and procedural matters such as the importance of minutes at meetings, ‘correct appointments, appropriate training’ and ‘key facilitation’ as ways to ensure effective user representation.

In this manner, the men could be seen to be practising ‘a certain “manly emotion” style’ about strongly felt emotion under control which is the dominant cultural ideal in work life in western societies and is associated with masculinity (Poder, 2009, p. 350, citing Shields, 2002). Of course, such
practices of emotion work are profoundly emotional (Poder, 2009). However, through this avoidance and control, it seemed the men were concerned to align themselves with a form of organizational masculinity which is ‘premised on lack, a distance from emotion and emotion labour’ (Hearn, 1993, p. 160). This meant that when discussion did stray onto personal and emotional concerns, they could often be quick to steer the conversation back onto more general terms:

I: So, I mean, that must have been quite distressing, I mean, that must have made the whole thing worse for you, that nobody told you what was happening.

R: Well, that’s the kind of thing that happens on admission, you see, that’s the weakest point in the system. I mean, admission’s one weak point and um, rehabilitation back into a meaningful life is the other weak link. And those are the two most important aspects. (Discussion with male respondent, 36–45 years)

Speaking to the men about their personal experiences of mental health issues and of using services thus became difficult during interviews, and there was even occasion when anger was expressed by them if such matters were broached. Seemingly, there was a discomfort on their part with how they became positioned within and by discussions of this nature, not only due to constructions of pathology, but also to a desire to counter ‘the cultural denigration of themselves through an association with emotion’ (Lutz, 1990, p. 75). Both of these constructions conferred weakness, dependency and concomitant feminization (Pilgrim and Rogers, 1997; Swan, 2008), meaning that such discussions with a female interviewer posed more personal risk for them than for the women (Hollway, 1992).

In accordance with societal expression norms and dominant, managerial conceptions of organizational masculinity, anger was then, one form of feeling practice readily available to the men (Hearn, 1993; Lutz, 1990), and one associated with the gender relations of bureaucracies in which men are competitive, confronting and instrumental in comparison to women’s more co-operative and supportive role (Ferguson, 1984). Such displays from service users were a fairly regular occurrence, particularly at meetings of the community group in the study, and while anger was sometimes enacted by the women, it was more often the male service users who engaged in such displays. Furthermore, while the women’s anger tended to be in the context of their treatment in services, the men’s was often framed in terms of the failings of user involvement to accommodate their concerns or deliver service changes. Some asserted that on occasion ‘making a rumpus’ and breaking the expression rules of meetings were justified and necessary in order to get one’s point across and to achieve change in the mental health system, which was perceived by one participant as a machine that rolls on:
If we are going to change the machine, if we are going to slow the machine, we are going to have to be aggressive, we are going to have to get nasty, it’s as simple as that; we’re going to have to start telling some plain truths and demanding that people address our concerns. (Male respondent, 66–75 years)

This extract demonstrates the ways in which displays of anger could be used in the fora of user involvement as a political mechanism to achieve consciousness-raising and change. While to these ends the women were more apt to construct discourses on emotion in the context of mental health issues and services, the men tended to display emotional discourse in the form of embodied and enacted anger as both communicative performances and pragmatic acts aimed at political results (Abu-Lughod and Lutz, 1990; see Carr, 2007; Church, 1995, 1996; Rutter et al., 2004). Thus, while discipline and control were features of both the women’s and men’s discursive practices in relation to emotion, this was with the exception of the direct display of anger among the men in particular at times, the one emotion, as Lutz (1990, p. 81) notes, which is ‘exempted in everyday discourse from the expectation that women feel and express more emotion than men’.

There did as well appear to be class dimensions to these forms of emotional labour that were connected to the profiles of the groups (Crossley, 2006; Rogers and Pilgrim, 1991) as well as the forms of capital at people’s disposal (Bourdieu, 1984, 1992). Several interviewees commented on the ‘working-class’ nature of much mental health service provision and how this was also reflected in service user groups (although it was evident that this was with the exception of those chosen for the more privileged ‘user representative’ positions). Displayed anger can be a cultural characteristic of, and way of asserting power and status among, working-class men (Hearn, 1993; Swan, 2008). It is an element of the symbolic capital associated with hegemonic masculinity that is embodied in the men’s habitus and drawn upon by those whose social position and status offers few resources for the countering of ‘invalidation’ by others (Freund, 1990) and for whom access to other forms of capital, and thus emotional capital may be limited (Williams, 2000). It was perhaps not surprising, then, that it frequently seemed to be male service users of ostensibly working-class locations who were most outwardly angry at group meetings. Commenting on one such individual, one interviewee stated:

