Exploring the emotional landscapes of placement learning in occupational therapy education

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Abstract

This thesis is an account of a research project which explored how 3rd year occupational therapy students negotiate the emotional aspects of their placement learning, an integral part of their university course. The project involved students in producing creative writing that would illuminate a previously unheard/hidden aspect of their learning.

The research was based on a wide ranging literature review of emotional labour in health and social care work and a poststructuralist critique of the concept of emotion. The research employed a set of four creative writing groups with student participants who produced stories and poems about their placement experiences. The writing, the group discussions and the one to one conversations based on the writing produced were analysed with post-structuralist and narrative theory. The students' stories reveal the role of emotion management as part of the 'technologies of the self' (Foucault, 1988) as they engage with the discourses of professionalism in the health and social care environment.

The student participants' work illustrates a constantly changing, complex and sometimes contradictory set of professional discourses which they navigate to perform the professional. Their creative writing is an *evocation* of their placement learning experience rather than a re-creation, one that provokes the reader to feel what aspects of their placement were like. The stories and poems reveal the impact of place, people and practices on their feelings and emotional expression/management as they constitute themselves as professional occupational therapists. The poststructuralist epistemology and creative research methodology adds a new dimension to the debate about the nature and role of emotional labour within health and social care.

Foreword

'If we had a keen vision and feeling of all ordinary human life, it would be like hearing the grass grow and the squirrel's heart beat, and we should die of that roar which lies on the other side of silence'.

From *Middlemarch* by George Elliot

This thesis is based on the writings of the students who participated in the research. Their writing is included in full in Appendix 1 and may be a good place to start your reading.

Chapter I Introduction and background to the research

Health care education is a highly regulated space across universities and in the health care delivery arena. Placement learning is central to all health professional education programmes and for occupational therapy programmes the hours of placement learning required in order to qualify as an occupational therapist is regulated by the World Federation of Occupational Therapists (WFOT), and the UK College of Occupational Therapists (COT). Every student must complete and pass a minimum of 1000 hours of placement learning as part of their course.

The Health and Care Professions Council (HCPC) is the regulatory body for all health and social care professions and their Standards of Proficiency (SOPs) and Standards for Education and Training (SETs) have to be mapped to course documents to prove that teaching and assessment are compliant with these guidelines. A student successfully completing an occupational therapy degree will be eligible to apply to the HCPC to use the protected title of 'Occupational Therapist' (OT). The HCPC has an annual monitoring process for all health and social care programmes to approve their continued compliance with the standards and there is a five year 're-approval' process which is also overseen by the university and the COT. The university also manages the curriculum content and delivery through its course approval process and annual monitoring. The Quality Assurance Agency for Higher Education sets and monitors its own standards for the course.

One of the competencies required of health professionals is that of 'reflective practice' and several years ago as part of teaching skills in reflective practice I wrote and delivered a module called 'Creative Writing and Reflective Practice' with some undergraduate occupational therapy students. In this module we used some basic creative writing techniques, loosely based on

the work of Gillie Bolton (2005). The aim was to encourage the students to develop their writing skills in order to make their reflections more useful and meaningful to them. However, over the five years this module ran, the most surprising aspect was not the reflective skills but the writing content. The overwhelming majority of students' reflections were about emotional aspects of their placement experiences, about times when they felt very upset, frightened, angry or happy. I was aware that we had never asked students about the emotional aspects of their placement learning at all. Placement preparation sessions and placement de-brief sessions were standard but were focused on professional processes and achievements. The emotional dimension was never addressed except on an individual basis if a student had had 'problems'.

When I started this EdD research I knew that this was the area I wanted to explore further. The silence around the emotional dimension of their learning, at university and within the professional OT literature about placement intrigued me. Over the past five years of doctoral study I have explored the nature of placement learning in health and social care and how and if other subject groups address this emotional aspect. The concept of emotional labour as it is used in the nursing and social work literature is critiqued in chapter two. It is widely accepted throughout nursing, social work, psychology and business literature and as a concept it has some resonance with the types of emotional experiences that the OT students described in their reflections on placement. In developing the methodology I chose to continue using creative writing as a means to explore this emotional dimension of student placement learning and this thesis is the end result of this enquiry.

1.1 Research aims and questions

Research is a dynamic and evolving process and since beginning this project the aims and questions have developed as my thinking and learning developed around the issues of emotional dimensions of placement learning. Below is an extract from the 2012 submission to the ethics panel for my research which outlines the initial aims and research questions:

The overall aim of this research is to investigate how occupational therapy students deal with the emotional experiences of placement learning. The research will employ creative writing as an innovative method of exploring how and what students learn about managing their emotions in health and social care settings.

Objectives:

1. to explore occupational therapy students experiences of managing emotions in placement learning.
2. to use creative writing as a means to explore and illuminate the emotional aspects of placement experience
3. to explore whether current placement preparation and de-briefing could be enhanced by more of a focus on the emotional experiences involved in placement learning
4. to explore the significance of emotion management to occupational therapy professional philosophy, identity and professional learning.

Research questions:

1. How do occupational therapy students engage in emotion management, emotional labour and emotion work as part of placement learning?
2. How do they learn when and how to do this?
3. Do students have conceptual ideals of good and bad, emotion management?
4. In what ways can creative writing help illuminate the experience for students and add to their learning from placement?
5. How does the absence of occupational therapy literature about emotional elements of practice reflect the dilemmas and ambiguities of professional identity?

The development of my theoretical understandings and epistemology mean I have moved from a liberal humanist view of individual emotions connected to individual experience, personality and history to one where I now understand emotions as discursive practices (Zembylas, 2005) bound up with cultural, power and societal relations. The study now focuses on the exploration of the role of emotion management in the professional 'domestication' (Usher 1994) or 'acculturation' (Lave and Wenger 1991) of the occupational therapy students. It now explores how emotions are part of the discursive practices mediating power relationships between health and social care professionals and service users in the highly controlled space that is health and social care.

Thus my new research questions evolved to be:

- What role did emotion management play in students' negotiation of a professional identity?
- How were the processes of emotion management and expression related to the discourse of being a health care professional?
- Is the lack of attention to emotions in the occupational therapy literature significant in how students see the role of their emotions in practice?

To set the contextual background, what follows is a discussion around some broader issues of placement learning in health and social care and then more specific issues for the occupational therapy profession in particular. I briefly consider the current competing discourses of compassionate care and managerialism within health care and how that relates to my research and finally I introduce myself as the researcher and an integral part of the research process and its findings.

1.2 Situated learning on placement

The 1000 hours of placement learning which the OT students undertake over three or four distinct placements is assessed by a competency based assessment form. This assessment form is devised by each university course to assess the practice competencies defined by the HCPC. The levels of competency become progressively more demanding in terms of the independence of practice and the complexity of issues dealt with by the students over the three or four placements but the areas assessed remain the same throughout. The forms are divided into four distinct fields:

1. Occupational therapy processes (procedural and profession specific)
2. Professional communication skills (with service users, carers and interprofessional team)
3. Personal and professional development (professional behaviour, reflective practice)
4. Working practices (time management, caseload management)

These competencies are observed and assessed over time in practice, by a Practice Educator, who delivers a final assessment to affirm that the student is competent at a specific level. The competencies are operationalised from

the HCPC's standards for entry into the profession. The behavioural and skills-based approach behind competency-based models and the feasibility of measuring competencies at all are the subject of debate within health education. Talbot (2004) questions where understanding comes within this model, describing *competence* as a mono-layer and *understanding* as existing on many layers. The advantage of competency based placement learning is that it may simplify what is assessed and make it more uniform but the disadvantage is that it cannot address the multi-faceted aspects of learning within a placement.

The concept of learning I use is one based on knowledge as a social construct and as a social attribute (Eraut, 2000). In this concept, learning is more than a cognitive exercise of acquiring knowledge that is already out there. It understands learning as being embodied, involving the whole person and being about movement within a situated context. Ellsworth (2005 p119-120) using the work of Massumi (2002) describes her perception of learning:

> Along with a sense of expectancy, my mind/brain/body senses the grid coordinates of what " I already know" shift, fringe and draw outside of themselves as a potential for learning - something as yet undetermined by the grid - addresses my learning self . In this effort to meet this address, my learning self is set in motion to an equally undetermined destination.

This embodied view of learning is profoundly different to the dominant view of learning in health care which is restrictively cognitive and behavioural in approach. It also has specific importance to the debate about the role of emotions in learning. Boler (1999) and McNaughton (2013) discuss how the discourses about emotions in education and in health care configure emotions as disruptive forces but McNaughton points out that even neuroscience is now demonstrating how emotion is centrally involved in reasoning and decision making (Damasio, 2006). Emotion can be seen to be a mediating factor between the individual and the situated learning experience, connecting experience, identity and memory. When emotion is linked to the felt experience, and affect then the experience becomes a much

more embodied one. This view of emotion in learning informs my approach to the research.

The competencies we use to assess the practice of our students on placement are socially situated (Eraut 1998) and they do not address any emotional aspects of the student's practice. This absence could imply that emotion work is not a valued part of practice or learning (Smith, 1992; Gray, 2010). Similarly Usher (2009) questions what is valued as 'experience' and what is ignored. There is no mention anywhere in the occupational therapy assessment booklet of emotional or therapeutic work or skills.

> The assessment of performance through competences, articulated within the dominant liberal humanist discourse is powerful in sustaining a regime of truth and in itemising and normalising the behaviour of people in the workplace. (Usher and Edwards, 1994 p108).

Usher's (2009) suggestion that experiential learning on vocational courses can sometimes be used as a 'domestication' exercise resonated with incidents that students had reported back after placement in previous research I have conducted (Healey and Spencer, 2007). Students often queried why Practice Educators in different practice areas would expect very different behaviours of them, so that what was seen as good practice in one area would be questioned in another. These accepted practices and behaviours extended beyond the working competencies. For example, Practice Educators would expect them to eat their lunch with everyone else, join in social activities after work and even question their abilities as a professional if they did not play their part and 'fit in ' to the team. The place of socialisation in placement learning has been investigated in medical and nursing education (Cope, 2000; Swanick, 2005; Lindberg, 2009; Ousey, 2009). The common understanding is that placement learning also involves being accepted into the profession's culture, being accepted by the professional community, and this can include having to internalise accepted values and norms of that culture. This study highlights how this internalisation of norms includes expression of emotion and how this need to contain emotion can be a very difficult and emotionally demanding process of learning in itself.

Usher (2009) locates experiential learning as a socially situated, constructed and contested space and acknowledges the increasing emphasis on technical and competency based pedagogies. He also critiques other commonly held assumptions about experiential learning being the raw material where students get a 'real' experience of life that they use to either confirm or refute theory learnt at university. He sees the experiential aspects of learning as being the place where there is the potential for students to go 'back and forth between our own particular stories through which we construct our identities and the social production that is knowledge' (2009 p182). When we add the emotional dimension to this experience we can see how this can provide a much richer and textured sense of student learning on placement. Kolb and Kolb's (2005) work on experiential learning, acknowledging as it does the holistic nature of learning, the emotional dimensions to it and the social construction of knowledge can also add to an understanding of the role of emotionality in learning. Kolb and Kolb's work refers back to other social constructivist learning theorists such as Vygotstky (1978) and Lave and Wenger (1991) to emphasise the role of the social in learning. However, although there is an acknowledgement of the social and holistic aspects of learning, there is still an assumption of a student as an agentic individual who can change and learn and an implied Enlightenment goal of self-fulfilment.

Placement learning is often referred to as being transformative. Clouder (2006), studying student learning on health care placements, recognises that current discourses of care are about professional detachment and altruism. She discusses how these accepted discourses can be challenged by personal experience and how in working through these 'threshold' experiences, students can learn about themselves and others and see the issues in a different reconceptualised way. Her findings reiterate those of Barlow and Hall (2007) about the importance of dialogue with Practice Educators, teachers and students for maintaining a sense of perspective about placement experiences and uncertainties. However, neither of these studies address wider discourses and power relationships within these fields and both view the student participants as individual subjects who choose to

engage with these 'threshold concepts' or not, based on individual abilities or personal aptitudes of either themselves or their Practice Educators. Warne and McAndrews (2008) specifically point to the transformative nature of emotional learning on placement, seeing emotionality as a pivotal aspect of learning. They discuss how we occupy a space between knowing and not knowing where attitudes and emotions from our habits and dispositions can influence how we learn or not in that space:

> In the context of acquiring and utilizing knowledge for practice, emotion and learning are interrelated, interactive, and interdependent aspects of both individual functioning and professional practice. (p109).

However Warne and McAndrews take a psychoanalytical view of emotions and see part of learning as being about bringing the unconscious to the conscious, and again focus on a concept of emotions as being individually produced and felt.

Eraut's work (2000) on tacit and implicit knowledge poses questions as to whether tacit knowledge is something which is not communicated or cannot be communicated or whether it is the attributes of the knower which make a difference to whether or not it can be communicated. However in posing the concept of tacit learning in this way he places the individual and their agentic self at the centre again. He does however acknowledge the cultural aspects and social dimensions to learning (Eraut, 2007). Eraut says that we engage in implicit learning when we use stored memories and make links between what we are confronted with and what we have already experienced below our conscious awareness. If this is linked to Denzin's (1983) ideas about the role of emotion in mediating past current and future experiences then it can open up a further way of conceptualising the role of emotions within learning. Temporality is a very important aspect of emotion:

> ..the future, the past and the present are vividly connected in the emotional acts of a person. The temporality of emotion as lived experience blurs the distinction between the past, the present and the future.(Denzin,1983 p406)

This aspect of temporality can bring in the multiple subjectivities through which students interpret and experience the practice of placement and challenges

the notion of a 'student' as a homogenous being to be researched. I will return to the issue of subjectivities in chapter three.

The role of emotional reactions in interpreting experience has implications for reflective practice and many authors have called for an emotional dimension to be more explicitly acknowledged (Rolfe, 2002; Dirkx, 2001). Using emotional aspects of memory could enable someone to challenge or confirm recollection and interpretation of events and this was evident in my research. Although this could be seen as putting the focus on the individual and assuming emotions are individually produced, expressed and owned, it is also possible to see how emotion is a mediating force between the individual and the social (McNaughton, 2013) or between the individual, their multiple subjectivities, and the social. It is evident from this research that this awareness of an emotional dimension is also most evident when students on placement become aware of the dominant discourses and negotiate either compliance or resistance.

In this study I am using individual stories of emotional aspects of the students' placement learning but rather than look at the impact of this on individuals I focus on the role of emotions as discursive practice. I discuss this further in chapter three.

1.3 The occupational therapy silence about emotions

The role of emotions, emotional labour and emotion management is discussed in literature across the health and social care professions, particularly medicine, nursing and social work. To date there has not been any exploration of it within the occupational therapy profession except for the recent work on emotional intelligence and occupational therapy (Chaffey, Unsworth and Fossey, 2012; McKenna and Melson, 2013; Andonian, 2013). I will explore the concept of emotional intelligence in chapter two but the concept of emotion within the construct of emotional intelligence is fundamentally epistemologically different from the one underpinning this study.

Occupational therapy students on placement are faced with similar emotionally demanding scenarios and events and work within the same

professional milieus as medical, nursing and social work students. The scope of the occupational therapy professional role overlaps significantly with social work but also increasingly with nursing as interprofessional agendas and economics make uni-professional skills less valued. There are however interesting differences in professional philosophy and historical development which make occupational therapy's failure to consider things-emotional particularly interesting. One of the originators of the profession of occupational therapy in the USA was Adolph Meyer who was close to, and a follower of, both John Dewey and William James. The influence of pragmatic philosophy can be seen in the early writing about the new occupational therapy profession with its emphasis on holistic views of the human and the importance of the environment and the senses in learning.

Hooper and Wood (2002) and Creek (2009) however discuss some of the contradictions in the profession's philosophy of pragmatism and the structuralist forms of knowledge within which we work in the health and social care service. The structuralist view of the human being looks for the general systems both internal and external that define how people act rather than the pragmatist focus on an agentic holistic being. Hooper and Wood (2002 p 40) talk of an on-going conversation in the profession between 'two divergent discourses of pragmatism and structuralism'. As power in medicine lies in the discourse of science and positivist epistemologies of illness and health, the profession performs an ambiguous dance within these discourses, wanting to be a respected part of it and yet by its very nature being opposed to it.

The profession is overwhelmingly female and this too is an important factor in the profession's place within health and social care. Just as emotional labour in nursing is not valued and rewarded as physical labour is, perhaps because of its association with 'women's work', then occupational therapy's focus on the activities of daily life, the habits, routines and roles we all use to live, is associated with this female familial role and also undervalued. In an attempt to position itself in the dominant discourse of the 'scientific' 'male' world of medicine, occupational therapy took on the language of that

discourse and started to talk of function, remediation and rehabilitation instead of occupation and therapy (Clouston and Whitcombe, 2008).

The occupational therapy profession's positioning in the dominant scientific discourses of health care has led to an absence of reference to the emotional aspects of the profession's work. Once a 'core skill' of occupational therapists, the 'therapeutic use of self' no longer appears on the UK College of Occupational Therapists' list of core skills and there is some ambivalence within the international profession. A USA study surveyed 1000 occupational therapists about their preparation for, attitudes towards, and experience of the therapeutic relationship and the therapeutic use of self (Taylor *et al,* 2009). The results show that most respondents felt that the therapeutic use of self was one of the most important skills in occupational therapy practice. However there is no deconstruction of the term of therapeutic use of self and no attempt to problematize it at all, rather it is viewed as a skill like any other to be learnt and practised. There are two mentions of the word emotional, both related to behaviours that might be observed in service users but no mention of the emotional involvement of the occupational therapists and what this could mean.

The therapeutic relationship between the therapist and the patient used to be of central importance to practice and was defined in professional literature as being about 'communication, emotional exchange, collaboration and partnership' (Taylor *et al*, 2009 p198). The latest 'competencies' in the professional standards documents from the UK College of Occupational Therapists (2009) still refer to this therapeutic relationship but not the therapeutic use of self and there is no definition of this therapeutic relationship. Whereas the therapeutic use of self contained recognition of the need to use one's own feelings and knowledge to work with the client, the emphasis now is much more on the process of 'client-centred' or 'person-centred' practice, subtly externalising the focus of practice more. Concepts of client centred practice have been explored (Law, 1998 Sumsion, 2000) internationally in the profession and are now an accepted part of the profession's self-perception but they have also been contested for the lack of

clarity and the assumptions contained within this discourse of client-centredness (Hammel,2007, 2013).

One article from the occupational therapy literature which does address emotion was focused on suffering (Egan, 2007). Egan points to what could be a central issue around this absence of the emotional in any occupational therapy literature. Reflecting on why, as a profession, we do not speak of the suffering that we come in to contact with every day she asks:

> Where would we even begin to talk about suffering? Why would we speak of suffering - is it not what we are trying to prevent or at least diminish? Why not talk about recovery or healing instead? What if we got it wrong? How could we say anything meaningful about this huge, universal yet ineffable experience? (Egan, 2007 p293)

She identifies the massive gap within our pragmatic, 'doing' orientated profession into which we allow emotions to fall. Whilst occupational therapists 'do' emotional labour, they do not talk about it, it is not part of our professional remit in this medical model dominated healthcare system. Nichols (2007) also specifically talks about the lack of attention within the profession to the distress experienced by many of the service users we work with. Nichols comes from a psychoanalytic background and posits the idea that perhaps this neglect is to do with our own fear of these emotions:

> My concern with recent trends in the discourse of empowerment is the potential neglect of the difficult and emotionally highly charged field of care for the individual patient....I have wondered if the stirring words of emancipation and achievement are used to avoid thinking (and feeling) about the possible experiences of fear, envy, humiliation or shame of being dependent.' (Nichols 2007 p 66)

Historically it would seem there have been different approaches to addressing the caring, emotional side to occupational therapy. Although she does not specifically reference the emotional aspects of occupational therapy, Suzanne Peloquin (1989b p13) wrote about the therapeutic relationship in occupational therapy as being about 'an evolving blend of competence and caring.' Peloquin plots the changes in professional definitions of the therapeutic relationship between 1947 and the 1980's to

explore how the therapeutic relationship was marginalised in occupational therapy literature and philosophy as competence was given priority. In another article Peloquin (1989a) discusses the 'art' of occupational therapy which she sees as including the ability to establish rapport and empathise with others. In this article she looks at how fiction can provide a useful medium for occupational therapists to reflect on images of the profession and aspects of caring. One of the examples from fiction she holds up as exemplary of what the relationship between health care workers and patients should be like, describes it as being about 'human to human' (p225) as opposed to professional to patient. In both articles she posits as binaries the technical and the caring, the scientific and the artistry in occupational therapy. It is interesting to note that in 1989 when she wrote these articles she was already talking about how healthcare was heading in the direction of competencies and the technical as opposed to the artistry and caring aspects of healthcare.

Whilst there may be a paucity of studies relating to emotional aspects of occupational therapy practice there have been articles in the American and British professional journals recently which look at emotional intelligence and occupational therapy practice. Studies by Chaffey, Unsworth and Fossey (2012), McKenna and Melson (2013) and Andonian (2013) use concepts of emotional intelligence without critiquing the epistemological underpinning of the concept, however they do at least acknowledge the emotional content of occupational therapy practice. They explicitly reference the emotional labour involved in practice but assume an authentic individual self, divorced from the discursive field of health care practice. The central tenet of emotional intelligence in their studies is about the need to manage emotions to produce best outcomes for clients and professional. These studies into emotional intelligence and occupational therapy regard emotion management as a skill to be linked with other competencies without any critique for the competency based model or of the concepts of emotion underpinning their research. McNaughton (2013 p74) refers to emotional intelligence as 'the dominant technology through which particular ideas about emotion become operationalised both in medicine and throughout our day to day lives'. I will

return to the epistemological debate around emotional intelligence in chapter two.

Clouder's study of occupational therapy students, mentioned earlier, stands alone in its approach to the students' emotional experiences. She does address their experience of caring, some aspects of which are very much concerned with emotional dimensions (2006) and she recognises the health professions' unwillingness to acknowledge the affective aspects of practice in favour of the technical/ rational. My study is situated in these problematic waters. It challenges this individual, competency based view of emotions in favour of a more social, discursive but also embodied experience that flows through students' landscapes of placement learning.

I have often felt an outsider within the profession and my views are often in conflict with those of the dominant professional discourse. Even the concept of 'belonging' to a profession sits very uncomfortably with me. I realise this puts me in a position of ambivalence towards occupational therapy as a profession and this is mirrored in this poem that I wrote after a supervision session where I had discussed my feelings about being a part of the occupational therapy profession.

Sometimes I am a reluctant OT.....

reluctant to be part of

a group so bland

so do it by hand

so wave a magic wand.

I am a reluctant OT who

dislikes all the niceness

the sugar and spiceness

the be calm and wiseness.

I want OT's to shout and get angry

complain and resist

refrain and protest.

Why are they so churchy?

their politics so murky?

Why don't they mention

the suffering and struggle

the fear and the trouble?

We keep silent and pretend

it's not in our remit

It's function we're in,

where we can see it

right on the surface -

not the mess beneath

that's not our purpose.

1.4 Current contextual issues:

During the course of writing this thesis the contextual discourses around caring and compassion in health care have changed significantly. The Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry (Francis Report, 2013) and 'Transforming care: a national response to Winterbourne View hospital (Department of Health, 2012), both provided stark examples of where poor and abusive care was being experienced by people in hospital and social care services. Following their publication, the Chief Nursing Officer for the National Commissioning Board and Nursing Director at the Department of Health launched the 'Compassion in Practice' strategy (2012). This document outlined the six 'C's as the core values and behaviours for all nursing and care staff. They are: care, compassion, competence, communication, courage, and commitment. Within this strategy document compassion is defined as "how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness, and is central to how people perceive their care.'(p13)

The Care Quality Commission (CQC), the body responsible for monitoring standards of care in health and social care defines compassion as follows

'.....compassion as being conscious of others' distress, suffering, and misfortune, but with a desire to alleviate it. This involves demonstrating characteristics such as empathy, sensitivity, kindness and warmth.' http://www.cqc.org.uk/content/compassionate-care accessed 24/11/2014

There is no one singular definition of compassion in the wider literature and it is debateable whether it is an emotion or a moral judgement or a communication skill (Goetz *et al*, 2010). My study of emotional landscapes of placement learning highlights the complexities and entanglements of these aspects of professional behaviour and illustrates how these common-sense understandings can deny the felt complexities and confusions of the learning experience on placement.

As the care and compassion agenda has broadened out to all health and social care professionals so it has become operationalised into professional processes. The commissioners now require values-based selection in all recruitment processes for students in health and social care education programmes. The instruction is to recruit only those who can demonstrate that they 'have' compassion for the patients and service users. Although there is widespread support amongst health care professionals to encourage compassionate practice, the focus in the policies is almost always on it being an individual worker responsibility and there has been a distinct lack of focus on compassionate systems within health and social care (Crawford *et al,* 2014). These authors point out that the business style management and efficiency drives can often be at odds with the drive for compassionate care. What is interesting, however, is that this new agenda has put emotion and caring back at the forefront in the discourse of what health and social care should be about. As a government agenda it is lacking in any conceptual definitions or detail about its relationship with the other major discourses such as value for money, targets and waiting lists. Just as the discourse around illness now is about the individual and their responsibility for their own health, then for staff working in the system, it is their responsibility to ensure they work with compassion no matter how much the other systems such as performance targets mediate against this.

1.5 Me the researcher

Before embarking on this study I wrote the following in my notes (Research Journal 01/07/2012)

> I want to use creative, non -academic, liberating feminist methodology to explore the emotional aspects of the learning our students go through; I want to unfurl the ideological and managerialist influences on the culture they are 'domesticated' into on placement; and I want to look at the implications for occupational therapy professional values.

My ideals and values were formed in the radical 1970's when I saw myself as a Marxist feminist. Moving away from meta-narrative explanations of the world to a more post-modern view has been part of the experience of undertaking this research for my doctorate in Education. In some ways it has allowed me to find an academic explanation or articulation for how I have intuitively 'felt' about the world and my unease with realist theoretical explanations of it. It has been interesting to consider how to represent my research around feelings in an academic way but also in a way which is accessible to more than an academic few. This has always been a tension for me throughout the years of study and research and is a theme that often appears in this thesis. I have re-presented people's realities including mine, in a way that does not reify them, or obscure them with inaccessible language and yet does justice to the complexity and nuances of the tangles and patterns in the experiences I am trying to re-present. Reading Lather's *Troubling clarity: The politics of accessible language*'(1996) inspired me to think about different ways of both producing and presenting research. Although this does not answer all my concerns about the inaccessibility of much theoretical academic writing, it does challenge the innocence of wanting to write accessibly and it keeps the issue open for me:

> Positioning language as productive of new spaces, practices, and values, what might come of encouraging a plurality of discourses and forms and levels of writing in a way that refuses the binary between so-called 'plain speaking' and complex writing? (p528)

The writing the participants produced will resonate with readers on a level that is not simply academic but also on a level that is felt and evokes recognition and empathy. In order to trouble the accepted divisions between both the academic and creative and the researcher write up and data I have deliberately included the participants' writing throughout the rest of this thesis, not solely in the 'findings' section. I will discuss this further in chapter three when I deal with the theoretical framework of the study.

As researcher/writer my own interest in emotions stems from a background of therapeutic work in counselling and occupational therapy and in reflexive writing in education. My feminist epistemological stance includes a challenge to any notions of the objectivity of knowledge and goals of universality and homogeneity. It is my understanding that individuals inhabit more multi-faceted and multi-dimensional worlds which resist the pigeon-holing required for the purposes of most research. Much of the theoretical background to my counselling and therapeutic work assumed a role for emotions which I never challenged. Practising psychodynamically I assumed, for example that emotions were inner feelings, particular to the individual and their experience, that some emotions were helpful to a person and others were not, and that all emotions are better expressed than suppressed. Even working with a politicised awareness, recognising the influences of race, poverty, sexuality, age and disability on people I worked with, I still unintentionally had an 'ideal' emotional state I would work towards with them. Since reading much more widely about emotions this whole concept is problematic. This is very relevant for this piece of work when I come to look at the literature around emotional labour/work performed by health care professionals.

Summary

In this introduction I have opened out the context of placement learning for occupational therapy students, to expose some of the competing discourses which circulate through their placement experience. How the students manage their emotional responses to their work is part of several of these competing and sometimes conflicting discourses. They are required to be

compassionate but also to behave professionally, where this may mean to assume an emotional distance to the service user. Given the occupational therapy profession's ambivalence towards emotion and therapeutic relationships I focused my study on the students embodied experience of this learning. My research delves further into what happens when students perform this emotional management and how they negotiate the emotional discursive practices in being a health care professional. In order to understand more about the nature of this experience I will now present an overview and critique of some of the themes in the literature around emotion management in health and social care.

Chapter 2 Literature review

As already indicated, emotions are a very contested and controversial aspect of our individual and social lives and there are many contradictory explanations of their role in learning and professional health care. There is a vast, ambiguous and complex area of theory which I have attempted to represent and critique in this section. To try to bring some sense of order (albeit provisional) to these areas of theory I begin this review with a brief summary of the debates about what constitutes an emotion. I then define the main concepts of emotional labour, emotion management, emotional work and emotional intelligence and finally review some of the most influential literature on the related topics in health and social care. I conclude the chapter with a review of the limited literature around emotions as a discursive practice in the field of teaching and education.

It is interesting and important to note an absence at this point. This review and this research are only exploring the emotional aspects from the point of view of the student/health care professional. Placement learning in health care takes place in an emotionally charged and managed environment (Hunter and Smith, 2007) and this involves everyone within that environment. There is work on emotions and disability and illness from the point of view of the service user/ patient and carers (Karp and Tanarugsachock, 2000) that also raise issues about emotional geographies and power discourses within our health and social care systems It is beyond the scope of this small piece of work to consider that in any detail but it is worth acknowledging that the realms are interlinked. Interestingly as Huynh, Alderston and Thompson (2008) point out in the literature about emotional labour there is very little reference to what the patient does or feels in the interactions with the nurses.

2.1Emotions

One of the most interesting and surprising aspects of my learning through this process of studying and researching for this EdD over the past few years has been the expansion of my understanding of what constitutes emotion. I cannot do justice to the vast range of literature around the concepts of emotion but instead I offer an over-view of some of the key debates.

The poststructuralist epistemology not only invites a deconstruction of an essential 'self' and essentialism *per se* but also the common sense concept of an emotion. If we reject the essential binary of emotion *v* reason upon which many definitions were based then it becomes a more fluid and open concept. Lutz (1998), Jaggar (1989), Gergen (1994) all point out that the concept of an emotion does not even exist in some cultures and emotions have been defined differently through history and across cultures. Emotions have been studied in a variety of disciplines from philosophy to psychology, anthropology, sociology to neuro science.

It is conceptually both problematic and challenging to define emotions. Gergen (1994) early on in this debate, called attention to the fact that much enquiry into emotions fails to address the issue of definition There is currently a significant epistemological division between those who see emotions as being intrapersonal and those who see them as interactional and relational (Campos *et al,* 2011). The epistemological debate divides more or less between the positivist empiricist view of emotions being something innate, physiological and/or psychological that can be measured and observed, to a constructionist continuum where emotions are seen as culturally mediated expressions of inner states that are politically and culturally loaded (Gergen, 1999).

Feminist epistemologies also question the possibility of constructing a universal, value free definition of emotions and demand a consideration of the power issues inherent in such an exercise (Jaggar, 1989). Feminist theorists have highlighted the power divides behind the previously accepted dichotomy between emotion and reason, the former being portrayed as feminine and out of control, linked to innate female body/physiology and the latter a brain based, ordered male attribute that is a requisite of progress (Jaggar, 1989; Boler, 1999).

There is literature from virtually every school of enquiry and every epistemological approach to choose from when studying emotions: phenomenology and the nature of experience (Merleau-Ponty,1962; Sartre, 1957); social constructionism and the role of society in forming and informing

emotions (Gergen, 1994, 1999; Kemper, 1990) social and symbolic interactionism and the language of emotions in social interaction (Goffman, 1959; Hochschild, 1983); psychoanalysis and the role of the individual in controlling instinctual drives (Craib,1995; Theodosius, 2006); and neuroscience and the role of the brain in mediating the emotional responses and expression (Damasio, 2006). The literature about emotions and their role in our lives has grown significantly in the last thirty to forty years (Williams, 2001; Layder, 2004).

The interest in the self, identity and reflexivity (Giddens, 1991), in 'technologies of the self' (Foucault, 1988), and dispositions and habitus (Bourdieu, 1990), and the feminist challenge to the prizing of disembodied, disengaged knowledge have all problematized the concept and role of emotions in everyday life. Foucault's concept of 'technologies of the self' (1988) in particular inform the concept of emotional labour as generally understood in the health care literature discussed later. In an interview in 1988 Foucault described how 'technologies of the self' were the fourth component of how governmentality was realised as they

> ' permit individuals to effect, by their own means, or with the help of others a certain number of operations on their own bodies, and souls, thoughts, conduct and way of being so as to transform themselves, in order to attain a certain state of happiness, purity, wisdom, perfection or immortality' (in Martin, Guthman and Hutton, 1988 p18)

The connection with emotion management and being a professional as the students learn to 'govern' themselves, resonates with this concept and will be explored later in Chapter three.

Recently a new concept of emotions as skills with the rise of emotional intelligence (Goleman, 1995) has provided another way of conceptualising emotions. As discussed earlier this is acquiring a great deal of credibility in the health care world where competencies are often the main way of monitoring performance. If emotions are skills, they can be learned and practised to achieve the best performance. Being emotionally intelligent according to Goleman (1995) involves being able to control ones emotions,

being able to identify others' emotions and being able to manage emotional situations effectively. This view of emotions as being about individual control, where emotions can be reshaped by cognitive work, ignores any gender, cultural, sexuality, class or racial influences on people's experience and values. The individual is responsible for their own emotions and positive emotions are just another commodity that one can acquire if one is prepared to put in the work. This view of emotions differs significantly then from the social constructivist views and is a return to a universalist view of the human nature and emotions (Boler, 1999). Boler goes so far as to describe it as a post-modern version of the Mental Hygiene movement of the first part of the twentieth century and recently Hughes (2010, p34) described emotional intelligence as presenting 'the discursive conditions for a proliferation of new modalities of emotional control'.

The poststructuralist concept of emotions as discursive practices is a challenge to the psychology and nursing dominated field of research into human behaviour in health care settings. It shifts the definition of what constitutes an emotion away from the Aristotelian version of fixed human drives and senses into felt feelings defined by the discourses of the societies we live and move in. In a poststructuralist framework emotions are practices 'that create effects in the world' (McNaughton, 2013 p72). This is a challenge to the bulk of literature on emotional labour and emotion management that views emotions as internal feelings related to an essentialist view of humans, their learnt behaviours and attitudes related to a fixed personality. It is, interestingly as well, the 'common sense ' view of emotions and one that the students in this study also adhered to.

Social constructivism is acknowledged in studies of emotional labour in health care and Arlie Hochschild's 1983 seminal study *The Managed Heart. Commercialization of human feeling* was all about viewing emotions within a social and cultural context rather than the individual one but many of the further studies have really been about how individual emotional expression is constrained by the social and cultural situations. Zembylas (2003) goes further than this in his study of teacher identity and the role of emotion in resistance and self-formation. Here he discusses how emotion is a discursive

practice itself and explores the role of language and culture in constructing how we experience emotions. In a similar vein, Ahmed (2004) argues that emotions are a force circulating between people that 'stick' to some people and not others and signify inclusion or exclusion. In my study this aspect of who can and cannot express emotions within the spaces of placement varies hugely and is related to status and context, an interesting facet of the discourse about emotion management.

In my research I adopted this view of emotions as a fluid and circulating force or discursive practice that are an integral part of the health and social care system designed to maintain the power relationships within that setting. This research then was an exploration of the participants lived subjectivities, their experiences of emotion management/emotional labour as part of their engagement with emotion as a discursive practice (Abu-Lughod and Lutz, 1990; Zembylas, 2003).

2.2 Affect

Before looking in more detail at concepts of emotion management it is first worth considering the literature of affect which adds another intriguing dimension to the exploration of this research. Recent work on affects and affective practices (Ahmed, 2004; Wetherell, 2012, 2015) has highlighted how much of the debate about emotion in sociology over the last few decades has taken a very psychological, even cognitive view of emotions. There is a lot of overlap between emotion and affect and sometimes the words are used interchangeably but if we define affect as the embodied experience of emotion, how it affects us and our bodies, then considering affect rather than just emotion necessitates that we take the body into account as well as the psyche. Wetherell (2012, 2015) takes this further and explores affect as a practice, as a force moving and flowing in everyday experiences. Ahmed (2004) criticised the study of emotions as having been from either an individualistic lens or an overly social, disembodied one, both of which ignore the role of emotions, what they *do*, rather than what they *are*. Both Wetherell (2012, 2015) and Ahmed (2004) call for an approach that investigates how affects are understood, performed and privileged in relation

to power. Ahmed's (2004) discussions about how emotions and affect circulate between people and things and create or construct subjects and objects resonated with the ways in which student participants in this study wrote and talked about the patients in the situations they were exploring. Similarly Wetherell's discussion of affective practices acknowledges that certain contextual requirements have to be in place for people to be able to initiate and join in affective practices and that these practices have to be endorsed and recognised by others. She also says that these practices can become normative within institutions, in a similar way to Hochschild's concept of feeling rules.

Fox (2015) uses some Deleuzian concepts of assemblage, and territorialisation to elucidate the role of affect in social life and this concept of assemblages can help explain the concept of emotion and affect in my own research. Fox sees assemblages as being the relational forces between everything, from individuals on a micro level to the macro and from the human to the non-human providing an ever changing and flowing network of relations between people and things. In this way of looking at affect then there is a focus on 'assemblages of human and non-human relations rather than upon individual 'emotional' bodies' (Fox, 2015 p308). He illustrates how a materialist view of assemblages and affect can illuminate the relationship between the macro social world for example of healthcare in my research and all that involves, including multi-national pharmaceutical companies and the micro private realms of felt feeling and public professional expectations.

What all of this work on affect also does however is highlight the complexities and unstableness (Fox, 2015) of everyday experiences. Stewart (2007), an anthropologist, in her book *Ordinary Affects* conveys the role and place of affective forces in everyday life by presenting short vignettes describing small events or interactions between people, without an overt academic explanatory commentary. She defines ordinary affects as

> ..the varied, surging capacities to affect and be affected
> that give everyday life the quality of a continual motion of
> relations, scenes, contingencies, and emergences.
> (Stewart, 2007 p2)

Her writings immediately reminded me of Anne Tyler's fiction and her descriptions of the minutiae of everyday life. Finding this book at a late stage in the writing of this thesis I was very interested in how this felt similar to what I had been attempting to do in presenting the student writing, working from a gut 'feeling' rather than from an academic practice.