He’s had a rougher experience of life than I have, so maybe he’s more cause to be angry. I don’t know ... maybe I’m complacent, or because in terms of mental health I’m fairly fortunate, my parents are well off, ... and um, I think a lot of people who’ve been through the mental health system have had quite troubled backgrounds. (Male respondent, 36–45 years)

Following this participant’s interpretation, such displayed anger could be viewed as a reaction to social injustice and feeling particularly victimized by
the inadequacies of the mental health system. In this context, it became an element of male, working class habitus (Bourdieu, 1984), a way of attempting to resurrect some emotional capital (Williams, 2000) in the face of experiences of adversity and an effort to demonstrate and (re)construct power (Hearn, 1993). As a form of emotion work it was, in alignment with constructions of traditional, hegemonic masculinity, a way of showing oneself to be a man, which operated to constitute a particular kind of masculine social subject in the context of user involvement, and one which contrasted sharply with the articulation of feelings more common among the women. It was one which was tied to the dominant construction in the field of a masculine service user through a policy emphasis on severe and enduring mental illness and an overriding concern in services and policy with violence among service users, and which contributed towards less visibility for women service users in the field (see Lewis, 2005, 2009b).

To recapitulate, the emotion work of service users in the context of user involvement had both gender and class dimensions. Through attempting to convey the emotional aspects of using mental health services, the women’s feeling practices both reflected and constructed traditionally female and ideologically feminine elements, although they also challenged these at times. In addition, there was evidence of how these discursive practices among the women were informed by their class locations. The men’s practices, by contrast, constituted key elements of organizational and hegemonic masculinities and traditional male forms through the tendency to avoid such personal and emotional engagement or, especially for those of working class locations, to display anger (see Hearn, 1993). For the men as well as the women, then, gendered subject positionings intersected with those of social class, with the men’s positionings being simultaneously socially shaped and socially constitutive and embodied in the habitus. In this way emotions became constructed as social phenomena, becoming vehicles through which the socio-political relations of the field of (user involvement in) mental health services became constituted and structured (Thoits, 1989). Concurring with other accounts (Hochschild, 1983; Knights and Surman, 2008), the result was that it was often women service users who bore heaviest responsibility for the management of emotions in the field. The findings thereby demonstrated how the emotion work of user involvement fora became a means through which both gender politics (see Lewis, 2009b) and class struggle (Crossley, 2006; Rogers and Pilgrim, 1991) were played out. As I now go on to discuss, these politics of emotion were brought into sharp relief in the context of user involvement’s rules of engagement.

Emotion work and the rules of engagement

As has been found in other research (Connor and Wilson, 2006; Wallcraft et al., 2003), a recurring theme in this study was service users’ descriptions of
a lack of listening on the part of service professionals, both in the course of using services, and of participation in service development. In this latter context, feeling ‘listened to but not heard’ was a regular complaint. As such, the emotion work surrounding the women participants’ efforts to convey the personal and emotional dimensions of mental health service usage in discursively constrained policy arenas (see Barnes, 2002; Hodge, 2005) were discussed by one female participant:

I have been at the Framework [meeting], for example, in a situation where somebody has brought in a very personal story and the chairperson has said to them ‘but we’re not here to look at personal stories, we’re here to look at the bigger issue’. But I mean, I’ve said, ‘But hang on, the bigger issue is made up of all personal stories’ — so personal stories are important. But I think what, when [pauses] the personal story is rep — now again, I mean I’ve seen this — repeated over and over and over and over again and people will go, ‘not her again’.... On the other hand, I mean, I tend to feel, but if that person is talking again and again and again and again about this, another way of looking at it is it’s not being dealt with. (Female respondent 46–55 years)