In order to situate my research within the health and social care context I will presume to follow the existing conventions of emotional labour and emotion management but I will return to this work on affect in Part Two of this thesis. The conceptualisation of both emotion and affect will be an integral part of my 'data analysis'. Whilst referring back to the existing literature on emotion management in health care I will use these concepts of affect and emotion when I use theory to explore the writing in my 'data analysis' and interpretations.

2.3 Definitions

I discussed earlier how this is a complex, ambiguous and contradictory field at times and this is nowhere more evident than in the terminology used in the literature. I will attempt to distinguish some of the main concepts of, emotional labour, emotion management, emotion work and emotional intelligence with the proviso that the literature reviewed later does not always conform to such distinctions and there is a great deal of slippage and over-lap between the ways different researchers use these terms. Emotional labour however is the most central concept within the health and social care literature.

Emotional labour as a concept evolved from the landmark study by Arlie Hochschild in 1983 of air flight attendants in the USA and how they present themselves and manage their emotions. It was published as *The Managed Heart. Commercialisation of Human Feeling* (1983, 2003). Hochschild (2003 p7) defined emotional labour for the first time in this work and in doing so made the distinction herself between some of these terms :

> I use the term emotional labor to mean the management of feeling to create a publicly observable facial and bodily display; emotional labor is sold for a wage and therefore has exchange value. I use the terms emotion work or

> emotion management to refer to these same acts done in a private context where they have use value.

Although Hochschild makes a clear distinction between emotional labour and emotion management and emotion work based on whether they are enacted for work purposes or as part of everyday life, other theorists and researchers have queried this distinction as not being subtle enough for nursing work. Most of the subsequent studies on emotional labour in health care have used both emotional labour or management to cover both internally felt feelings and expressed or displayed emotion. The weakness of the whole concept of 'emotional labour' as used in this nursing literature has been challenged by McClure and Murphy (2007). They contest the notion of there being separate, private emotion management and public emotional labour. McClure and Murphy (2007 p105) talk of the 'semantic morass' of the literature around emotional labour to describe the confusing way in which the terms are used interchangeably and misused frequently. They take a more orthodox Marxist view that it is the exchange value quality of the emotional work which defines it as emotional labour. They argue that some emotional work is not regulated by the organisation and is not therefore emotional labour as Hochschild conceived of it and is a theoretically and empirically limited construct and, moreover, to be based on an illusory distinction between felt feelings which are claimed to be internal, and emotions which are claimed to be externally expressed.

Emotion management is a more general concept that uncouples the activity from any exchange value and tends to view it as an individual activity performed according to environmental, cultural and personal demands.

Emotion work is yet another complication to the definitions, sometimes used synonymously with emotion management and emotional labour and at other times used to refer directly to the type of work undertaken by health care professionals with the service user/patients (particularly in mental health) specifically around emotional issues.

For the purposes of this literature review I have analysed studies that use both emotional labour, emotion management and emotion work

interchangeably, to give an over-view of the field. Where it is important for understanding different aspects of the debate I have referenced the assumptions about these concepts within studies. Most but not all of the studies take a social interactionist view as the underpinning concept of an emotion. I will explore this in more detail in the following review of the literature.

Emotional intelligence, discussed briefly in the first part of this chapter on concepts of emotion, was originally defined in the early 1990's by Salovey and Mayer (1990) and made popular as a concept by Goleman (1996). It was defined originally as being about the ability of a person to be aware of and then regulate his/her own emotions according to the needs of a situation. It was developed further by Goleman to be defined as being about five essential characteristics involving self-awareness, motivation, self-regulation, empathy and ability to form and maintain relationships (Akerjordet and Severinsson, 2007). Emotional intelligence differs from the above concepts of emotional labour, management and work in that it comes from a behaviourist, positivist view of emotions as internal individual drives. Social and cultural contexts are given very little acknowledgement in the emotional intelligence literature and responsibility for emotional 'capabilities' and 'competencies' is laid very much with the individual, whose responsibility it is to learn these competencies. This concept of emotional intelligence is very much out of tune with the poststructuralist view of emotions I take in this study. However many of the studies discussed below do not challenge the epistemological underpinnings of the concept and, again, use it almost interchangeably with those of emotional labour and emotion management.

To conclude this introduction to the literature it is important to state that because of the poststructuralist approach I have taken with my research my focus for this review is not so much on the findings of these studies, but more on their approach and assumptions behind many of them, whilst analysing their contribution to the debates about the roles of emotional labour in the field of health and social care.

The concept of emotional labour is accepted across a range of different areas of work from human resources to workplace management in general. There is a vast body of nursing research on emotional labour, emotion management and work in an array of specialist areas. After a consideration of the development of the original concept in the work of Arlie Hochschild (1983) my review is confined to the main theorists in the area of nursing and social work and the discussions around the development of the concepts in health and social care in general.

2.4 Hochschild and Emotional labour

Hochschild's original study (1983) on emotional labour defined it as the management of emotion or the deliberate manipulation of emotion for commercial purposes. Studying air stewards on an American airline she found that individuals had to engage in surface and deep acting in order to present the appropriate emotional front for the job. In order to make the air passenger feel relaxed and cared for the stewards were required to smile and present as calm and happy at all times. Surface acting she described as happening when the steward had to just present the appearance of being happy. Deep acting was required when the individual experienced emotional dissonance (Jannsz and Timmers, 2002) and has to work on their inner feelings to change the way they feel to the 'appropriate'/required aspect for the role. This deep acting required working upon the self to change the self to match the 'feeling rules' of the company or organisation.

Using Marxist concepts of wage labour and labour power Hochschild discussed how capitalism has commodified emotions so that they became another aspect, like physical labour, to be exploited for profit and contributing to another aspect of workers' alienation. Hochschild's theoretical stance built on the work of Goffman in that it stressed the interactional nature of emotions and their role in negotiating the social world. She went further than Goffman however, in delving beyond the surface of these social interactions to the conscious emotional 'work' that individuals may do on themselves and the wider social demands of certain environments and businesses.

Several important criticisms of Hochschild's work have been made and there are some interesting studies of its application in other areas of work, some of which are specifically very relevant for this study investigating health and social care work. Wouters (1989) highlights some important assumptions in Hochschild's theory, the first of which is that it presupposes that emotions have not always been managed and by implication that there was a time when emotions were more naturally expressed. He also raises the issues about how emotions have always been regulated by society, not just by big capitalist corporations.

In terms of the conceptualisations of emotions, whilst Hochschild is coming from a social interactionist view in her formulation of emotion she also seems to imply that there is an inner true emotion that exists in its purest form, an authentic emotion and that this is the emotion which has to be managed. 'Contemporary models of emotion are guided by assumptions that emotions are entities'...whereas they 'should be seen as emergent phenomena that vary with the immediate context' Feldman Barrett (2006 p21). Hochschild can also be said to concentrate very much on the wider social relations and ideological nature of emotion labour and very little on the interpersonal aspects between different people, for example the passengers and the interactions between flight attendants. Other theorists (Theodosius, 2006) have criticised the way she does not consider unconscious emotions and issues such as transference and introjection which could signal a more shared aspect of emotion management.

Hochschild herself answered some of these criticisms of her theory in 1998, emphasising how emotion is a process rather than a fixed 'entity' and recognising that the act of trying to manage an emotion becomes itself part of the feeling of that emotion. These concepts of emotional labour have been taken out of the commercial realm of air travel work into the health and social care employment arena. Hochschild welcomed the application of her ideas outside that of the service domain which her work had focused on but as we shall see, one of her main critics (Bolton, 2000, 2001, 2005) sees this application outside of commercial employment and projected onto the health care arena as a weakness.

2.5 Emotional labour and the nursing and social work literature

The concept of emotional labour was first introduced in the nursing literature in the late 1980's and early 1990's by Nicki James (1989) and Pam Smith (1992). Since then there have been numerous studies on different aspects of emotional labour and nursing, in particular, emotional labour and stress or 'burn-out' (Brotheridge and Grandey, 2002; Mann and Cowburn, 2005) and emotional labour and emotional intelligence (McQueen, 2004). Huynh, Alderson and Thompson's (2008) concept analysis of emotional labour uncovered much of the ambiguity and semantic problems of the field. For the purposes of this study I will consider some of the main nursing and social work theorists and themes. There is no occupational therapy literature on emotional labour but the nursing and social work studies have a high level of application to the occupational therapy profession in health and social care, even taking into account the difference in 'caring' roles between the professions. The need for other health and social care professions to study the concept has been raised (Mann, 2005).

The two early nursing research studies, one on nurses working with the terminally ill, James (1989) and the other with student nurses, Smith (1992) described how the work that nurses did involved a distinct and important aspect of emotional work and that this emotional work was a skilled and a trained response. Smith's study showed how student nurses often found themselves in emotionally charged situations which went beyond the remit of what she refers to as their technical education. James (1993) in contrast emphasised the gendered nature of the emotional work and equated it to the caring role of women in general in the family. James blamed this link for the unrecognised and unrewarded nature of this emotional work and this is picked up by other authors on the subject (Hunter and Smith, 2007; Gray, 2009, 2010). James's studies (1989, 1992) on nursing the dying also illustrated how difficult managing ones emotions can be in this arena.

Smith and Gray (2001) followed up Smith's research with another ethnomethodological study using qualitative interviews, focus groups, questionnaires and researcher observations. They worked with a range of

nursing and clinical staff in one setting and with student nurses and teaching staff from one university. This study found that emotional labour was felt to be an essential part of nursing care and an integral part of the culture of care within the NHS but that since the change to university education, the roles of the mentor (equivalent to Practice Educator in occupational therapy) and the link tutor from university had taken the place of the ward sister as role models for the students. This study and Smith's (1992) also identified that learning about emotional labour was often a tacit process and was something that was not addressed in nurse education.

Bolton (2005) troubled the whole discussion about emotional labour and nursing by questioning whether this type of emotional labour is commodified and commercialised in the same way as that of the air flight attendants in Hochschild's study. This discussion highlights blurring of language and concepts within the debate. Bolton (2005) points out that Hochschild's original definition explicitly referenced the management of emotions for commercial purposes and, although in later literature (Bolton, 2000, 2005; Mazhindu, 2003) she acknowledges that with a new managerialist/business culture within health and social care these issues may well be more important, she stresses that emotional labour within nursing has a different and more specialised character. Bolton (2000, 2001, 2005) proposes that nursing is an emotionally complex profession, requiring different and specific types of emotional labour. She refers to nurses as

> accomplished social actors and multi-skilled emotion managers who draw on different sets of feeling rules according to assorted motivations. (Bolton, 2001 p86).

In this study which was based on lengthy periods of observation and interviews with 10 nurses (all grades) in one hospital, Bolton elaborates on her issues about the complexities of nursing 'emotional labour' compared with Hochschild's. She proposes that with the new business culture in health and social care and patients being seen more as consumers or clients, there was an element of commodification of emotions in their work, but she felt as a professional, the nurse had more autonomy over this than the flight attendant (service worker) would have. She also draws out the exceptional

nature of nurses work in 'caring' and uses the work of Fineman (1993) to show how some parts of emotion management which nurses engage in is about using professional distance as a defence, 'benign detachment' (Fineman, 1993 p19).

In her later and largest study of emotions within organisations and work (Bolton, 2005) Bolton reviews the literature on emotion management in the work-place in general and, within this, critiques a poststructuralist view of emotion management. In this book she considers how the different theoretical approaches to emotion and society have influenced the debates including how Foucauldian theory has been applied to workplace emotion management. Bolton believes the way this has been applied in the debates about emotional labour reduces the issues to be all around power and agency. She claims that a poststructuralist epistemology could be seen to be a simplification of what she views as the 'wide diversity of human experience' (2005, p39) within organisations. Although I disagree with her interpretation of poststructuralists' views on the totalising nature of power and with agency, there is an analysis throughout her work around understandings of concepts of emotion and their contributions to the whole debate around emotional labour which is absent in so many other studies.

In this book Bolton proposes a typology of emotion management which encompasses Hochschild's concept of emotional labour but also extends it to cover what she sees as the more complex types of emotion work carried out within organisations. The typology covers pecuniary, prescriptive, presentational and philanthropic emotion management. Bolton defines *pecuniary* emotion management as that which is performed on a front-line job where one has to conform to certain display rules in order to fulfil the job role and uses an example of customer services where employees have a brief encounter with a customer and have to maintain certain composure. *Prescriptive* emotion management is often associated with and attached to a profession and covers the feeling rules rather than just the presentational rules of that role. Bolton sees this occurring where people may have an emotional investment in their role and where they are motivated into the role or profession by feelings of wanting to care. The *philanthropic* and

presentational emotion management she sees as being ones which are not dictated by the organisation or profession and which are at the discretion of individuals, for example where they can give care or kindness as a gift (philanthropic) or where they engage in general social encounters with colleagues at work (presentational).

Bolton discusses how people at work move in and out of these different types of emotion management and as such she presents a more complex and detailed picture of the possible experience of emotion management at work. She also makes the point that much of the writing on emotional labour conceptualises it as a negative aspect of work whereas she highlights some of the more positive aspects of nursing work and possible motivations such as altruism of people in the helping professions which make the emotional work very different.

Mazhindu (2003) also points out that the focus of much of the emotional labour research has been on the negative aspects and that this does not accurately reflect the range of emotional work carried out in health and social care professions. Mazhindu's mixed methods study used criteria elicitation interviews, field notes and participant observations plus reflective diaries and interviews with 36 nurses. The nurses in this study believed that expression of 'negatively toned emotions' (p252) could be misunderstood and interpreted as evidence that they were not coping and this could make their positions vulnerable. From this, she produced a list of six ways in which the participants managed much of the emotional labour involved in their role: complete engagement; actively spectating; automatic pilot; going through the emotional aspect; passively spectating and complete removal. Mazhindu found that it was an internalised concept of an 'ideal' nurse which guided the nurses' emotional management more than an exterior demand of the organisation. An interesting point made in her research was the role of colleagues and peers in emotion management. Mazhindu found that it was sometimes the fear of colleagues' reactions, or what they would think of them that made people modify their expression of felt emotion, rather than patients' behaviour. This takes Hochschild's concept of emotional labour

further in its recognition of the role of others as opposed to just the organisation in how people manage their expressed emotion.

Throughout the literature there are multiple attempts both to find satisfactory definitions for emotional labour, management and work but also to categorise and measure emotional labour. Going back to my own epistemological stance I find the desire to form a *model* of emotional labour and coping (Bolton, 2005 Mazhindu, 2003; Mann, 2005) misplaced in its desire to package up complex individual and social experience and formulate order out of uncertainty. These have led to the development of an Emotional Labour Scale (Brotheridge and Lee, 2003) that measures amongst other things, the 'frequency, intensity and variety of emotional display' (p365). Mann (2005) proposed a model of emotional labour that used categories of the origins of the emotional labour inducing event, the emotional conflict type which consisted of two forms: one when nurses had to supress instinctive emotions which they believe they shouldn't be feeling and the second when they identify with and empathise with the patient and they have to control their own emotions in order to maintain a professional detachment. Mann suggested that these two types of internal emotional conflict produced distinct types of emotional labour. This 'model' is interesting as it explicitly recognised the nurse's own feelings as a reaction to what the patient may be feeling (the second category above) and the assumed need for professional distance. This mirrors the underlying assumptions of much of the literature which is only rarely articulated (McQueen, 2004 is an exception) which considers emotions to be a negative component of decision making. McQueen (2004 p104) wrote: 'If one is overcome with emotion, cognition and behaviour can be adversely affected.' The assumption is that emotions are an internal drive, instinctual and natural in opposition to reason and cognition.

Theodosius (2008) introduced a further, and very distinct, conceptualisation of emotional labour as she writes from a psychoanalytical stance. She defined three categories of emotional labour from her research: therapeutic, instrumental and collegial. She defines therapeutic emotional labour as that used when a nurse is trying to facilitate a therapeutic relationship with the

patient and therefore needs to be aware of her own and the patients feelings; it may also involve facilitating expression of feeling from the patient. Instrumental emotional labour is motivated by instrumental reasons, for example, encouraging a patient to feel calm before a medical procedure and to have confidence in the medical staff. The collegial emotional labour category refers to how nurses manage their emotions in interactions between themselves and other health professionals, Theodosius acknowledges that all three types can be in play in one health care interaction and she stresses the need for nurses to be educated in how to be aware of their own emotions. Her categorisations and concepts of emotional labour in nursing acknowledge the complexities of defining emotions and challenge everyday dichotomies of 'real' self and 'false' and good and bad emotions.

In the introduction I discussed the rise of occupational therapy literature around emotional intelligence and some of the epistemological issues around that. These issues occur in nursing and social work literature around the construct. Freshwater and Stickley (2004) advocated teaching nursing student emotional intelligence to counteract the rational, theoretical approach they saw taking over nursing education. These authors, as the occupational therapy ones previously cited, do not critique the epistemology of the concept of emotional intelligence and this is a recurrent theme in papers advocating for emotional intelligence in health and social care. Walsh (2009) used Foucauldian notions of power and discourse to frame an enquiry into how nurses in the prison system manage their emotions. She does not deconstruct the concept of emotion however and also discusses the utility of emotional intelligence as a 'tool' to enable people to alter their emotional response to the most appropriate one for the situation explicitly acknowledging its role in the power relationships of modern health care, advising that emotion management is about not getting upset about things that cannot be changed. We see emotional intelligence recurring again in the Social Work literature, often linked to competencies in managing stress (Kinman and Grant, 2011; Morrison, 2007; Ingram, 2013).

Social work literature has used the concept of emotional labour in a variety of ways. Rogers (2001) uses it to explore how workers in health and social care

can maintain important therapeutic, emotional relationships with clients in the face of increased bureaucratisation; Gunaratnam and Lewis (2001) use it to explore the links between racialised practices and positions and emotional coping strategies; whilst Dywer (2007) considers the emotional demands of social work linking this with stress and fear and student learning. The concepts of emotional labour they use however have more in common with the nursing view of emotional work, the therapeutic work that they do with clients that involves feelings rather than the management of their own to present in a certain way or to manage the emotions of their clients. Dwyer focuses on the unspoken assumptions about how students cope with this work.

There is also a significant move towards emotional intelligence in some of the social work literature. Morrison (2007) and Ingram (2013) have suggested that emotional intelligence could be a useful tool in developing a focus on the affective aspects of social work practice. Ingram's acknowledges the controversies around the concept of emotional intelligence but discusses how social workers could use emotional intelligence to help them manage their emotions and emotional content of their work as well as engage in impression management and to empathise with service users and aid communication. This work differs very little from what is generally understood to be emotional management and emotional labour in the nursing literature. Trevithick (2014) in an article that, unusually, does critique the concept of emotions takes a very positivist stance, based on neuroscience and the work of Damassio (2006) and le Doux (2012). Because of this stance she sees the answer to counteracting the managerialist tide in health and social care as being the use of emotional intelligence to teach social workers to manage their emotions. There is some acknowledgement of the role of the social and contextual factors in emotional expression as she discusses how there are different conventions around display rules but there is no reference at all to the work on emotional labour or to any other concepts of emotions. Her paper is calling for the recognition of the role that emotions and intuition play in professional reasoning and decision making and calling for an end to

the managerialist approach to practice where standard processes and risk define the practice of professionals.