Concurring with their expressed reasons for participating in user involvement, this extract demonstrates the ways in which women respondents could often position themselves as defenders of other service users’ experiences, and the emotion work this required in policy fora where numbers talk, general principles and strategic decision-making were the modus operandi (Little et al., 2002). It shows as well how this incongruence demanded emotional labour from the (often) women who were attempting to bring emotional experience back in to such debates, as well as from others who attempted to regulate and manage this. From a political epistemic viewpoint, the extract shows how, while the experiential knowledge of service users, and especially women service users, could become devalued and denied any significance, rationality and legislative reason involving the ‘bigger picture’ were valorized and normalized (Knights and Surman, 2008). In this manner, user involvement played out as a gendered dualism in which (subordinated) emotional experience was seen to depict the feminine and rational objectivity and reason the (privileged) masculine (Putnam and Mumby, 1993; Williams and Bendelow, 1996). This system of dualisms tied to the bureaucratic organizational structure of mental health services and created a moral order in which it was the women’s values that were rendered inferior and whose epistemological perspectives became marginalized or overlooked (see Hodge, 2005; Little et al., 2002; Rutter et al., 2004).

Coinciding with the above account, interviews with statutory sector policy makers demonstrated attempts to counter the incongruence of and dissonance caused by the introduction of service users’ personal experience and emotions into public policy-making fora by denying the issue. For example,
the female statutory sector service provider interviewed stated, ‘I would say most of the time people are really very good at broadening out from the service user and looking at it from a wider perspective’. Appearing as a way of avoiding the emotional and cognitive demands of user involvement, such discursive strategies again served to normalize and elevate dominant, managerialist and rationalist approaches to policy-making through treating these as ‘inevitable and immutable’ (Putnam and Mumby, 1993, p. 39) while simultaneously denying and subordinating service users’ experiential knowledge. Taken in the context of the above service user’s account, the ways in which such a perspective constructed discursive boundaries in policy fora were evident, along with the implications of this for failures to recognize service users and their experiences (see Lewis, 2009a) and to mobilize this for the purposes of service development.

Consequently, the policymakers conveyed a great deal of frustration at the difficulties of involving service users in the policy process and at the competing expectations and demands placed upon them. The bureaucratized form policy-making took required strict control and the overt suppression of emotions — characteristics central to dominant management practices in the public sphere and to the construction of organizational masculinities — and as managers, they were required to control their own feeling practices, those of others and their emotional labour (Hearn, 1993). This control by the male statutory sector service provider interviewed was, however, supplanted on one occasion during a less public, research interaction with the display of anger at having to bear the ‘heat’ of service users’ criticisms:

They [user group] would have to watch that they don’t become a knocking shop, … that they don’t knock the statutory sector as a matter of routine. They would have to consider how collaborative their style of working is.... The [National Health Service Primary Care] Trust is a big organisation with many people in it and although it may be represented by someone at a meeting, that doesn’t mean that that person has personally been involved with a decision which people don’t like and don’t accept. So they need to consider how they behave. (Male statutory sector service provider)

This extract demonstrates how service users became constructed by service providers as childlike through reference to their (inappropriate) behaviour, the assumption being that maturity is associated with ‘cognitive control of affective states’ (Syed, 2008, p. 190). A failure to engage in ‘collaborative working’ meant users also became constructed as unreasonable (see Barnes, 2002; Carr, 2004; Church, 1996; Rutter et al., 2004) — something which was not hard to achieve in the context of mental health services (Lindow, 1995, 1999; see Lewis, 2009a). And implicitly, both of these emotional constructions are cast in dialectical opposition to the interviewee’s own identity as mature, rational and reasonable, the hallmarks of middle-class masculinity in a bureaucratic society (Ferguson, 1984; Hearn, 1993). In this manner, a
hierarchy between service users and other actors in the mental health system again became discursively constituted as liberal, democratic values that are central to bureaucratic organizational life (Putnam and Mumby, 1993) and dominate approaches to policy-making (Lindblom, 1968) became asserted.

Along with personal, emotional experience, then, service users’ display of emotions in the form of anger became delegitimized through service providers’ accounts. Displaying anger himself in the more private interview genre, the above interviewee constructs this as a problem of social control, which as Lutz (1990, p. 87) points out, is more likely to occur or emerge in a discourse concerning social subordinates; ... because emotion is constructed as relatively chaotic, irrational, and antisocial, its existence vindicates authority and legitimates the need for control.