This move towards operationalising emotional intelligence within the health and social care professions has also been evident in the occupational therapy literature, as mentioned in the introduction to the thesis. McKenna and Melson's (2013) article was an opinion piece in the British Journal of Occupational Therapy advocating the integration of emotional intelligence into occupational therapy practice and emotional intelligence assessments as part of the 'Value based recruitment'. Chafee, Unsworth and Fossey's (2012) article reported a study which surveyed 134 occupational therapists working in mental health about their cognitive style and emotional competencies, using two different measures. The study found a moderate relationship between emotional intelligence and preferred cognitive style of intuition. The USA 2013 Andonian study of occupational therapy students on placement was a positivist quantitative survey to see if there was a correlation between emotional intelligence (as measured on the Mayer-Salovey-Caruso Emotional Intelligence Test), self-efficacy and fieldwork performance. Andonian found that certain scores on the emotional intelligence test were related to improved fieldwork performance but that self-efficacy scores were not. None of the three studies explores or articulates the epistemological assumptions of emotional intelligence as a concept.

Although Bolton (2000, 2001, 2005) is an exception, most of the published papers do not explore the concepts of emotion underlying their understanding of emotional labour or emotional intelligence. Just discussing the issue of emotional labour implies a socially mediated, relational view of emotions but there is an underlying silence about the nature of emotion in all but a few studies. In most of them there is an assumption of an emotion which is authentic/good/bad, not just appropriate or inappropriate for the feeling rules of the organisation. There is a focus too in these studies on the events to be managed and there is little discussion at all about the on-going sensation/feeling of emotions throughout one's day: '....an exclusive focus on the immediacy of feelings distracts attention from the important conceptual

task of seeing emotions as emergent properties of a broader stream of social experience.' Karp and Tanarugsachock (2000 p 24).

Zembylas (2007b) highlighted that much of the research around emotion and education in his case, rarely make the theoretical assumptions about emotions explicit and this is similarly true of the studies on emotional labour in health care. Furthermore even though most of them are qualitative studies, using semi-structured interviews and ethnography many of them aim to generalise from their findings to make common assumptions about the way in which 'nurses' cope with emotional demands of their work.

Zembylas (2002, 2003,2005,2007a, 2007b) who explores teachers' emotional labour and teacher identity through conceptualising emotions as a discursive practice works from a view of emotional labour that is quite different from most of those discussed so far. Emotion management becomes a part of 'technologies of the self' (Foucault, 1988) where in this case teachers learn how to manage their emotions to the appropriate rules of the setting about what is tolerated and advocated by the dominant discourse of the setting. He also illustrates as well how the rules of emotional expression are part of the discourse that upholds certain hierarchies and practices and how teachers (and students) become constituted by these practices as they conform to them or as they resist them. Zembylas's work stands out as one where the concept of emotions themselves is unpicked and exposed. It is this understanding of emotions as a discursive practice in the formation of a professional identity which I shall use in my study.

This acknowledgement of the underlying epistemological implications of the concept of emotion used in much health care writing is discussed by McNaughton (2013) in an exploration of the discourses of emotion in medical education. This is one of the few pieces of literature from the health and social care arena that undertakes this task.

This review of the literature around emotions, emotional labour, emotion management and emotional intelligence in health care and student learning has covered a very broad base. It has exposed the lack of an articulation of the epistemological assumptions in many of the studies and highlighted a

confused and contested arena. The variety of issues raised by much of the nursing literature revolves around an understanding of a humanist concept of the individual which assumes agentic powers and choices and an authentic coherent 'self' and the individual nature of emotions. Within these studies however issues about the nature of the social environments to control what can and cannot or should and should not be felt and expressed are acknowledged but rarely problematized. The poststructuralist concept of emotions takes this further by making explicit the power discourses within these different contexts and demonstrates how emotion management is part of the discourse by which student occupational therapists are constituted and constitute themselves as professional heath care workers. I will also briefly explore another theoretical challenge to the view of emotion presumed in much of the literature and look at the relationship with affective practices These theoretical concepts will be used to explore the student participant writing in this study.

Chapter 3 Theoretical framework

In this chapter I will use poststructuralism as a theoretical framework, in particular the work of Foucault around discourse and power, and then briefly consider post qualitative research and the implications around affective practices for my research. Within this context of a post qualitative framework I will explore the role of narrative and identity and consider my own role as a researcher and reflexivity. This will provide a net through which the reader can view my interpretation of the students' writing in the later chapters. The descriptions and discussions in this section are necessarily brief and at times do not reflect the depth of reading, learning and movement made in my own process through this doctoral study.

3.1 The dilemmas of language, writing and representation

In the introduction to this thesis I described my position as being that of an academic who dislikes obscure and inaccessible language. This has caused some turmoil for me in this research process as my view of the world is one which most clearly aligns with that of the poststructuralists and post qualitative researchers. Whilst this theoretical framework defines my epistemological position it leaves me in a dilemma about how to use language to represent my research. I also recognise that this quest for clarity and accessibility is not innocent and could be dangerous (St Pierre, 2010; Lather, 1996). Considerations about language have played an extremely important part in how I have made decisions about writing up this thesis. Whilst, of course, I am writing for the examiners of this thesis, I am also writing for the participants and other students who are sent out on placement in health and social care, for OT colleagues and for everyone who might use those services.

> The language of research must serve to render the object not as the researcher sees it in experience, but as the research community would have it, as re-presented by so many data whose validity can be checked and referenced. These checks, these references, maintain the language of the tribe, and thus control the development of its vocabulary. (Clough, 2002 p83).

Although Clough may be writing about more traditional positivist leaning research, the issues about tribes and acceptable language is also relevant here. Badley (2011) aptly describes the writing processes we go through when researching, including interpreting and deconstructing other writing (scrabbling), producing our own ideas as text (scribbling), transforming it into an acceptable style for an academic audience (scribing) and finally editing out the unnecessary and superfluous (scrubbing). Through these processes I have selected and styled, ordered and formatted, and now packaged and re-presented the original writing the students did as part of this thesis.

Just as the use of creative writing was an attempt to fracture the usual way of eliciting remembered experience in research, I have tried to 'shake up' the usual presentation of data in the thesis and have included the students' writing and some of my own throughout rather than leave it all to the confined and boundaried sections usually called the data or findings. I hope this will not be viewed as a superficial or stylistic decision, the writing was in my head throughout the process and has informed and been informed by my more academic thinking. To me it illustrates some of the theoretical points in a more embodied, affective way than academic writing can convey, similar to the way in which Stewart (2007) used the scenarios in her book, and as such is more in keeping with the whole timbre of this research.

I acknowledge St Pierre's (2000) points about having to work hard to understand theory and philosophy and I have attempted to do that in this project however I find I cannot fully re-present my endeavours in the language of post qualitative theory. Concepts such as rhizomatic thinking, assemblage, lines of flight and bricolage have expanded my thinking and understanding of the processes of this research and in forming a way of seeing and representing what may be happening in the area in which I am exploring. Language and writing have been key foci of this research. Frosh (2004, 2011) has highlighted the complicated relationships between language and conveying emotion and feelings but also pinpoints a critical issue for me and this research.

> *..feeling fills out the message, gives it particularity and human warmth; without it we are in the realm of the alien, that which we cannot understand, with it we recognise the other as one of us, as someone with whom it is possible to have a connection, because they are more than just what they say (2011 p27)*

This sentiment not only has profound resonance with the findings of this research but it also relates to my decisions about presentation. The focus of my research has been around this dimension of emotions and feelings and I have aimed to present the writing and discuss it in ways which engage the reader's feelings rather than solely in academic debate, although the two are not mutually exclusive. Whilst heeding the conventions of writing a doctoral thesis I have also struggled with the convention of 'the traditional academic style of dispassionate commentary' (Bondi, Davidson and Smith, 2005 p11). At several points during the writing up of the research I felt that the conventions of research writing were inadequate. When transcribing the first pilot study focus groups for example, I immediately felt that turning the recorded speech into typed words flattened the sense of what was being said. It became difficult to feel what was going on behind the words, the outrage, the tentativeness, the surprise, were all lost or watered down. Similarly the materiality of the actual handwriting is totally lost in typed up versions of the writing. The crossings out, the pressure of the pen, the changes and versions are all lost and turned into one coherent piece that mis-represents the writing and removes an important dimension.

I have then, felt myself pulled in different and conflicting directions and the one I have taken is one particular to my values and epistemology which is not necessarily a mainstream route! I wrote the following lines one Sunday afternoon to try to represent that pull and it surprisingly (to me) reveals the pragmatic occupational therapist in me who finds meaning in doing. It also situates me in the space in which I worked and wrote up much of this research, the spare bedroom, at a desk looking out onto the back garden where I grow flowers and vegetables, a long way from the cold grey room at university where we held the writing workshops. Perhaps my style of writing and representing my research is an attempt to keep the 'me' in this

research, to keep the image of me sitting in the spare room, looking out at the world, to keep this image running through the reading and keep me as a character in this research story. The issue of space and place will be discussed later in this chapter and will form a part of the debates about the student writing later in this thesis.

EdD on a Sunday afternoon

From downstairs comes
Radiohead and the smell of frying onions.
I look out onto the garden where
washing is pegged on a sagging line
grass needs mowing
mildew creeps up hollyhock stems
runner beans are curled into crescents
and a blackbird tugs at a resisting worm.
On my desk, rows of words about
meaning and experience

Poststructuralist theory emphasises the centrality of language in the construction of cultural meanings and 'truths' and the multiplicity of both, challenging common-sense understandings of everyday concepts. Language becomes problematic rather than a given, meaning different things in different situations to different people dependent on the dominant discourses of the situation.

3.2 Poststructuralism, power and discourse

The poststructuralist critiques of the great Enlightenment ideals of reason, humanism and grand meta-narratives emerged in the latter half of the twentieth century. I will make a distinction between post modernism and post structuralism by defining the first as being more related to a rejection of

universalist and homogenous world views (Harvey, 1990) in the fields of economics and aesthetics and poststructuralism as being related to an approach to academic theorising and language (Lather, 1993). Social constructivism, and poststructuralism within that, rejects the idea of an objective reality we seek to uncover as researchers. It emphasises the interpretation of reality by situated researchers and the futility of attempting to re-present one reality. Within poststructuralist theory truths and knowledge are the result of particular interests and contexts (MacLure, 2013). For a poststructuralist researcher then, there are multiple interpretations of situations and events which are interpreted and re-presented according to social contexts and discourses. Unlike a positivist approach where the aim is to 'capture' a reality in research, a poststructuralist refutes attempts to study first hand experience for truth but rather aims for different representations of experience, multiple perspectives constructed at specific moments in time for a specific audience or context (Denzin, 2013).

Foucault (1982) explored the relationship between knowledge and power and what happens as a result of the ways in which power circulates through our everyday practices. This appealed to me as a theoretical framework and resonated with my experience of working within both the health service and in higher education. Foucault calls for us to 'analyse institutions from the standpoint of power relations' (1982 in Rainbow and Rose ,1994 p140) and in this research investigating the emotion management of students on placement, the power relations enmeshed in the institutions and scenarios within the health care service is always apparent. Knowledge and power are linked and in historically specific ways and the experience of power is as something diverse and changeable rather than a fixed possession of one group or other in society. My understanding of the role of the relationship between the modern health care system and the students learning to be professionals within it is informed by Foucault's (1982) concepts of governmentality which involves both technologies of domination and 'technologies of self'. A major part of the students' writing is about their attempts to take up a position within this professional health care worker discourse and their ease or unease with this in specific situations. Some of

the mechanisms and processes which the university, and I as part of it, put into place to assess students on placement are also an integral part of the hidden bio-power (Foucault, 1998), the 'technologies of domination and self' (Foucault, 1988). Deconstructing both the student roles and my own, it was revelatory to see the complicity of my role as a university tutor in these discourses, something I will discuss later in this thesis.

Foucault described discourse as being both 'an instrument and an effect of power', 'capable of reinforcing power and undermining it' (1998 p100). He saw discourse as being about an accepted body of knowledge, how that accepted knowledge related to power and how that circulated within practices. Dominant discourses define what is acceptable in terms of behaviour and in health care there are many discourses about power and roles *amongst* professionals, *between* professionals and 'patients' and *between* qualified and student professionals. The occupational therapy 'Practice Educator' plays a significant role in the 'domestication' of occupational therapy students to professional practice and portraits of them appear throughout the writing sometimes as inspiration but at other times as the disciplinary. The piece of writing below clearly relates to Foucault's description of the Panoptic gaze:

> *During the session I was very aware of my educator sat at the next table with another pt* (patient)*. Although she was busy I felt watched, which heightened my need to hide my emotions and appear capable.* Becky group 4

However, as this study shows, people constantly resist the dominant discourses and change situations, or conform to them and reinforce the power based practices. It is not a clear cut top-down power relationship. This extract from a follow up talk with one of the student participants reveals the layers of power circulating between patient, student, and professionals and power as a practice:

> *I was seeing another patient and I went over to him to ask if he was alright, and he didn't look well and he said he was in pain. So I said - are you doing anything about it? Have you told anyone about it - and he said 'yes but will it*

stop me from going home?' And that hit me - I thought Oh B - he genuinely thinks that if he asks for pain relief they're going to stop him going home. He knows that in however many days he's going to die and he thinks they're going to stop him from going home. How awful is that? And they have no idea that that's how he feels. And it was interesting, I waited until somebody went, and I went into the nurses office and they were all busy and I waited and I said, B's asked for some pain relief. I knew that if I just left nobody was going to do anything because they were all busy so I just stood there until someone looked up and said 'what did you want Ellie? ' ... You know, it's just...it's your intuition or whatever, you know some people might not have done that but I think it's really important that you do because you know, you know if you've not been heard, you know if somebody's ignoring you. It wasn't intentional, they weren't trying to shrug me off, they were all busy but because I just waited, because I just stood there saying nothing, somebody decided 'Oh right, we'd better deal with her'.....

He'd only spoke to me because he knew I was a student and he thought If I ask her, you know , she'll either sort it out or they won't or she'll tell me 'No they might not let you go home so live with it whatever' , you know.

As I explored in the introduction, there are competing discourses within the health care arena and compassion has now become a central competency required of all health care professionals. This new discourse does not always sit easily with other ones around efficiency, cost-effectiveness and managerialism. This provides an excellent illustration of how discourses are not fixed and how power circulates through and around them producing new subjectivities and practices.

I am also very aware of the discourse of student/tutor relationships and the power differentials that lie within that. In a liberal humanist tradition of teaching and learning and research, reflective practice is seen by many in health and social care as a tool for personal and professional development (Schon, 1983; Boud *et al,* 1985; Johns, 2004; Moon, 2000). Indeed the HCPC and COT include it as a professional competency which is demanded throughout an occupational therapist's career. The HCPC's Standards of

proficiency state that a registrant must ' understand the value of reflection on practice and the need to record the outcome of such reflection' (2008. 2c.2). Through a poststructuralist lens it can be seen as a potential form of pastoral power and surveillance (Cotton, 2001 Rolfe and Gardner, 2006). These power relations can make reflection, particularly when it is seen as involving the exposure of the 'self', as a modern day confessional and site of pastoral power which, once in the hands of the Church, is now woven into society's structures. In this way reflective practice could be seen to be a form of self-regulation and to be using the confessional (reflective journals and writing) to wield pastoral power (Cotton, 2001; Fejes, 2008). Asking OT students to reflect on their placement experiences could be seen to be a part of this exercise as part of this pastoral power.

Feminist and poststructuralist viewpoints (Lather, 1993; Denzin and Lincoln, 2008) challenge the conventional research position of an objective researcher, standing back from the participants, controlling their engagement in the process (which incidentally mirrors the advocated role of a health professional, distant, objective, apart from the object - the other). In feminist and poststructuralist research an acknowledgement of the gendered multi-culturally situated researcher (Denzin and Lincoln, 2008) is paramount. Moreover a poststructuralist view of the world makes me, as a researcher, acknowledge that my research was situated within multiple and overlapping discursive practices. I also bring many subjectivities to the research and this influenced the entire project. I will discuss my role and reflexivity in a later section of this chapter.

3.3 Space and place in placement learning

Approaching placement

Arriving at the base with ropes and chalk and all the equipment necessary to begin the ascent. There are lots of crevices and chimneys to scale, lots of little nooks and holes to grab. It's interesting looking up and deciding which route might be best. Then I begin, my hands grapple, looking , reaching for the hold I thought would be best for me and would provide most purchase , but now from this position, being on the wall is different , I can't quite get a

footing . Someone shouts from below and guides my feet and hands to where it might make most sense and there's a sense of relief when it works out. I pause for breath and look out over where I've come with a sense of satisfaction which washes over me and then I look up and remind myself I'm not finished and I call down and ask advice and chalk my hands and steel myself for the next section and sometimes I have to go back and take an alternative route , other times I hold my breath and take a leap of faith and feel my stomach swim and a chill cover me and my muscles begin to shake as my nerves take over and I wonder why I came out at all and from above I see a smiling face looking out, just sat admiring the view , saying 'come on, you're nearly there, try that way' Diane group 1

People exist and perform within certain real tangible spaces and environments. The health care system in the UK and the professions within that system, are structured in a range of different hierarchical levels with real demands and restrictions associated with those professional 'roles'. To students going out on placement this environment can be challenging and unknown. As a warm up exercise early on in the writing groups the student participants wrote about approaching the 'land of placement'.

Placement is a busy island in the middle of an ocean. It is far away from everything and takes a long time to get to and a long time to get back from. The island is very busy and hectic; it is bustling with all sorts of different people from lots of different walks of life. The people all have their own issues and problems and there are lots of positive and negative emotions flying around in the air; the emotions form a foggy cloud that always covers the island top. The tree tops can be seen as they break through the cloud, the sun also breaks through the cloud and the rays are dispersed down onto the island inhabitants. Alice Group 1

..it is a tall mountain , an island almost, coming out of the sea, I've got that there's some really tall trees going up the mountain as well , it's sunny but it can be really misty and it can be like a tropical climate like quite hot and

heavy and rainy and I've got people living round the bottom of the mountain but then I've got that it's , I was trying to think about how I would do it if I was drawing it because I think that sounds quite dark but I didn't want it to be dark, it's supposed to be beautiful so I put it's really colourful as well Becky Group 1

This writing illustrates a picture of placement as removed from the everyday student world, a different and 'exotic' space. The space and place of health care is extremely important and central to this research, however it is beyond the remit of this thesis to do an intensive review of the literature around this subject. It is a significant dimension and layer of meaning making and understanding and a consideration of the role of space and place add to a sense/feel of the student experiences on placement.

Foucault's *The Birth of the Clinic* (1989) discussed the establishments of hospitals as places to seclude the sick in order to be able to study them and isolate them from the rest of society and Goffman's seminal work Asylums (1961) introduced the concept of the total institution that mental hospitals had become. Both these works are relevant to this research as the students go out to placement into these institutions and experience the divided world of the patient (the managed) and the health care staff (the managers). Although the 'total institution' may have faded from health care, there is still a legacy and a set of attributes to every institution that continue to function:

> *they are regulated environments in which there are explicit rules, desirable behaviours, unspoken absolutes, recognized hierarchies and myriad underworlds intermittently accessible to overlapping sub-groups* (Adlam *et al* 2013 p610)

Massey (2005) outlines how space is relational and changeable and how space and place are constituted by embedded practices. This is reflected epistemologically in this project but also experientially in the stories of the students. Some social geographers have mapped the role of emotions or affect in defining space and geographies (Thrift, 2004) reflecting the cross discipline concern with emotion and affect of the late 20th, early 21st century and exploring how the world is mediated by feeling (Thien, 2005). Just as

identities are produced through the repetition of acts and practices then so are spaces (Valentine, 2001). Just as there is a common sense view of emotions there is also one around space and place where place is understood as a physical setting, a material built environment. Many social geographers see it as a much more dynamic and fluid concept, one that may mean many different things to different people according to roles, discourse and practices (Philo and Parr, 2000). Philo and Parr (2000) and Philo (2000) have written about health care and institutions looking at how the organisations of space and place are manifestations of wider relations between the medical professions and the 'sick' and the community. They discuss how institutions are not necessarily one large building on one site but that they can comprise of 'a spidery network of dispersed intentions, knowledge, resources and power.' (p514). Poland *et al* (2005) discuss how place and space are' multi-dimensional and hold different meanings to different social and professional groups' (p171). Halford and Leonard's (2003) research conducted in two very different hospitals explored how nurses use and inhabit the space. They found very marked professional differences in how the space was used and found that different spaces have different meanings attached to them which can impact on professional identity. One concept, that of 'liminal' space (van Gennep, 1960; Turner, 1969) also resonated with some of the stories the students wrote about and talked about in the pilot study. These in-between, transitional spaces within formal NHS settings proved to be important in the students' negotiating professional and non-professional identities.

This way of conceptualising place challenged me to realise that the institution of health care includes the university as part of the training space of health care professionals. In *The Birth of the Clinic* (1989) Foucault talks about diseased people being socio-spatially isolated into a range of different medical 'institutions' and how the teaching of other medical professionals becomes an explicit part of these institutions where the sick people were objects of learning for the trainee medical professionals. This would resonate strongly with my own research and the writing of the student participants. Even the title of this thesis reflects a social geographer's view of 'landscape'

as being something that is co-created with the reader (Kearn, 1997). The landscape of placement turned out to be a much more changeable, interpreted and contested site than I had originally imagined at the start of this project.

3.4 Narrative and meanings

Health care research has traditionally been undertaken from a positivist view of world, measuring, recording, experimenting on an objective world. There are resistances to this dominant discourse, narrative medicine for instance repositions the human being and their experience at the centre of the medical encounter. This research then was an attempt to look at the experience of healthcare in a narrative way, from different and multiple perspectives of students working in the field, learning on placement, to explore the practices that are not talked about and are not valued by this health care discourse of technicality and managerialist control. Narrative, story making is essentially about retrospective meaning making as we story ourselves constantly, day by day and for different audiences (Chase, 2005; Polkinghorne, 1995; Bruner, 2004). It involves a process of putting actions, events, feelings and characters together in a way which tries to make or construct a unique perspective of something over time. It is not about truth but about versions of truth and how we make meanings, and as such fits well within the epistemological framework of my research.

Meanings, from the point of view of the student participants and my reading and presentation of their work, are problematic. I worked from an understanding of the concept of deconstruction from Derrida's work as being something that happens all the time, something that is always occurring as we try and make sense of the complexities of our lives. It presumes an understanding of the world where fixed meanings do not exist but where instead there are multiple intersections of texts and meanings. This informed my methodology and design where I wanted to search out for multiple meanings, contradictions and absences, not any one fixed interpretation. I also understood from Foucault that discourses are ways of knowing and doing and making meaning that are accepted within certain contexts,

dependent on power that circulates within these contexts. The student narratives were produced within the discursive practice that is health care education. The educational and professional contexts within which this research was produced and within which it will be read will influence the meanings read within. My own writing up of the students' writing is yet another provisional account of what they have told me in various formats (Badley, 2011). It will have different meanings according to who is interpreting it and when: the researcher and the reader's political consciousness will influence what is discovered as 'reality' (Ramazanoglu and Holland, 2001).

A narrative approach can be about both using story form to access people's experiences but also as a means of representing them (the researcher creates the story from people's related experiences) and also involve a narrative process for the researcher as well, including storying the research process and the researcher part in it (Richardson, 2005). There are major ethical issue around the role of the researcher as the one who decides on the representation of participants stories and in attempts to address these issues of ownership, representation of the other and academic elitism many researchers have completely turned the notion of authentic representation on its head and used creative writing, stories, poems in an attempt to represent the feeling, the emotion and 'sense' of people's experience (Clough, 2002). These latter aspects where the researcher presents the participants' experiences as stories or poems have been widely used in feminist and other qualitative research (Lather, 1993; Evelyn, 2004; Watson, 2011).

I chose not to do this mainly because of feminist principles around voice and authorship and accessibility. The participants themselves were fictionalising their accounts where and when they wanted. They were the ones who chose which pieces of work they shared with the group and with me, which writing they gave to me to use after the groups and which piece to talk about in their follow up discussion with me. I felt fictionalising their possibly fictional accounts would be both redundant and controlling. I have written pieces of prose and poems at times throughout this research project and I have used them to explore my own relationship with the research process and my role

but I have not written creatively about the students or their work. Given the nature of the student experiences I wanted to explore, the justification for using creative or fictionalised or poetic writing is important. I wanted to have the participants themselves use these creative writing techniques as a way for them to step out of the academic boundaries of writing and into a style of writing which actively allowed them to access and to use the emotional and the affective in their reflections on their experiences. I was aware, as I assume they were, that had they written in this form and style in our usual educational circumstances and roles, the work would not have met accepted academic standards and it would have failed. The disciplinary nature of these categories and words to describe them are fascinating in this context.

There are debates about definitions of narrative and narrative research. Early definitions tended to emphasise the temporal aspects, the chronological and the sequencing of events that made them a story or a narrative (Labov and Waletzky, 1967; Polkinghorne, 1988; Bruner,1990). Narrative research developed firstly from a humanist perspective with a focus on individual stories in contrast to positivist 'objective' accounts (Andrews, Squire and Tamboukou, 2013). From the humanist perspective, narrative was viewed as one way that individuals make sense of their fragmented and multiple senses of 'self'. Sarbin (1986) discussed how individuals impose a structure on their experiences and past in order to create a coherent sense of self. More recently poststructuralist researchers and academics have developed narrative forms that engage more in the relational, dialogic and power relations within stories and how they are constructed and read. Barone (2007) defines it as an ethical responsibility of the narrative researcher to make the connections between the individual stories and the political context explicit. He calls for educational narrative research that troubles the 'comfortable, familiar educational discourses and practices.' (Barone, 2007 p 465).

My research is an attempt to explore the storied experiences of the emotional and affective responses of occupational therapy students on placement in a highly regulated professional health care context. From the poststructural epistemological perspective of my research, narratives enable

us to look at multiple interpretations and multiple layers of meanings (Squire, Andrews and Tamboukou, 2013) avoiding any quest for an answer or a truth or closure. They highlight the multi-faceted nature of representation of experience. Using narrative in this way I hoped that the research would bring to light aspects of students' experiences on placement that have not previously been explored in occupational therapy.

> Narrative is useful only to the extent that it opens up (to its audiences) a deeper view of life in familiar contexts: it can make the familiar strange, and the strange familiar. (Clough, 2002 p8).

The method I have used has highlighted aspects of that experience that have not previously been researched in any detail. By looking at their narratives together from a sociocultural perspective I have been able to explore the discourses of emotional labour and emotion management in the health and social care system in a relational, multi-faceted way which contrasts greatly with the bulk of writing about these two concepts in the existing literature. The research prompts readers to question some of the very taken for granted aspects of student learning on placement and question the accepted discourses of the role of emotional management in modern health and social care environments.

3.5 Poststructural, post qualitative research and feminist influences

Twenty first century poststructuralist theorists challenge the claims of humanist qualitative research to represent authentic lived experience. St Pierre and Pillow (2000) talk about 'the need to get beyond trying to represent a 'real' story and look at what or how the 'real' story is produced as the real story (p23). Acknowledging the multiple realities and experiences as they are told in multiple contexts and discourses means that an attempt to capture anything like a reality of lived experience is impossible to do with disembodied words spoken to an interviewer and interpreted and analysed by a situated researcher with his/her own subjectivities. Denzin and Lincoln (2013 p24) for instance talk of the impossibility of there being a 'clear window into the inner life of an individual'. This is a very different epistemological

stance to that taken by much of the health and psychology related research into emotional labour and emotion management.

The poststructuralist epistemology pre-empts any desire to seek out and produce a seamless, cohesive narrative (Britzman, 2000). There is always an uneasy relationship between what is accepted as lived experience and interpretation and between 'the real subjects and their textual identities'. (Britzman, 2000 p32). The work presented in this thesis is about the participants' textual identities. It does not attempt to capture reality and fix it in words to be understood by the reader as a new knowledge about reality as such an aim would be to imply that the world is fixed and static: ' A simple tracing of reality in representation ....assumes the world is static and resistant to change, not becoming.' (Lather and St Pierre, 2013 p631). The design of my research involved the students recalling their experiences in a deliberately unusual, non-academic way to problematize this process and to challenge the positioning of academic tutor and student. It was also an attempt to de-centre the subject (Mazzei, 2013) and de-stabilise the whole notion of reflecting on experience, asking them to write about their experiences from the points of view of other people or things.

Writing and sharing their stories with each other and with me took place within the context of my research at the university where as an OT student the wider discourse is that they need to be seen as a professional and to be espousing the values and beliefs of that profession in order to become a qualified OT. Their combined work and my role in its production within this context has created an assemblage of textual practices around managing emotions as a student health care professional learning on placement. The research explores the many interactions and gaps that this process produced. In contrast to the vast majority of literature on emotional labour and the emotional experiences of health care students, this project aimed to engage with ' the opaque complexity of lives and things' (MacLure, 2011 p998) resisting attempts to fix and codify the multi-dimensional nature of the project. The uniqueness of this research project in this field is that practices of emotion management are analysed not for their inherent meanings or as representations of truth but rather for the ways in which they 'disrupt or

sustain relations of power and advance knowledge.' (Jackson and Mazzei, 2012 p57).

Feminist approaches to research have some common prioritisation of ethical issues or axiological concerns. Skeggs (2001) summarises these as being about a commitment to honesty, reciprocity, accountability, responsibility and equality and a challenge to normalising patterns of power. She also raises very interesting issues around having the power to 'give people a voice' something which other qualitative researchers often hold up as a positive aspect of their research. Skeggs (2001) compares this practice to ventriloquism. She concludes that it is impossible for any researcher to be rid of the positions of power that they inhabit, and that one must recognise them and not consciously use them. Being able to reciprocate and produce a more equal (but not equal) relationship with participants is something to strive for. Control over the research output has been a very significant issue for my research.

Working with students to produce stories/fiction/poetry from placement not only raised issues about confidentiality but also for me about who owned those stories and what happened to them; Lather (1993 p681) talks about 'the need to interrupt researcher privilege'. I felt that participants should have some say over what happens to their work other than just appearing in my research dissertation as 'data'. None of this will challenge the fact that the work of the students is a central part of my final dissertation and it has become objectified in order for me to write this doctoral thesis.

My role as researcher was not one of an external observer/interviewer extracting stories from the participants but rather as a co-producer of them, engaged in the field, party to the same circulation of power discourses as the participants (Loots, Coppens and Sermijin, 2013) within the university and the world of health and social care. The narrative approach to this research emphasises this as well in that it acknowledges the relationship between me the researcher and the participants (Pinnegar and Daynes, 2007) and the co-construction of the stories. I strove throughout to demonstrate an 'ethics of care' (Reinharz,1992) consistent with a feminist approach. It is also an

important influence that led me to the poststructuralist stance I have taken. Reinharz (1992) talked about feminist researchers employing a pluralistic discourse and focusing on making visible what is invisible and bringing what is seen as trivial to the forefront and this tradition informs the present study in that it aims to explore the hidden, amongst the everyday. Haraway (1988) and Harding (1993) amongst others, highlighted how previous research aims had been dominated by a need to establish objectivity and distance whereas feminist researchers were engaged in situating knowledge and addressing the limited location of knowledge. This 'standpoint' theory asserted that all attempts to establish knowledge were socially situated. I acknowledge throughout my own situated position and that my telling is partial and influenced by my own contextual positioning (Britzman, 2000). It has been beyond the scope of this study to do any in-depth work on the gendered aspects of emotion management within what is an overwhelmingly female profession but this is clearly a critical element and one which I would like to explore in further research.

I have co-presented the research 'findings' at conferences with students and shown them presentations before I did them, but again, I acknowledge throughout that this was only a very partial nod towards egalitarianism and that I cannot expect the student participants to be able to openly criticise my work. I did not send the findings and discussions section back to the participants to 'check' as some qualitative researchers do, instead I discussed with them the fact that any interpretation would be mine, coming from their writing and the context within which it was written. I view the research 'data' as artefacts, produced under these conditions, never to be replicated, the absolute antithesis of positivist research where reliability and replicability is so important.

3.6 Self, identity and reflexivity

Poststructuralist theorists challenge the humanist enlightenment essentialist view of the 'self' and human nature. Foucault's view of the self is as a more social self, something that is formed historically in and by powerful discourses (Ramazanoglu, 1993). These discourses do more than just reflect

power situations within society, they actually constitute them as well, so a person's sense of self is continually negotiated in different settings with different people according to the demands of the dominant discourse and how the person chooses to act and be seen. The self is a series of multiple subjectivities as opposed to an 'authentic'/'inauthentic' self idealised by the existentialist philosophers or recognised as common sense within western capitalist societies: the unique individual with a unique personality that can grow and change according to influences and reflection.

Issues of agency in Foucault's work and how agency is constituted through the ways in which people position themselves within or outside of the dominant discourse have been discussed by many theorists (Davies and Gannon, 2005). It is in this resistance to and conformity with power that people experience their sense of self. One of the ways in which regulatory power in health and social care materialises, as it does elsewhere, is through categorising people in ways that they come to understand and see themselves (Goldie, 2012). So students on placement are learning to see themselves as professionals and this entails engaging in practices that define them as such. Emotions are an integral part of these discursive practices and the student learning is a process of negotiating their identity within this discursive site. This often leads to them thinking about the conflict in the enactment of what they see as their 'real' self and what they are required to do as their professional OT self. This is a product of the more common sense understanding of a 'real' inner self that negotiates with a 'real' outer world and where emotions are produced from within because of this interaction. This view of emotions is the one previously referred to in much of the literature about emotional labour and emotion management in health and social care. In this view emotions are seen as the outcome of this interaction whereas a poststructuralist view positions emotions as being part of the discursive practice itself, a part of the negotiation of the power within the discourse.

> 'In and through these discourses we ascribe to ourselves bodily feelings, emotions, intentions, and all the other psychological attributes that have for so long been attributed to a unified self. In this sense, subjects do their

emotions; emotions do not just happen to them.'
(Zembylas 2005 p938).

Here is an example that illustrates the performance of the professional self and the role of emotion management as well as the student participant's perception of having to hide a 'true' self:

Hair tied back in a neat pony tail. Eyes alert. Wide open. Smile fixed, not quite real. Face open but closed. Expression changeable - smile fixed. Smile goes, mouth opens and noises of sympathy and agreement come out. Forehead furrows and eyes squint in a look of forced concentration. Always interested / engaged. But closed. True emotion hiding behind eyes that show what the other person wants to see. Emotions there for only the most perceptive. Most see a motivated, interested concentrating, never tired, always willing student.

Butler's work on gender identity and performativity can also usefully inform and elucidate this approach to professional identity formation. In *Bodies that Matter* (1993) Butler outlined how performativity 'must be understood not as a singular or deliberate 'act', but rather as the reiterative and citational practice by which discourse produces the effects that it names' (p2). This would suggest that there is no fixed determined notion of a professional health worker but rather that it is continuously constructed through the re-enactment and use of established 'authoritative' practices and terminology. The students not only have to re-enact these practices but have to come to embody and identify with them, they have to *be* the professional. The student stories in the Findings chapters of this thesis constantly illustrate this endeavour and I will explore this aspect further in Chapter 7 when I consider what the stories say to me about how the students perform the professional.

3.6.1 The researcher selves

I am employed as senior lecturer on the occupational therapy team at a Northern university where my role is course leader for an occupational therapy programme. To situate myself and demonstrate the multiple 'selves' I perform daily, I am a middle aged, white, heterosexual, able bodied woman,

a lifelong feminist, once Marxist woman from a working class background. I have had a varied career first working in the arts and then training to be an occupational therapist working in the NHS in the local region. I perform multiple roles in my life both in and out of work. To the students participating in my research I am their academic tutor and they know little else about me. I am the person who often marks their work and can hold the power to prevent them from progressing with their chosen profession.

My beliefs and understandings of the world combine with pragmatism at work in education and in health where the needs of the service users, the profession and the belief in the aims and needs of the health service also dictate my actions. I have to demonstrate that the students who complete our programme meet benchmark standards of competence and find employment. Students have to be familiar with a professional language, a broad professional knowledge base, professional processes and critical thinking skills. My teaching agendas leave little room for creativity. Every time I sit with a group of students and attempt to engage them in a discussion of the concepts and issues around our profession I feel myself pass in and out of these ways of looking at the world, back and forwards dancing to the music of these interwoven discourses. I engage with the discourse about professionalism but I challenge it and ask questions of it to keep it open for the students to make sense of themselves. Within this research I am aware of my multiple roles and subjectivities; I am not just the researcher. My research notes bear witness to the intersections between this role and my other ones throughout. 'People who write are always writing about their lives, even when they disguise this through the omniscient voice of science or scholarship.' (Richardson, 2001 p34).

3.6.2 Student selves

The people who wrote the stories which form the body of this thesis were all occupational therapy students who also have multiple subjectivities about which I was and mostly am unaware. I refer to them throughout as the student participants, knowing that I do so for research purposes only and accepting the huge limitations of such a categorisation. I know that the

research itself was situated in a very loaded environment where they were very possibly, at times, performing being good students and good would-be professionals to me the 'gatekeeper'. The identity and self that they revealed in their writing and in the group and discussions was all framed by this context and the dominant discourses within. As students learning to be professionals their issues around their sense of self, student self and professional self was of great interest particularly because their emotional experiences and reactions were part of how they constituted and were constituted by their professional self on placement.

3.6.3 Reflexivity

The process of holding the self open to question, seeing oneself as both the researcher and the researched has been an important element of my methodology, an acknowledgement that in some ways I am creating myself in the research as well as being the one creating it (Rheinharz, 1992). Reflexivity along with explicit contextualisation of the project and situating me within that process are important ways in which I try to make the process and my role in it more open and understandable (Richardson, 2002).

The choice of creative writing as a research method was not just an epistemological or methodological decision. I am a writer of fiction and poems. I am someone who uses writing to help me make sense of the world. I am someone who cannot verbalise ideas as well as I can write them. The very process of writing itself enables me to make connections and create a pattern or form for otherwise free floating concepts, ideas, events or feelings in my own thinking and my own life. I wanted to see if this could enhance a research project where the topic was not well understood and where exploration rather than discovery was a central aim. I appear throughout this research and this thesis, in pieces of writing I did whilst thinking about the research or in thinking about my role within the research and I openly acknowledge throughout my positioning at different stages.