Consequently, service users in fact became constructed as both weak and childlike, and powerful and uncontrollable — due to their emotions (Lutz, 1990). Drawing on the findings in the previous section, the account indicates how the men of working-class locations could come to find themselves most misaligned with organizational display rules (Syed, 2008) governed by the bureaucratic middle-class expectation of rational debate (Barnes, 2002). Mirroring the discursive practices of these men service users, however, this participant’s own mode of interaction in this interview context also indicates how the construction of organizational masculinities can operate at the two extremes of strict control of emotional displays and, often in more private arenas and towards women and (other) social subordinates, exceptional displays of anger (Hearn, 1993).

Through these means the rules of engagement of user involvement became powerfully constructed, being referred to by the above service provider in terms of ‘appropriate’ or ‘acceptable’ behaviour. Consequently, and corresponding to other research (for example, Carr, 2007), the emotional, ideological and political challenge service users posed to existing service arrangements was met with considerable organizational resistance. In reaction to the challenges posed by service users’ knowledge to rational consensus working (Little et al., 2002) and to the associated power relations of the field, this manifested as a refusal to engage with the emotional dimensions of service users’ experiences (and in more emotional labour) on the part of statutory service providers. Political action became nullified through these practices, which helped to maintain the institutional hegemonic order (Ferguson, 1984; Thoits, 1989).

This institutional order meant that the disciplining of both oneself and others was implicit in the actions of most service users when it came to participating in user involvement fora. However, the rules of engagement were explicitly challenged by service users at times, and among the men this
sometimes involved questioning the display rules of meetings. For example, one male service user pointed out, during a discussion of these matters that followed a typical group meeting where anger — from both service users and practitioners — had been displayed, ‘well it’s people’s whole lives’. And of course, put this way, it was the expectation of users taking part in user involvement to the exclusion of the emotional content of their experiences that seemed rather more ‘unreasonable’ or ‘irrational’ (see Church, 1996). He also retorted on another occasion that he ‘shouldn’t be criticised for being passionate about a cause’, thereby challenging the dominant values of mental health services in which it is considered that reason (as opposed to passion) should prevail and drive service change (Putnam and Mumby, 1993; Williams and Bendelow, 1996) as well as the way such values constructed his identity (Lutz, 1990).

Yet there were very real difficulties involved, since the dominant practices of mental health service planning arenas took place in the context of a wider social, cultural and moral order in which emotion management is considered necessary in order to protect others (Abu-Lughod and Lutz, 1990; Thoits, 1989). On these grounds, one male service user (with a notably middle-class background) pointed to the benefits of people being courteous and meetings orderly. There were also concerns from the female voluntary sector service provider interviewed about how the display of anger could affect others present at meetings, especially in the context of mental health services:

Your own value base and the way that you would treat and respect other people is very important but somehow when you’re a service user, that is not seen as being so important and the rules are different, not for everybody, but I think that’s really very difficult, because I have seen people just completely traumatised by being at a meeting where they haven’t been treated with respect. (Female voluntary sector service provider)

As this female service manager notes, then, emotional discourse and its regulation were difficult issues in the context of user involvement aimed at affording service users value through inclusiveness. While personal and professional values demanded some standards for conduct, no-one wanted to be seen as deliberately subordinating or silencing the service users taking part. Consequently, a tactic employed by two of the groups was to introduce ground rules for meetings aimed, as one female service user put it during a meeting, at helping the group to ‘facilitate service users in expressing their upset and anger about existing service provision … in an effective and acceptable manner’ and to ‘regulate people’s style of contribution to open meetings’. This comment was mirrored by a female voluntary sector service provider who made reference to the value of ‘channelling and facilitating service users’ expression of their views, anger and concerns’. However, such interventions (like the rules for meetings) were a point of contention among
service users, some of whom saw them as helpful and some as patronising and as a misdirected controlling mechanism.

It was thus through a variety of processes that the rules of engagement of user involvement were actively and discursively constituted by actors, and especially by those in positions of authority, in the field. Through constructions of themselves and service users, and through presenting existing bureaucratic models of working as inevitable and immutable (Putnam and Mumby, 1993), the discursive practices of service providers served to delegitimize the alternative epistemologies put forward by service users, including their emotional dimensions. In different ways, the actions of women and men service users resisted and challenged these constructions and approaches at times. Yet a reactionary refusal of emotional engagement on the part of statutory sector mental health service providers intent on upholding rational bureaucratic ways of working resulted in the perpetuation of a listening gap (Bochel et al., 2007) when it came to service users’ concerns. As such, service users regularly complained about the payment of lip service to user involvement in the context of bureaucratic practices: ‘What seems to be more important is that the paper work is in place to show this is happening, when in fact it isn’t happening at all’ (female respondent, 46–55 years).