In post-structural research reflexivity is problematic. Much qualitative humanist research presumes that there is an authentic self that is accessed by critical reflection. Reflexivity in my research was more about constantly

acknowledging my role and positioning within the project, not trying to exclude it or adjust for it, or subtract it from my interpretations. There were major institutionalised power differences between me and the student participants I worked with which no amount of reflection could dissolve. As my research focused on how these participants constantly constituted themselves within and as part of a professional health care discourse I acknowledged that my research and my role were a part of that very discourse. The research process is performative too and the student participants were actively producing themselves as subjects within this, as good student professionals (Aldred and Gillies, 2011). Rather than try to remove this from my findings, I have openly acknowledged it and explored it as central part of the practices under exploration.

In this chapter on the theoretical framework informing my research I have discussed the role of a post structuralist epistemology on my conceptual understandings of the components and the processes of research. This theoretical framework has led me to question and challenge a drive towards finding and representing truths and to acknowledge the dilemmas of attempting to re-present experience even within a sociocultural context. It has led me to search for a way of producing a socially and politically contextualised account which also conveys the fluid, mutable nature of the students' experiences and meaning making. I have considered my own role within this process and the multiple subjectivities that I bring to the research .In the next chapter I will outline and justify my methodology.

Chapter 4 Methodology

I was inspired by the following extract of an interview with novelist Julian Barnes in the Paris Review. It does refer to a rather essentialist view of a 'truth' - but if we read this as 'truths' then what Julian Barnes is saying relates very closely to what I wanted to do in my research method:

> INTERVIEWER
> Sartre wrote an essay called "Qu'est-ce que la littérature?" What is literature for you?
> BARNES
> There are many answers to that question. The shortest is that it's the best way of telling the truth; it's a process of producing grand, beautiful, well-ordered lies that tell more truth than any assemblage of facts.....
> .....
> INTERVIEWER
> What do you mean by "telling the truth"?
> BARNES
> I think a great book—leaving aside other qualities such as narrative power, characterization, style, and so on—is a book that describes the world in a way that has not been done before; and that is recognized by those who read it as telling new truths—about society or the way in which emotional lives are led, or both—such truths having not been previously available, certainly not from official records or government documents, or from journalism or television.....
> INTERVIEWER
> Literature, then, can take a lot of forms—essays, poetry, fiction, journalism, all of which endeavour to tell the truth. You already were a very good essayist and journalist before you started to write fiction. Why did you choose fiction?
> BARNES
> Well, to be honest I think I tell less truth when I write journalism than when I write fiction. I practice both those media, and I enjoy both, but to put it crudely, when you are writing journalism your task is to simplify the world and render it comprehensible in one reading; whereas when you are writing fiction your task is to reflect the fullest complications of the world, to say things that are not as straightforward as might be understood from reading my journalism and to produce something that you hope will reveal further layers of truth on a second reading.....

As I have discussed in the introduction, this project unfolded over several years during which my thinking also developed as I read more and more poststructuralist literature. In the planning of the project and the research ethical proposal I envisaged doing a pilot study to explore the territory, followed by some creative writing groups around the topics that came out from the focus groups. The pilot and the main research project took place over two academic years. They were approved by the university ethics panel and I was receiving regular doctoral supervision throughout the process. In this chapter I will discuss the reasoning for the design at both stages and outline the processes I utilised within the study.

4.1 Pilot study

The pilot study was designed to look at the first three research questions formulated for proposal for the ethics committee:

1. How do occupational therapy students engage in emotion management, emotional labour and emotion work as part of placement learning?
2. How do they learn when and how to do this?
3. Do students have conceptual ideals of good and bad emotion management?

I chose a focus group design for both practical and epistemological reasons. I am an experienced group facilitator having facilitated groups therapeutically and having used group work in teaching for many years. My aim was to do more than capture the group's views and experiences about emotional labour, and emotion management, it was also to provide an opportunity to observe and critique meaning making as a social practice (Kamberelis and Dimitriadis, 2011; Farnsworth and Boon, 2010; Lindsay and Hubley, 2006). The other motivating factor in using focus groups was the topic area. Dealing with emotional aspects of placement learning is not discussed at university. I was unsure how much the students talked to each other about their emotional experiences on placement but I believed a focus group could provide a supportive arena in which to do this. It had the potential to provide a collective acknowledgement similar to that in a feminist consciousness

raising group (Kamberelis and Dimitriadis, 2011). Focus groups are often recommended when the area of exploration is a common experience (Parker and Tritter, 2006) and can give participants the opportunity to explore a shared experience from both an individual perspective and to construct a shared perspective (Hayden and Bulow, 2003). This method then felt ethically, epistemologically and politically suitable for the aims of the study to explore not just how the students experienced emotion management but also how they began to conceptualise it as a group. Using focus groups provided me with a means to observe the social enactment (Halkier, 2010) of constructing a shared meaning to the experience by this specific group of people at a specific time (Hollander, 2004). As social enactments and social practice Farnsworth and Boon (2010) highlight the need to think about how surveillance and self-surveillance play their part in focus groups. I was always aware that these were students on a professional course and I was a tutor on those courses and student participants may have been acting out a professional 'good' student persona at various times throughout. I made notes after the groups and had highlighted where for instance particular students directed their comments to me rather than to the group, even when I was playing no part at all in the discussion.

Research participants were recruited by e-mail invitation from final year occupational therapy students on the BSc (Hons) and MSc pre registration cohorts. All the participants had undertaken at least two placements and had had a gap of over nine months since their previous one. They were all about to go out on their final placement as part of their courses. Fourteen people responded and volunteered, forming two groups of seven people. I constructed a very broad outline of questions to prompt discussion about times when they had felt emotional on placement in order to encourage them to discuss when, what had happened and how they felt, and to draw out stories from their placement experience. The running of the group, the dynamics, and the interactions between these students were essential components of the production of the data. Group conformity is often cited as a negative aspect of focus groups however it is only one of many possible dynamics to influence it. I was aware that the interaction between the

participants themselves and between them and me as the facilitator and between them all and the social structures within which the discussion took place (Hollander, 2004) would influence what people felt able to say and how they said it.

I had proposed that the groups would run for 90 minutes each, in fact both ran over that time and I had to end the first one after it went over two and quarter hours. The participants seemed to really want to discuss the issues and I needed to do very little prompting to stimulate discussion. I recorded and transcribed the group discussions myself and did a basic thematic analysis, exploring the dynamics of the groups as well as identifying the themes and the differences between the two groups. The most common discussion in both groups was focused on the difference between 'being themselves' and 'being professional' (Walsh, 2009), with 'being a student' manifesting as a different identity which was neither fully one or the other. I did nothing to challenge this humanist view of the self because I was in the process of working through my own epistemological position at the time but I also saw the focus groups as a listening exercise for me as the researcher.

There appeared to be a lot of agreement in both groups about hiding ones feelings being a component part of being a professional. An example of this was when one student began a conversation about being professional saying that it was virtually a *definition* of being professional to be unemotional.

> *In the English language the word professional for any profession means restraining your emotions – for like a teacher, ... you know a teacher shouldn't lose their temper, a shopkeeper, a policeman , er waitress –it's their job to smile, even if they feel bad – it's their job to be professional – so I think we have this in our language – professions having this nice calm smiling face and you keep other stuff behind and you're quite detached. C Group 1*

There was a lot of agreement expressed that this was for the benefit of the patient, mirroring what Fineman (1993) called ' benign detachment'. However there were several challenges to this on many levels in individual stories. This notion of benign detachment was challenged very powerfully when one participant used the example of when a relative of hers had died and the

medical staff were upset and expressed their sadness, crying on the ward when she visited. She told the group how good it had felt to her to see staff express their emotions. Throughout both groups the participants would slip in and out of different roles and perspectives mirroring how the meaning people in focus groups make can be individual, situated and provisional (Kamberelis and Dimitriadis, 2011).

The language used by many of the contributors to describe emotional aspects of their placement often slipped into metaphor and provided some very rich images and feelings. One of the most striking of these was where one participant talked about 'putting on the face' when she was referring to having to appear happy on placement when she was really feeling upset. Powerful metaphors were used throughout the groups and hinted at what people may perceive as both the potential consequences of expressing emotion and the difficulties of managing them (explosions/wreck/bottle-up/environment of extremes/can of worms). I went on to use some of these metaphors, and some of the issues/scenarios raised in the focus groups as prompts for the main research project. The main themes that emerged rom the analysis were those around the professional face, placement sites and their differences, the placement educators and their personal styles, and the stress of being in the student role. I subsequently based the weekly plan of writing tasks in the main research project around these themes.

4.2 Main research project

I felt that one of the most important tasks for my research design was that it needed to try and open up a space to disrupt some of the usual ways the student participants would relate their experience to me as a university tutor. Reflective journals are a standard aspect of learning on University occupational therapy programmes and as mentioned in the previous chapters, reflection is assessed throughout the courses and matched against approved competencies. Because of this I did not want to emphasise the reflective nature of the research nor did I want to use individual journals. Even though emotions are always part of reflection, it is often viewed as a cognitive exercise. Memory brings back feelings and even some of the most

cognitive and straight forward models (Gibbs, 1988) include instructions to recall feelings at the time. As tutors we tend to focus on the process of reflection and the action plans at the end. What we rarely look at, perhaps because we do not always have the tools to do so, are the emotional aspects. Some theorists have advocated exploring this emotional aspect more through different ways of reflecting

> *...if we accept my argument that reflection is also concerned with affective or sympathetic understanding, then the whole world of the arts becomes a rich and valuable source of knowledge, a lie that helps us see the truth.* (Rolfe, 2002 p101).

I felt I had to try a different technique to enable the participants to engage with this emotional dimension. The creative writing group then appeared to be a way that I could open up the student's interpretation of their experiences of managing their emotions on placement which would trouble the accepted academic, factual reporting style they were used to. As I have discussed in Chapter 3, It also provided an explicit opportunity to look beyond trying to capture 'real' experience and be able to focus on how the stories are produced and structured (Britzman, 2000). It provided a means to actually engage with emotional aspects of remembering those parts that they were not used to recalling at university: In engaging with creative writing I intended that the student participants would also be engaging in 'active practices of self-formation' (Tamboukou, 2013 p93), whilst recognising that, with my position and with the context within which the research was carried out, it could also be about them engaging in the accepted practices and discourses of the 'good' occupational therapy student.

Stories are never about an external truth; they are always constructed through the lens of the author and told to/for a specific audience. This is just as true for any qualitative study involving reflective narrative interviews or discussions. Explicitly fictionalising the reflections acknowledges the whole constructedness of the text (Rhodes and Brown, 2005) and uses this to allow the authors the opportunity to expand their sense of the events. It can also add another dimension to the articulation of meaning, an affective dimension by using figurative language, meaning as felt (Polkinghorne, 2007). 'What

counts about any story is what those who hear it (and who tell or write it) choose to do with it (Frank, 2004 p220).

4.3 Research Project Design

I designed a series of creative writing workshops to be run over a period of eight weeks, choosing a group setting rather than an individual one to allow for the dialogic aspects of the narratives to come through and to encourage discussion of their writing but also to provide the student participants with peer support. I hoped that the wider discourses in health and social care that come across during their placements would come to fore as well. I decided also to follow up the groups with one to one discussions in which the participants would be asked to bring a piece of their work which they felt to be significant. I decided against calling these the usual research term of 'interviews' because of the formality this implies. I wanted a more informal discussion, led as much by the participant's need to talk than mine, a space for them to reflect on the groups and their writing. This created some interesting outcomes in the recordings and transcripts.

I knew at this stage that I was creating a complicated range of 'data' which would not be easy to synthesise but I felt this to be part of the poststructuralist epistemology and resisted the temptation to keep it simple but instead to seek out the complications, contradictions and competing discourses of experiences (Britzman, 2000)

4.4 Participants and recruitment

The main project took place a year after the pilot study and so the student participants in the pilot study had, by this time, graduated and I was recruiting from different cohorts but from students who were in the same position in terms of placement experience as those in the pilot study. The selection of these groups of students was justified by the fact that the BSc students had completed two placements and the MSc (pre registration) students had completed three so they had a range of experience on which to reflect and both groups had had at least six months after their previous placement to give them time to process any particular issues that had arisen.

I spoke to each cohort for 5 - 10 minutes about the research and what I was

hoping to achieve through it and asked anyone who was interested to e-mail me. Seven people contacted me by e-mail, two students from the MSc pre registration cohort and five from the BSc cohort. This number was suitable for me in practical terms as running a group of between six to ten people is an ideal number in therapeutic terms, any larger and it is difficult to give everyone enough space to contribute and any smaller and there can feel a pressure to contribute. I sent the interested students an information sheet giving written details of the project (Appendix 2) and asked for available dates for the groups between certain parameters, November - February. We established four dates to run the writing groups over a period of eight weeks between November and December; each group was to last three hours and would run during the day, in an occupational therapy teaching room, the creative therapies room. I was aware that all the students would have been used to being taught in that room, some by me. It was a place where they were used to being 'OT students' and taking on certain roles. It was a pragmatic decision to use this room, availability being a priority, but also as the 'creative therapies' room it was the one space where students were often asked to do things creatively, use their imaginations, make things, i.e. work in a non-academic manner.

4.5 Ethical considerations

The research project necessarily meant that I needed to adhere to some fundamental issues concerning acquiring informed consent and ensuring confidentiality for the participants. As part of the Doctorate in Education programme I submitted a proposal for the main project to the Faculty of Development and Society's Research Ethics Approval Board. I also gave an oral presentation to a panel of rapporteurs to defend my proposal and was given the required approval to proceed with the project.

I adhered to the university policies on providing information to participants before asking for their consent and this was given in the information sheet (Appendix 2). However I was aware that even this was not without its problems and complications. As a course leader and tutor on both occupational therapy programmes I knew that some students and potential

participants may feel that they would perhaps be seen in a different light if they volunteered. As I was one of their tutors asking this of them, they might have thought it would benefit them to agree to participate, even with the written guarantees that participation or non-participation would have no effect whatsoever on their future experience of the programmes. The power imbalances within this context are such that this issue cannot be dealt with lightly. I tried to address this within the writing groups and discussions by trying to have utter clarity about my role and what I was doing in the research. I have been guided by the understanding that 'As narrative researchers we study a world we have helped create.' (Clandinin and Murphy, 2009 p601). I have questioned my position in the research at every stage, using a reflexive journal to record thoughts and feeling throughout and questioning myself on my reactions and decisions as to the impact of my role.

Confidentiality was an important aspect of the research. I was asking the student participants to write about incidents on placement that they remembered had produced an emotional affect on them and this could also involve other people. With an aim to protect their anonymity I changed the names of all the participants and agreed with them not to write about specific incidents that may make it possible that people reading it would recognise themselves. To this end, when I have presented some early findings at conferences I have changed small details about setting, age or gender to ensure that no-one would recognise themselves in the stories.

There were also several other issues which arose of an ethical nature which I had to explore and consider. The nature of the discussions meant that there was the potential for participants to become upset when reflecting on past emotional experiences on placement. Recruitment strategies had already reflected the need to address this when selecting potential participants. It was an essential part of the writing groups that ground rules for the group were negotiated in the first group and reviewed before the start of each subsequent group and displayed throughout the group sessions (see Appendix 3). These included what people wanted to happen if they became upset when talking about something. In order to make sure there was some back-up support if needed the student participants were made aware that

there was a senior member of the placement team available for support during the groups if anyone wanted to leave and talk through anything that had happened to them on placement. They were given her extension number at the start of each session. I explained to the participants that if someone disclosed something which was severely distressing to them and wanted further support then I would refer them on to the on-site student counselling service for on-going support if necessary. As the lead researcher I am a qualified counsellor and experienced group facilitator and ethically I was confident that I could manage potentially emotional contributions so that participants felt their experiences were heard and validated and they felt supported.

In the follow up individual discussions I stressed with individuals that if they became upset in the course of the discussion that I would stop and ask them what they wished to do, whether that was to terminate the discussion or take a break. I also made sure, as far as I could know, that the participants felt alright at the end of the groups and follow up individual discussions, and that I would signpost them to further support as above if necessary.

There was also a possibility that participants could become offended or upset by other people's reactions to their writing contributions when shared with the group. In order to address this, the ground rules negotiated at the beginning considered how people gave each other feedback, what people wanted comments on and how this should be worded so as to be helpful and not construed as negative. As facilitator I stressed that the focus was on the content and style of what was written rather than the 'artistic' or technical aspects of the writing.

There were several more specific ethical considerations which came up during the course of the groups. Before I began the groups I had to decide what I would do in them when the participants were writing. I had to decide whether I would write and if so, if I did write, what I would be writing (as I did not have placement experience to base writing on) and whether I would share my writing with the group. I discussed these issues in supervision and decided to ask the participants what they would prefer, putting my own thoughts to them as well. It was decided by the group that I would also write, about anything I wanted, but that I would not share my writing.

The other major ethical issue was with the ownership of the writing that they completed in each group. Again I discussed this in supervision and put a suggestion to the participants at the first meeting for them to think about. In order to respect their ownership of their writing I felt that the best solution was that they should choose both what they shared with the group (and therefore what would be recorded and transcribed) but also I would ask them at the end of the groups to decide what written texts they wanted to share with me. I provided each of the participants with a notebook to use in the groups which became theirs. At the end of the four groups some participants decided to select writing to give to me, others gave me all their work. One gave me the whole notebook back and another scanned and e-mailed me the work she wanted me to have to use for the research project.

4.6 Writing workshops

Before I began the writing groups I made a plan for each session to include a warm up exercise to try different writing techniques and then a main exercise based on memories from placement. Below is a table of the proposed writing workshop formats.

Figure 1 Creative writing workshops

wk	workshop theme	writing techniques	aims
1	Introduction emotional labour - the research project role of group writing reflexivity reflection storying and fiction		stories, myths archetypes metaphors
2	self being and OT student you and your placement educator	free style role reversal writing as another person what if - ideal and worst nightmare	exploring reflective writing and fictionalising
3	characters - people you have worked with cultures	free style metaphors - the person as a..... hats as prompts	exploring characters and relation to self creating characters based on people / self what would your educator say? what

			would .....say about it
4	place	writing about places - sensory explorations of the environment - writing from the viewpoint of an inanimate object in that environment describes the story from this viewpoint	setting and power of this environment
5	moving themes, situations, stories, people events where you were moved	bringing the stories together creating the fictional story of something moving on placement	combining the techniques pulling together something fictional that feels like a representation of their experience

In reality I did not work to these themes and writing exercises. I felt I had to respond and react to the group and how I felt each exercise and each week flowed. Each group did have a pattern/form however. After the first week I began each of the following sessions by reflecting on the previous week's work and inviting a discussing of their thoughts their feelings about it. This was followed by an introductory exercise which is a version of one from Gillie Bolton's work, which she calls free -intuitive writing (Bolton, 1999). Using the first part of this exercise I asked the students to write without stopping and without thinking, to keep pen moving, to write whatever came into their heads, whether it be intelligible or not, to ignore grammar and syntax. They did not share this writing with anyone else, but I asked them to read through what they had written before we moved on.

This was followed by a warm up writing exercise to highlight a certain writing technique and then we moved on to writing around the themes derived from the pilot study. The table below records the prompts used for each piece of writing in the four groups. The actual words I used to ask the student participants to write are given at the front of the collection of their writing in Appendix 1.

Figure 2 The writing prompts:

Group 1

1.1. **The land of placement**

Think about placement as a land and describe what sort of land it is... .....placement is a land.....

1.2. **OT as an animal**

Think of OT as an animal, if it was an animal what would it be, if it helps, think of someone you know who is an OT if you want - what sort of animal would they be?

Group 2

2.1. **Approaching placement**

Walking into, the building where your placement was, whether it was a ward or an office , wherever it was , a place that sticks out for you, just imagine walking in there and describe what it looks like, what it sounds like , what it feels like , smells like , just walk in and sit down on a chair and describe that through your senses. Pick a placement that stands out ....10 mins

2.2. **Your professional face**

I want you to imagine that you are looking into a mirror at your professional face...what does that look like? What is it expressing? Pretend you have got a mirror there and you are looking at you as a professional just describe what you see and feel – the expression, who is this person? This professional?

2.3. **Managing your emotions**

Think about a time on placement when you felt you had to put on a professional self and not express what you were feeling. Just use your senses, like we did earlier on in terms of just describing the situation; where it was, what was going on, who was there as well as what happened . As much description of it, details as you can, cos that brings out a sense of it if you like

Group 3

3.1. **A poem about placement**

Use the ALPHA poem structure to write a poem about placement. Each line begins with the next letter of the alphabet. Just play with the words.

3.2 . **An inspirational person from placement**

Let's start to think about character and people and try and think about someone who's inspired you on placement. It doesn't have to be an OT; it can be a patient, a service user, a relative, another member of staff -

3.3. **From another's perspective**

For those of you who were here last week - we did a piece of work about when you were emotionally challenged or when you had to manage your emotions on placement - I want you to go back to that - or think of another one if you prefer and what I want you to do is think about somebody else who was involved in that situation , not you but someone else - an educator, another member of staff or the service user and I want you to write about it from their point of view so pretend you are them and describe the situation through their eyes, not your own.

Group 4

4.1. **Poem prompt**

Common and Particular

I like these men and women who have to do with death,
Formal, gentle people whose job it is,
They mind their looks, they use words carefully.

I liked that woman in the sunny room
One after the other receiving such as me
Every working day. She asks the things she must

And thanks me for the answers. Then I don't mind
Entering the particulars in little boxes,
I like feeling she has seen it all before,

There is a form, there is a way. But also
That no one come to speak up for a shade
Is like the last, I see she knows that too.

I'm glad there is a form to put your details in,
Your dates, the cause. Glad as I am of men
Who'll make a trestle of their strong embrace

And in a slot between two other slots
Do what they have to every working day:
Carry another weight for someone else.

It is common. You are particular.

David Constantine

Just choose one line, take one line from it - or a couple of words - it doesn't matter and just write something from that, that resonates with your experience of working in a hospital or in healthcare if you haven't been in a hospital placement yet . I t can be one word if you want or whole lines

4.2. **Feeling rules**

Last week we did what we call an alpha poem so you just put a,b,c,d,e, down one side of the page and you write a poem with each line beginning with that letter - so I thought if we do that again, but about feeling rules and I want you to do it twice - I want you to think about - you've all been on two different placements - so think about what were the feeling rules on each one of them... It might just help to take yourself back to those two placements and think - what was allowed, what was expected ?

4.3. **Where do the rules come from?**

I want you to try and reflect back on that situation - maybe it's one you've written about or maybe it's a new one, one where you felt you had to manage your emotions - and we've looked at that from someone else's point of view and I want you to think about how you knew that you had to manage your emotions, who conveyed that to you ...where did that come from ....what was the message that you were getting

After each writing exercise I asked the participants to share their writing with one other person in the group, encouraging them to move about so that they spoke to different people, but not 'enforcing' this. After they had shared their work with one other person I asked the whole group if anyone would like to read their work out to the whole group. Group discussion varied after each reading. I closed each group trying to round off the themes we had written about and make sure that everyone was feeling alright.

At the end of the four groups I arranged to have a follow-up talk with each participant where I asked them to bring a piece of writing to talk about. These discussions happened two months after the end of the groups. They were held in a room on campus, a small meeting room and they lasted between half an hour and an hour and a half. I had no script or questions for these discussions: they were free space for the participants to talk about their writing and what they wanted to say.

I recorded the groups and transcribed them myself before the follow-up discussions. I recorded the individual discussions but paid for them to be transcribed because of time constraints. I used the transcripts, the tapes and the handwritten work throughout the data analysis process.

I suggested at the start that the participants could write on a computer or tablet or with paper and pen: all seven participants chose to write with paper and pen. This has an impact on the groups and the finished work. During the groups there would be times when there was a kind of silence as people wrote but I could hear the sound of pen on paper, and then when I asked them to share their work there would be a loud hubbub, a release of sound to contrast sharply with that semi-silence. I would wait to hear the level of noise go down before I asked them to get back together as a group and see if anyone wanted to read their work out to the group. This format meant that there was a lot of work in different formats, not just the written work that was shared with me but the tapes and the transcripts. This has produced some interesting blurry lines about what we define as research 'data' or 'findings'. I will look at this briefly in the data analysis section below.

4.7 Validity, rigour and trustworthiness

Issues around validity in poststructuralist and narrative research have been much debated. Empirical concepts of validity rely on a humanist understanding of the legitimacy of knowledge claims that relate to a truth that can be represented. In rejecting research as being about seeking truths and accepting the impossibility of re-presenting reality and experience, the idea of validity becomes both problematic and complex. Lather (1993) has explored different and challenging concepts of validity and her ideas about transgressive validity have informed this research in so far as they reflect what she describes as 'paralogical validity', that is looking for differences not heterogeneity, looking for complexity and contradictions and avoiding a desire to make a coherent sense of an unknowable 'reality' and an explicitly partial and situated perspective that is interrogated with author reflexivity.

There are also other important dimensions to validity in this type of research which have variously been referred to as plausibility and resonance (Richardson, 2000; Tracy, 1995) in that what is produced is felt as recognisable by people in the context. Ellis and Bochner (2000) describe how the narratives produced in research can be judged by how well they facilitate understanding, feelings and engagement in the reader or listener. I was hoping that the stories the student participants produced would provoke recognition and emotional understanding in readers or listeners.

4.8 Researcher reflections on the process

I felt throughout very aware that I was taking up these students' very precious time. They were all in their final year, all with a large amount of work to finish before completing their degrees. I was very grateful for them for giving up this time and often felt guilty that I was doing this. I did everything I could to make the three hours an enjoyable, relaxed and supportive experience. I provided fruit, biscuits and drinks and encouraged people to access these whenever they wanted. I got there early and made the room as comfortable as I could and encouraged people to have a break half way through. I was interested that I felt so uncomfortable asking people to participate in the research. It was not because I felt it was not around a useful topic. I feel it is a really neglected part of student experience and raising awareness of it could improve their experience and also that of the service users in health and social care. My reflections reveal a certain frustration with the research process as the single revered vehicle for listening to others' voices. I felt I was making the students jump through my hoops and that my aims were not entirely altruistic as I needed to complete the research for my own EdD as well as to be able to raise these issues.

4.9 Data analysis:

I am six years old, let out to go fishing with friends, down to the river. Day-glow green nylon nets on shiny bamboo canes, jam jars in hand we know just where to head for the best catch. We are the experts, the river our playground.

We find our places on the grassy bank and I stake out a little patch at the narrowest part, away from the group. I see the fish right away, the slivers of

sticklebacks, the targets, but I hold my net aloft, like a staff ready for battle and lose myself gazing at the ripples and shimmers of the water's surface, blinded by the glare and hypnotised by the water's flow to a sea so far away. I try to freeze frame the stickleback group as it forms and reforms, as the tiny fish follow each other and turn, their shadows patterning the sandy silt of the river bed. Lost in their distant silence and their graceful movement, their secret connections, it's only when I hear my friends calling and see them holding their jars full of murky water and spiky fishes that I remember what I came for.

I slip the net through the surface of the water, very very slowly, trying not to disturb the flow, but the fish dart away and shatter their grouping pattern. I leave the net still, resting on the river bed, and I wait. The net looks ridiculous, the falseness of the fairground introduced into the muted harmony of the river. I wait. I ignore my friends' calls. I stare at the sticklebacks, in my head I move with them, I turn with them, I become one of them and they come closer to my net. I strike. I yank the net out of the water in one clear definite movement and slide my hands up the slippery cane to the slimy net bag. There are seven tiny fish at once beautiful and monstrous. Their form up close is too unreal, too other worldly, twitching here in my hand yet reminiscent of prehistoric creatures from eons ago. I don't want them like this. I want them as I see them from the bank, as they are in the water. I plunge the net back in and return them, the sand swirling around them as they shudder into the cloudy water. I wait again, the sand settles and the waters clear; they come back, regaining their secret formations and responses. The little shoal is back where I want it to stay, as it is.

I wrote the above piece after a walk where I had been thinking about my research and how to 'capture' what the student participants had written and discussed and turn it into 'data' as a chapter for my thesis. I passed a river where there were sticklebacks swimming in shallow water and spent some time watching them and the patterns they made as they swam. I woke up in the middle of the night thinking about it and did this little piece of writing. It reminded me of the attempts to bring back specimens in jars to school, to study and how 'they' seemed to become something different the minute they were removed from their habitat. This was of course a metaphor for my continuing struggle to find a way to represent the student writing in a way that could maintain some of its feeling as discussed at the beginning of Chapter 3.

I struggled for many months with the work the student participants had written and their discussions, what it meant to me, whether to use a formal thematic analysis, a literary analysis, a discourse analysis, just what this process was all about and who it was for, and then, with how to re-present it all. I plotted all the writing, the discussions, the follow-up individual discussions and I knew every piece of writing, its content, the handwriting, its form, and when it was written, but I could not find a way to make a coherent sense of it all that I felt would be acceptable for a doctoral thesis. I wanted to just present the writing as it had been given to me and let the readers decide what they thought it said or made them feel. I presented at two conferences doing just this and the reactions were very positive, both students and placement educators commenting on the impact it had on them, the recognition, but also the new way it made them think about placement learning. After one conference presentation of the writing, a Practice Educator commented: 'You forget they're human beings too' - referring to the students.

However I felt that this was not enough for the writing up and acknowledging that as a researcher I had a relational responsibility with the participants and the co constructed stories that I had to honour in some way. I realised that writing up is part of that relationship, and that the writing is still part of the research (Richardson, 2000) and ongoing construction of meaning. The research is not a finished article and the reader will also always analyse the data and be making their own meanings up from the stories and writing.

My role as facilitator of the creative writing focus groups and the instigator of the follow-up conversations with individuals has been and remains an important and directive one which needs articulation and exploration as part of any analysis of the data. I was a part of the construction of the narratives as the person who devised the writing exercises, as audience, as the reader and as a university tutor. The writing is not just the product of the participants' reflections on their placements. I asked them to write about very specific aspects of that experience. What they chose after that was up to

them but my writing prompts are very specific. This has an impact on how I can look at the resulting writing.

The challenge in analysing this data has been to preserve that incoherence and complexity whilst at the same time providing a way for readers of the research to see/hear and feel what the participants said and wrote in a way that encourages them to think again about the subject, the emotional landscapes of placement learning. I was mindful throughout of the poststructuralist theories as I tried to 'escape the interpretive mastery and narrative coherence' (MacLure, 2011 p998) and tried several different ways of working with the writing and discussions. I felt as though I had a multi-faceted and multi-dimensional object in front of me which looked very different from each of its surfaces. Choosing which surface to describe for this thesis or which collections of surfaces or partial aspects of those surfaces has had to be a decision based clearly and unequivocally on my own understandings of how what the student participants have said and written illuminates, elucidates and brings out into the open some of the aspects of their learning experience on placement. The pieces I have chosen to discuss and the sense I make out of them comes from my own epistemology and engagement with poststructuralist research. I have used the Foucauldian theory about discourse and power, 'technologies of the self'(1988) and 'disciplinary gaze' (1977) to explore the student participants' writing and discussions. There are many other ways in which the work could be read, mine is a partial and contextual presentation.

In order to do this I began the 'data analysis' process by reading and re-reading the transcripts and work and listening to anything people had read out to the group. I then began mapping the content of individuals' written pieces alongside their contributions in discussions and in their post-group conversation with me to create connections and possible meanings and an over-all dialogic narrative for each person. I then mapped each group session and identified what was shared, what was said and what was not said or shared. I was not seeking thematic congruence in the material across the individual or the groups but rather looking for *routes through* the individual, group and public narratives. MacLure (2013) whist not dismissing

coding as a useful analytical tool also discusses the 'offences' of coding in poststructuralist epistemology as it implies a distance between the objective researcher and the 'data'; it ethically reduces the participants' contribution and opens it to examination whist hiding the researcher and 'preserving the privacy' (p168)of the autonomous researcher. Similarly Jackson and Mazzei (2012) question the way that straight forward coding as data analysis can reduce complex data to manageable chunks that are then interpreted 'objectively'.

My research method, using creative writing and some fictional writing, already challenged the desire to see the writing as a natural representation of experience and the aims of this research were about exploration rather than discovering truths. Using straight forward thematic coding would not then be appropriate to this genre and would have been reductionist rather than expanding understanding. Because I was looking at the dialogical and social contexts of the narratives and the wider discourses as they appear and shift in the writing, a traditional narrative analysis that looks at the story form and events again would not have achieved what I was looking for as this approach to analysis tends to focus within individual stories rather than across them.

The data analysis then was undertaken on three levels:

1. The first was that it was guided by my theoretical framework of post structuralism and particularly Foucault's notions of discourse and power. This was the overarching net I used to place over the writing and discussion. I read all the writing to look at what it told me about the discourse of student learning on placement and their experience of managing their emotions within that.

2. The second level of analysis took account of my role as university tutor and another discourse around student learning and so I began identifying the pieces of writing had been read out and what discussions followed these readings - i.e. writing that they felt was acceptable to each other and to me. That gave me a sense of the discourse of student learning circulating within the room. I then looked at other writing that had not been read out but had

been shared with me after the groups finished and investigated that for feelings that did not correspond to the dominant discourse within the room.

3. The third level of analysis was on an individual level and looking at how what each person had written or discussed with me, told me about their sense of themselves on placement and in relation to other professionals, service users and university tutors. The stories they wrote about their placements were in part them performing their preferred identities (Reissman, 2003).

> *This performance of identities includes the way scenes are organised, the grammatical resources employed and the choices made about social positioning- how narrators position audience, characters and themselves; and reciprocally, how the audience positions the narrator.* (Loots, Coppens and Sermijn, 2008 p109)

The written work stands firmly in the centre of this analysis, confounding as it does any one meta-analysis and producing multiple possibilities for seeing and feeling the narratives of the participants. Rather than trying to search for themes, in the mapping of the work and the groups and conversations I sought to find instead, connections, challenges and silences where data stood out or where there were intersections and counter narratives both within individual work and across the group and myself. Because of the creative nature of the work some of these connections are unusual (footwear, Chinese issues, space and place) and others are more expected, for example the attempts to marry up emotional issues with taking on a professional identity,

Clandinin and Murphy (2009) reiterate the need be wary of coherence and the temptation to produce a smooth picture of complex and multi-faceted accounts of experience. However in writing up I am faced with a need to impose at least some sort of order to present the findings so that they can be read, followed and understood. In order to engage the reader of this thesis I have organised the findings chapters around the above issues under the headings, place, people and practices (plot), the essential ingredients of any narrative. They are however fundamentally artificial categories and are not neat and tidy distinctive themes. The issues of negotiation, power and

discursive practices radiate through and ripple on the surface of all of the writing in different circumstances. The categories come from the way I as a reader/researcher understand the story or writing rather than interpretation of meaning.

Smith (2009) discusses 'authorial surplus' and what happens to the rest of the data the researcher does not choose to include in narrative research. He refers to the possibility of including all the work in an appendix so that readers can see what has been chosen to be included and which has not in order to make the workings of the construction of the research more transparent. I have all the writing in Appendix 1 but this is still a partial gesture as the transcripts of the groups and individual conversations are also an essential part of the weave of this project. As the note in the foreword to this thesis states, I would suggest the reader may want to start by reading Appendix 1 first, before any other part of the thesis.

There were some very interesting grey areas around the 'data'. I was sitting next to participants as they shared their work with each other and I often overheard things that could not be picked up on the tape and about work that was not later shared with me. These memories are part of my understanding of the work and although cannot explicitly be shared, they no doubt played a part in my over-all sense making of their work. Similarly, the first 'free-flow' writing exercise was not supposed to be shared with anyone, it was the exercise designed to skim off the thoughts at the top of one's mind before starting to think back to placement. Two of the participants gave me their free flow writing as well as their other writing. This meant that I had access to a dimension of their lives and subjectivities which I had not expected or planned for and which I certainly could not use. However I did read them and that understanding exists somewhere. The findings I present in the following chapters are my own configuration of the student participants' work and engagement with the project and that the process of 'data' interpretation and authoring this thesis has been 'both artistic and political' (Denzin, 2013 p30).

The work shows how the student participants are performatively produced (Ruitenberg, 2007) by the practices they engage with. This in turn has implications for the concept of emotional labour and would imply that it is much more about an on-going negotiation within a discourse about professional distance and emotional expression rather than a Goffman type theatrical performance as it is soften portrayed in the existing healthcare literature.

What is also evident is the way in which power circulates around these practices of being a professional. In the writings and discussions there are many narratives about being a patient, either from 'real' experience of the participants or imagining what it might feel like to be a patient, to negotiating roles with Practice Educators and university tutors, through to dealing with the multi-disciplinary team. In the narratives the participants openly write or talk about what it feels like to wield power themselves and the role of their emotions and emotional expression in that. The relational aspects of power permeate through the narratives and the research explores the effects of the power negotiations on the student participants and their actions. That power is a fundamental thread through the participants contributions is not unsurprising given the settings within which they were placed and the professional expectations on them. Place is also significant in how power is negotiated and the landscape of placement for the OT student participants included hospitals, voluntary sector projects, locked forensic wards, people's own homes, a hospice and OT departments, all with their own cultures of emotion management and their own enforcement of 'feeling rules'. Lastly the issues of scrutiny, self-regulation and discipline are evident in the writing and discussions and are all bound up with these students' emotional experiences on placement that resemble Zembylas's (2003) accounts of emotions as discursive and performative, embodied practices themselves. The 'technologies of the self', evident throughout, are another layer or twist in the assemblage of power relations and discursive practices (Tamboukou, 2003) in the health and social care settings. What their writing illustrates is their narratives of subjectivities, how they create themselves as professional

occupational therapists and are created by the social practices in which they engage in these contexts.

The division of the findings into these three chapters/categories mimics a simple approach to fiction: setting the scene, place; introducing the characters,- people; and letting the action take place, the practices. However the pieces of narratives chosen to illustrate these 'themes' could all be in any of the sections as the place is always felt by the person and the person is always influenced by the place and the practices are the threads that brings it all together to produce action. This is an artificial form that I have introduced to aid the reader. I have held on to the notions of Lather (1993) around validity and refused to present these texts as 'truths' but rather as situated attempts to re-present un-knowable realities. I make my own interpretations of the writing explicit.

I have used pseudonyms throughout for the participants in order to preserve anonymity. This has had an interesting impact on my writing up as the students I came to know during the research were metamorphosed into characters in my research. In order to be able to write about their work and their contributions I had to have a chart on my wall that translated their research names into their real names so that I could picture and re-call the 'feel' of their contributions.