A more accommodating managerial style was to be found in the voluntary sector in which there appeared to be a higher ratio of female managers and where the concern, reiterated by a female service user, was with creatively channelling users’ emotions in productive ways. This was more in alignment with calls from the women service users and occasionally, during relatively private research interactions, from some of the men, for emotional engagement in the context of user involvement and service provision characterized by ‘empathy’, ‘humility’ and ‘care’, and seen as feminine and female in nature (see Huppatz, 2009). In the absence of such an approach, however, the mental health service user involvement fora in the locality remained discursively constrained, so that service users’, and especially women service users’ personal experiences and emotions were not fully and meaningfully accommodated. Consequently, while this knowledge held considerable potential for transforming services and power relations, the ultimate outcome of user participation in statutory mental health services development was to reflect and reinforce existing gender relations and to contain service users’ experiences and emotions within existing service structures.

Conclusions

This article has explored the socially structured emotional landscape of user involvement in mental health services in one UK locality, demonstrating how emotion and emotion work were central to its discursive political arenas. It has showed how, while this area has often been theorized in terms of the
politics of a homogenized group of service users, the political, epistemologi- 
cal and emotional practices of user involvement can be profoundly shaped by 
gender as well as social class. The findings demonstrate how women service 
users engaged in significant amounts of emotional labour in articulating the 
emotional dimensions and personal experiences of service usage and in advoc- 
cating for others in the course of their participation, sometimes displaying 
anger as they conveyed their experiences in public arenas. They demonstrate 
how, for the women, the constructing of a discourse on emotion (Abu- 
Lughod and Lutz, 1990) was a way of creatively bringing their knowledge to 
bear on the development of mental health service provision in the face of 
dominant bureaucratic values and abstracted knowledge, and how this was a 
form of emotion work arising from women’s unequal social status and the 
associated emotional capital of women (Ferguson, 1984).

The structural relations of the field in which service users were subordinate 
and the ideologies associated with being a user of mental health services 
meant all service user participants were to some degree feminized in the 
bureaucratic order and cultural context of the field (see Ferguson, 1984). It 
seemed partly in reaction to this that, in contrast to the women, the men 
service users were more likely to align themselves with the dominant cultural 
and epistemological perspective of mental health services, and thus with the 
knowledge and expertise of mental health professionals. As such, their 
emotion work entailed practices associated with organizational masculinities 
that are not conventionally coded as emotional (Hearn, 1993; Lutz, 1990): on 
the one hand, a manly emotion style displaying the control of strong emotions 
(Poder, 2009) and a degree of emotional detachment and objectivity and, on 
the other emotional discourse (Abu-Lughod and Lutz, 1990) in the form of 
anger. In addition, the findings demonstrated how enacted anger was a 
particular element of a masculine working-class habitus for some of the men 
participants, indicating again how the emotional discursive practices and 
emotion work of the field were facets of people’s positions in the social order 
and their associated affective positions, of the political economy of emotions 
and the forms of capital at people’s disposal (Williams, 2000).

So, while it was often women who ostensibly sought to bring emotion back 
into the debate, the men, and particularly those of working-class locations, 
also did so through their regular displays of anger at the inadequacies of 
mental health services and user involvement during group meetings. 
However, both became delegitimated within the bureaucratic, rational orga-
nizational workings of user involvement. In this context, the rules of engage-
ment were powerfully instituted through the everyday practices of service 
planning and development (see Ferguson, 1984). They were also actively 
constructed through various strategies on the part of statutory sector service 
managers to manage and control emotions (see Church, 1996; Peck et al., 2002) 
and to limit emotion work (Hearn, 1993). While service users participated in 
the construction of these rules, they were also contested by many in defence
of the kinds of emotional practices outlined above. In concert with a female voluntary sector manager, the women service users also adopted tactics that attempted to recognize yet channel service users’ emotions, thereby again expending considerable amounts of emotional labour of the kind traditionally assigned women (Knights and Surman, 2008).

The women and men service users did traverse gendered discursive expectations on occasion, through displays of anger among the women and expressions of the value of care from men, both of which were functions of the political context of user involvement in mental health services. Yet the analyses showed how the patterns of emotion work in general reflected cultural expectations of women and men. They were bound up with the construction of gender and of mental health service users within the bureaucratic institutional and social order of mental health services (Ferguson, 1984; Hearn, 1993) and a wider cultural context in which a myth of rationality pervades (Harding, 1991; Putnam and Mumby, 1993; Williams, 2000). As such, most practices were marked by control, while enacted anger appeared as a reactive element to the bureaucratic order in the context of political struggle engaged in by both service users and providers, and was embodied publicly by those who remained culturally marginal to, and were less invested in, this order.

The women service users, and at times the men, were engaged in a political and epistemic struggle to bring emotion and personal experience into debates about the provision of mental health services. Indeed, a discourse on emotion and care is a definitive feature of the service user/survivor movement (Campbell, 1999) for whom it has been utilised to afford symbolic capital (Crossley, 2006). This study demonstrated how this can also be viewed as feminine capital and how in mobilizing this the women were attempting to ‘make the female matter’ and to shift the rules of play within the field of user involvement (Huppatz, 2009, p. 57). However, the dominance of traditional, scientific and bureaucratic ideologies — associated with medical dominance in the field, culturally masculine (Williams and Bendelow, 1996) and productive of male-dominated organizations (Ferguson, 1984) — meant that when women used this capital to press for change, it was delegitimated and its strategic usefulness became nullified. It could be used tactically but not strategically due to its lacking the institutional backing of masculinity (Huppatz, 2009) and due to the structural power relations in which the women were operating.

Furthermore, the research demonstrated in the context of user involvement how for women, emotion work and emotional capital comprise skills that can be learned in order to cope with a secondary status, skills which, in being disvalued or ignored within the dominant ideologies of bureaucratic organizations, then reinforce that status (Ferguson, 1984). The women’s practices inevitably reinstated this status in the hierarchical social order and bureaucratic cultural context of mental health services in which men are instrumental and rational and women translate into their work the privatizing aspects of their traditional role and are supportive, compassionate and
attentive to others (Ferguson, 1984). Since the women’s views were negated, so was care and emotion in this context and as such user involvement ultimately reinstated the doxic order (Bourdieu, 1992) of mental health services ‘in which the feminine is subordinated to the masculine’ and women to men (Huppatz, 2009, p. 55). This was mirrored in the hierarchical relation between the voluntary and statutory mental health sectors, so that the feminine and female capitals located in both the community sector in which the service user groups were located and the voluntary sector remained subordinate. The injustice of user involvement in which women became charged with the largest burden of emotional labour in the field, but this did not translate into power within the ideological and structural confines of mental health services thus was apparent.

Overall, the outcomes of user involvement for statutory sector mental health service development amounted to an extension of the emotion containing function of mental health services (Ramon, 1985), with service users’, and especially women service users’ forms of knowledge remaining largely unrecognized and their potential to transform mental health service provision unrealized (see also Hodge, 2005). It became a site within which traditional gender ideologies and unequal gender relations were reproduced along with the dominant ideologies and power structures of mental health services and wider structures of social class. In these ways, the study showed how the workings of bureaucracies reproduce dominant power relations, and how the participation of subordinates in these ultimately serves to reinstate the status quo and to serve the interests of those with more power (Ferguson, 1984). The devaluation of service users’ emotion work in the dominant institutional and social order of mental health services worked to reinforce their subordinate status (see Lewis, 2009a). Furthermore, it became distorted to serve others’ interests, and rather than being used to change services in the direction desired by the women and men service users (more concern with caring for and supporting people), their participation in the fora of user involvement, and the personal experience and emotions women were articulating, provided a resource that could be used bureaucratically to uphold traditional service arrangements and dominant structures (see Carr, 2007; Ferguson, 1984).

These findings have significant implications for user involvement policies. Crucially, they show how attempts to incorporate user involvement in existing organizational structures and bureaucratic rational ways of working not only mean it becomes largely ineffective in influencing service development towards users’ needs (Barnes, 2002; Barnes and Bowl, 2001; Forbes and Sashidharan, 1997; Parkes, 2002; Williams and Lindley, 1996), but that user involvement also reproduces and reinforces ‘a particular gender relationship, one that favours patriarchal forms and reproduces organizational power along gender lines’ (Putnam and Mumby, 1993, p. 41). Rather than engaging with service users’ concerns, user involvement has all too often manifested
itself as an attempt to ward off the threat of service users, a threat this research has shown to be based in gender and class politics. Furthermore, user involvement policies have tended to work with homogenized conceptions of service users as a generic group (Lewis, 2005). As this research indicates, this is far from the case; social locations affect experiences of distress and service usage as well as the ways people engage with services. It is not only and sometimes not even the fact that service users and professionals bring different epistemologies to their dealings with mental health services, but that these are rooted in locations of gender and social class (as well as other social structural positionings); these forms of knowledge are situated in multiple and intersecting ways. And while women’s forms of knowledge remain particularly devalued within services, they cannot begin to help shape them in a direction likely to help women.

This study indicates that the key to developing mental health services lies with the alternative epistemology grounded in personal experience and emotion which the women service users were putting forward. Indeed, this epistemology forms the foundation to women’s voluntary sector services, which, as I have argued elsewhere (Lewis, 2009b), provide a model for the development of more helpful and empowering mental health services for all. Within this epistemology, both the ‘personal and relational nature of emotions’ (Putnam and Mumby, 1993, p. 37) is recognized and, in opposition to the individualism of bureaucratic forms, mutual understanding and support, and collectivity and social solidarity become dominant values which form the basis for organizational, interpersonal and group practices (Putnam and Mumby, 1993; Ferguson, 1984). The findings of this study suggest that women who wish to take part in political action in the field of mental health services would do better to align themselves with feminist politics and to take part in the provision and development of services in the voluntary sector that provide an alternative to statutory provisions and are more in alignment with their values and knowledge (see, for example Fenner, 1999). However, from a policy perspective, it highlights the need for very different approaches to user involvement, which should move beyond liberal democratic approaches of inclusion of users in the rational debates of policy forums to those which actively recognize and work with emotion as well as power (Carr, 2007; Hodge, 2005; Williams and Lindley, 1996; Wallcraft et al., 2003). This means recognizing the political dimensions of the activity, and that, as Ferguson (1984, p. 99) points out:

Genuine political activity, as opposed to bureaucratic manipulation, is ideally a creative process by which individuals order their collective lives. It requires an open public space in which common interests can be defined, alternatives debated, and policies chosen. It engages individuals in an active, self-creative process involving both cooperation with and opposition to others. Politics in this sense entails the empowerment of
individuals and groups, so that they are able to do things collectively that they could not have done alone.

It is difficult to imagine how this can be achieved in the context of the institutional arrangements of mental health services and bureaucratic order of the public sector. Moreover, this context suggests that any such attempts are likely to end up as further manipulation. However, it does at least seem clear that if user involvement is to have any benefit for improving mental health services, much more innovative approaches are required. For example, the approach to policy and service development adopted for the Women’s Mental Health Strategy (Department of Health, 2002, 2003) could be followed. This would entail consultations on service users’ own terms, guided by an official commitment to break down knowledge hierarchies in order to afford value to their experiential knowledge (see Barnes et al., 2003, 2006). Achieving real service change from user involvement simultaneously requires a political commitment to act upon service users’ views through measures to redesign services and to the reshaping of mental health services towards the model of women’s third sector services, which is generally advocated by service user groups — a social model approach in which medical understandings and responses are de-centred (Pilgrim and Rogers, 1997; Tew, 2005). Such an approach to user involvement would ensure mental health services had a more authentic knowledge base and that practice was empowering for mental health practitioners and policymakers as well as for service users (Barnes and Bowl, 2001).

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Notes

1. Taken together, mental health service user and survivor groups may be seen to constitute a social movement, understood as a constitution of collective, informal efforts against dominant forms of power and organization (Toch, 1965). In this context, a survivor identity is used to denote survival of both illness/distress and service usage while the term ‘service user’ is less political.
2. Ethical permission was gained from Grampian Research Ethics Committee.
3. Service user participants are given the descriptor, ‘respondents’. Transcribing conventions: ... indicates missing speech, italics emphasis, and square brackets added text or text changed for anonymity.
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