Part two

Findings and interpretations

1. Place: situated learning and emotional geographies.

2. People: dialogic identity narratives. Managing emotions to *be* the professional

3. Practices: performing the professional. Managing emotions to *do* the professional

The three chapters which follow focus on the findings and relate these to the literature and theory. They are based mostly on the students' creative writing. I would urge the reader to read all three chapters as you would a novel, as linked and essential to understanding the book as a whole, to reach an over-all sense of the experiences the students are trying to convey and a sense of the process of the research as well. I make no attempt to create coherent individual narratives or definitive group ones with concurrent themes. Material from the group discussions and individual post group discussions has been included where contrasts and further questions were raised that added to the textual richness of the issues being explored by the student participants.

Notes for the reader on presentation of findings:

The pieces of writing included are presented within boxes. They have been typed up in the same form and with the same grammar and punctuation as the hand-written pieces but I have italicised the writing.

Dialogue in the group or in the follow-up discussions are presented indented and in italics

Chapter 5 Place: situated learning and emotional geographies

In this first chapter of findings I will explore the spaces within which the students' learning is situated and consider how these spaces are entangled with the students' sense of what it is to be or become a professional occupational therapist. Within this some of the ambiguities of the occupational therapy profession's philosophy and its role in health and social care will emerge and I will consider how this may impact on the students' experience of learning on placement.

The meaning of place to the student participants was raised in the early pilot study groups. In the first focus group two students, at separate times, raised the issue of how being in a hospital had felt differently to them at different times in their lives and the different purpose they had there:

> *I was on placement in a hospital environment and I was on a particular unit as well and to see one patient we had to go to the ICU (cough) and I hadn't been on to an ICU since er since my dad was really ill and was dying and you know going into that environment again after such a long time it was still oh it brought everything back so I was quite unprepared for that even though I think of myself as quite emotionally strong and all the rest of it .....my educator had said something about 'oh we've got to go on ICU in a minute and there's lots of machines beeping and it can be quite upsetting ' – that was it and then we went on to it and it wasn't talked about again and I think it was only later that I had the opportunity to process everything and I did a reflection on that and that helped me personally. But yea – there are still things that can trip you up and you don't expect, and for me that was the hospital environment ...* ***Focus group 1***

> *– like going back to emotional connections to hospital I find it really weird that when I go into a hospital on a work premise it doesn't bother me at all – if I go in at any other time because of my previous personal experiences I get all jittery and you know - but if I am going in there to work – completely different* ***Focus group 1***

'Place and space are multidimensional and contestable and hold different meanings to different social and professional groups.' (Poland *et al,* 2005 p171) The 'place' in placement featured in all the writing, both the material place and the cultural context. Occupational Therapy students do go to a wide variety of settings and often have to visit people's own homes as part of their work. The placement learning environments the participants wrote about included hospital wards, a cluttered home of an older woman, a hand therapy unit, a hospice, locked forensic wards and a city farm, very much the 'network of resources, knowledge and power' that Philo and Par (2000 p513) describe. All of these different contexts had their own 'feeling rules', cultures of what is permissible to feel and to express.

In the first section I will look at the spaces and cultural contexts of the placements and the effects and influence of these on the students' experience of managing their emotions. The creative writing conjures up an almost tangible sense of being there with them at times and illustrates the involvement of space and place in forming our subjectivity and constituting us in certain roles. In the second half of this chapter I will focus on the place of the university in placement learning and finally to close this section I will look at the research process and practice and emotion management within that.

5.1 Students going to placement: trying to get in

In a warm up exercise I asked the student participants to write about walking into placement for the first time and to describe that passage into the building almost explicitly asking them to think about it from outside and then transitioning in to be a part of it. Some of the descriptions convey a powerful sense of alienation, the strangeness and other-worldliness of placement. The first four pieces of writing presented here describe placements within the NHS and the final one, within a voluntary sector project for people who are homeless.

Freya read this piece out to the group. Her placement site had a stark, neglected and almost abandoned feel to it:

I approach the vast hospital, passing through the cloud of smoke produced by patients in pyjamas having fag breaks by the entrance. Inside the building I scan for signs to lead me to the OT dept. No signs of life or people were walking the corridors. This place felt forgotten about, no-one sat at the reception desk; the walls had that yellowing quality that white paint takes on after years of being left. The pictures on the walls were faded, bleached by the sun and gathering dust - pieces of artwork and embroidery done by patients hung with dates decades old. I rapped at the door which was signed OT Office but was met with a long unbearable silence.

This was the reaction of the group to this little narrative:

Ohhhh

ahh…. laughter

Freya: it was quite a , they were in the process of moving so it was quite a, it did just feel like this kind of abandoned

Diane - tumbleweed?

Freya: Yea! and there's all these locked wards behind you and like the OT office wasn't actually the OT office where you were assigned to, it was like an abandoned room, and there I was knocking, it was the first time I'd been there and eventually a cleaner passed like 10 minutes later and said - 'oh it's down there love!' (laughter from Freya and group) - yes so you had the wards behind you and they were locked, you didn't really want to, and no-one came out so you didn't really want to like …'hello??' (in v quiet voice) (group laughter)

Me; Oh not a good start?

Diane - it's one of those rooms in the basement ……..sort of moments

Freya's portrait of this neglected place was met with amusement by the group but also recognition. I wondered how many other students had seen OT departments like that and how the state of the buildings could be seen to reflect the rather marginalised position of occupational therapy in main stream NHS services these days. The bio-medical model of the current health service sees occupational therapy as peripheral to the scientifically based medical, psychological and pharmacological interventions (Wilcock,

1998). This theme emerged again in a group discussion in the final session when participants discussed the OT profession and its place in health care. Several of the participants expressed concerns about the marginality of the profession within the NHS as this short extract conveys:

> *Becky:: I think I find that with the course - I mean for me OT is hugely practical - you look at someone's problems and you try and fix it for them basically, but the course is really really academic now like all the theory and the assignments- and I don't like - well I'm not very good at that , and that to me seems like that technical thing - they're trying to make the course more technical to fit in with the NHS. But it's not - for me it's, you see a problem, you fix it*
>
> *Diane: yea , it's just something that seems to come up repeatedly and also you nòtice it in the literature, like you rarely get a mention - or like when I went in to the General Hospital to watch another OT in another department, there was a board with the doctor and what they could do , then the nurse , then physio and a little slash and OT in little letters - I felt like wiping it out*

The tumbleweed, the yellowing paint and the faded pictures express these concerns in a very striking way. Given Halford and Leonard's (2003) research discussed in Chapter 3, the neglected and almost hidden away nature of the occupational therapy spaces made me reflect on its impact on the professional identity these students were acquiring.

Graham's writing about arriving at placement illustrated another aspect of place and placement rules.

It had taken longer to get there than I imagined, my hands were freezing but the rest of me was warm. I was well prepared, too well prepared. I was early and waiting outside. The door was locked and I had to wait in the lea of the doorway. I was let in with only a brief explanation of who I was by a member of another team. I could have refused but it was cold. The building was a former care home and smelt of dust and damp, frayed old carpets remained as did much of the furniture. The flock wallpaper gave no indication of a place to wait or sign in. I invited myself to make a cup of tea and asked if

anyone else would like one. I was thirsty and looking busy couldn't hurt. The small kitchen was tatty but well stocked. My educator came in just as I picked up her mug for my own brew. I was still early.

A similar neglected feel comes through Graham's writing about arriving at placement as he views the fraying carpets and smells the dust and damp. To add to the alienation he includes the detail at the end about making a cup of tea in the Practice Educator's mug and inadvertently breaks an unwritten rule. Even the mugs are delineated and defined as specific to certain practices and people. The office as a space has its own spatially defined demarcation lines and illustrates the situated power relations between the student and the Practice Educator and how power is relational (Poland *et al,* 2005). Graham is writing about how students, like everyone else, need to know their place. However in both of these pieces about walking into placement there is a similar lingering sense of the importance of security and locks are prevalent. They are being let in or kept out, going through the locked doors to the 'professionally colonised space' that is the placement site (Poland *et al,* 2005 p172). The students are outsiders visiting the service but their writing seems to be saying that occupational therapy may also be an outsider within the services.

This sense of a locked space to which they had to gain entry and in which other people may be confined was vivid in Chloe's description of a forensic setting which she visited. She was on placement in another forensic setting on a Unit for women who had a diagnosis of personality disorder. She chose to use the form of an Alpha poem to write about placement (the poem is unfinished). She did not read it out to the group but gave it to me after the groups.

Arriving in a familiar town

But parking thwarts my eagerness.

Collecting keys and personal alarm, it's clear that

Danger is a feature of this place.

Everyone staring, inquisitive, some hostile,

Friendly people seem to be in a minority

Going to another town, is like a

Holiday away from the

Intensity of women.

Just a snapshot of the drama, pain and

Kept possessions. Human

Lives to be caged in a house,

Managed, controlled, medicated,

Notes made and

Observations discussed.

Perhaps being locked up is what makes these women

There is a real shock to the words she uses, conveying the danger, hostility and forced confinement and the explicit reference to the role of this forensic setting in controlling the people within. To Chloe this service is about medicating and managing other people's lives to the point where it sounds as if they become something other than people ' Notes made and observations discussed'. The disciplinarian aspect of the healthcare setting is overt and central to Chloe's perceptions of it which is not surprising given that it was a forensic setting. She writes about it from the outside looking in and in fact it is difficult to feel where she is at all. If hospitals are spaces within which professional identities are constructed (Halford and Leonard, 2003) then this piece of writing feels as if Chloe was not happy to be constructed by this space at all.

Becky also gave me her piece of writing after the groups.

Friendly faces speak from the other side of the desk. Walls closing in. The smell of paper, photocopies from the office. Pale colours, cold atmosphere. Straight backed chairs and forms. No people beside you. Lonely. Blue. Cold. Imposing.

When I listen back to the recording of the session I can hear that I did not give people a great amount of time to decide whether to read their work out

or not because I had seen this as more of a warm up exercise. Reading Becky's piece after the groups had finished I wanted to know more about where she had been. Her writing conveys a sense of alienation, and almost oppression - 'the walls closing in'. It was a very short piece of writing. Again there is a sense of the student participant being isolated and an outsider in spite of the friendly faces. The space seems both cold and suffocating, lacking in comfort and warmth.

Diane did not read hers out either. Her writing focused more on the feelings about placement on the first day and conveys an over-riding sense of anxiety (she mentions anxiety four times in this short piece) but she reminds us of the physicality of the place towards the end with the mention of the expected smell of urine, and then of herself -and the goose bumps on her skin.

I'm anxious to arrive on time, if not early. The hill isn't too steep but I'm aware of time and not so certain of where I'm going so there's a slight anxiety fluttering away in my tummy. I find the entrance and slow my pace, straighten myself up and remind myself to smile. Knowing that this one was chosen for me due to last year's disappointment. I feel slightly calmed but also anxious that if this is a good placement and I still don't do well or enjoy it then this time it's because of me and my sensibility. I introduce myself and am shown a seat in the dining room. Elderly people smile at me warmly. It doesn't smell of hospitals or urine so that is a pleasant realisation. Deep breaths, don't gush, be polite and professional. Feels like my clothes aren't resting on my skin but on the peaks caused by goose pimples caused by anxiety.

It is interesting that neither Becky nor Diane read these pieces out and I did speculate whether their feelings of anxiety or discomfort had been too personal for them to share with the group or with me.

Alice read her piece out, one of only two pieces of work she read out at all to the group:

So you press the buzzer to get through the first door, greeting the clients sitting at the door, waiting to get in to the centre when it opens. The door is

heavy and hard to open. Walk in to reception, the shutter's down, the floor is sticky and dirty; you press another buzzer to be let through another door - you wave in at the person at reception and let you in. The main room smells of damp and you can hear people chatting in the kitchen and the office, there's a light buzz and ...humming...sound as the day begins. You fiddle with the combination lock on the door into the office, you walk in and can smell coffee, people greet you and the humming gets louder. There's lots of chat and laughing and joking. The office is small and you've to manoeuvre your way to the back to take off your coat and bag. It's really hot and sticky. You go out again to make a cup of tea, more friendly chatting. The handles on the tea cup are really sticky; the tea is hot and burns my mouth. You go up to the kitchen to get breakfast and you can smell the porridge and toast and people are laughing and chatting.

In this piece Alice conveys a sense of a chaotic, voluntary sector placement setting which contrasted vividly with some of the previous descriptions of NHS placements. However the references to security and being locked out or locked in are the same as those in the NHS settings in Chloe's writing and Alice's. All describe a locked away world where people have access according to status: patient, service user, staff, and student. In these writings one can really feel how the relationships between the student and the 'patients' are spatially determined (Andrews, 2003).

The physicality of Alice's description is striking and she uses the word 'sticky' three times in this short piece: the floor is dirty and sticky, the room is hot and sticky and the handle of the tea cup is sticky. Everything around her is sticky and she conveys a sense of unease as if the materiality of the place is getting through to her, dissolving some of the boundaries between her 'self' and the place. She manages to convey the hustle and bustle, the noise and the smells as she describes how she almost has to squeeze in to find her place. I could picture Alice, as a small young woman doing exactly this. Ahmed (2004) discusses emotions and stickiness at length in her book *'The cultural politics of emotion'*. Whilst Ahmed is talking figuratively about how some emotions stick, her discussion about the merging of boundaries

through this stickiness and the possible disgust that this can provoke reminded me vividly of Alice's description.

The placement settings the student participants described in these pieces of writing often appear quite inaccessible, whether this is something physical, being able to find the department and get through locked doors or whether it is emotional where they can be overpowering to the point where they cause anxiety and alienation. What they are describing is a learning environment that is not easily accessible, that does not have a place for them, where they have to discover and find their right place.

5.2 Students as patients: trying to get out

The writing about the 'place' of 'placement' happened in week two. In the following week's discussion before we started to write, the subject turned to powerlessness of the patient role. The student participants then talked about their own experiences of being a patient. Graham's contribution was very interesting in his description of how he felt and this related strongly to the actual physical place. Again it reflects a power division or dynamic around keeping the patient in his/her place (Goffman, 1961). The discussion begins with Freya talking about when she was in hospital abroad and when they came to put a 'line' in (for an IV drip) she knew that she would not be going home.

> *Freya: I wasn't involved in the decision and it hadn't been communicated to me (laughs) so yea You do, you feel like really powerless and it felt a bit like a battle - and you see that all the time in hospitals don't you, patients just wanting to go home*
>
> *Graham: You'll say owt to get out, you really will, I mean, when I was, when I was quite a lot younger I .....ended up in a hospital and erm, because I'd injured myself ...and yea, I just wanted to get out,I realised how stupid it was and everyone came along and just told you how stupid you were and yea you were just incapable of doing anything bar eating yoghurt and doing stupid stuff like that and thinking, I'll say anything to get out of here , I'll agree to anything - you want me to go for counselling oh yea I'll do that . I can see my mistake now but everyone talking down to you because you'd made one stupid decision - well you feel it's stupid*

but looking back it's probably quite rational at the time , but yea you will say anything and agree with anything , you don't know who anybody is , no it was awful

Me: Mmmm - it is a strange world you go into

Graham: you feel disorientated, I can't even remember getting in there - and you don't know - you don't know the layout of the hospital, it's like one of those, it always reminds me of the Chinese courts in the city - they used to have this weird way they'd take you round to see the emperor so that you'd be confused about where you were and a bit overawed (laughter from group) - and you'd have to do what you were told

more laughter from the group

The issues around containing, and depersonalising people when they become patients (Goffman, 1961; Foucault, 1989) are clear in this discussion. The likening to the Chinese courts where the emperor would deliberately have visitors disorientated to guard his power is a lovely reference when applied to hospitals and health care and illustrates parallel examples of how the patient is disempowered and disorientated. It is a reflection of what Philo (2000) discussed about how the organisation of space and place being a manifestation of the wider relations between the medical professions, the 'sick' and the community, and of Foucault (1989) and the spatial separation of the 'sick'. It also mirrored to some degree the student participants' writing about going to placement, the same sense of disorientation and alienation. All these writings and this discussion point to the importance of delineating roles and power relationships in the healthcare settings. Emotion management is one part of this power relationship between the different people concerned. The creative writing gave the students the opportunity to explore and express this relationship with the placement setting. Their management of their feelings of alienation, fear and anxiety were part of their 'becoming a professional' behaviour.

5.3 Feelings rules and placements

The geography of the placement is more than just the place and includes the psycho-geography and cultural aspects of the setting. A key feature of Hochschild's concept of emotional labour was that of 'feeling rules'. One

writing exercise explicitly asked the student participants to think about the 'feeling rules' of their placements and to compose an alpha poem about two different ones. Feeling rules are one part of how health care professionals learn how to constitute themselves within the space that is the healthcare setting. Eraut's (2000, 2007) studies highlight how much placement learning is tacit and this is nowhere more evident than in these feeling rules. They also illustrate the socialisation (Ousey, 2009; Lindberg, 2009; Cope, 2000; Swanick, 2005) and domestication (Usher, 2009) aspects of their learning on placement.

Freya wrote two quite contrasting ones from two different placements that conjure up the different cultures in both settings. The first was from a physical paediatric ward placement:

Alert attentive and active

Bish bash bosh

Change all the time

Different directions

Ensure efficiency no time for

Faffing

Get on with it

Haven't got time to hang about

Initiate the next step

Juggle one to the other

Keep it all moving

Little time reflecting

Must crack on report finished, discharge

No time

'Bish bash bosh' is a wonderfully evocative phrase for having to get on with the practicalities of the job. She explained a little more to me and the group:

> *Freya: ..... it was very much like you have to crack on - and for me I'm like a reflector, I like to do things and*

then go back - we used to spend hours on my report making sure I had it all right - but no here it was just - you've got to get on with it, it was very different to the way I am used to working

Me: was the other one similar or different?

Freya: it was very different - basically it was a supported placement for people with learning difficulties

Always wear a smile

Be careful not to be alone too much

Chat and do as much as possible

Everyone should get stuck in

Friendly faces rule the roost

Getting everyone engaged

Hands-on work it depends on using your

Initiative

Juggling several things at once

Keeping space for those who like it quiet

Meeting so many different needs

Never revealing your inner chaos

Freya's writing about this second placement still emphasises how much there is to do and 'juggle' but also the need to appear composed and friendly.

Chloe wrote another that lists a whole lot of rules that are quite specific in their requirements to control the self and perform as a good professional:

Arrive prepared for small talk with the OT assistants

Be prepared to hear heart-breaking stories.

Control your tongue on home visits

Do not remain silent in ward round

Expect patients to get cross or refuse to be assessed.

Find opportunities to chat and reassure patients

Give each patient time to adjust

Help each patient to help themselves

Initial interviews will take a long time - be patient

Just show empathy and understanding

Know when to be quiet and let the patient talk

Learn that not everyone wants to or can be helped

The students then are asked to conform to different rules in different settings and they have to pick up these rules tacitly, they are not articulated. Through the writing and the group discussions it is clear that emotion was a mediating aspect of their learning about how to be within these environments.

5.4 Liminal spaces

The health care spaces and places described in the student participants writing were almost all alien, sometimes dangerous and often outward manifestations of the disciplinary culture. Bolton (2001) in her research talked about how there were 'off stage' areas, places where nurses could go to take off the 'professional face' and find some relief. This was reminiscent of van Gennep (1960) and Turner's (1969) concept of liminal space , a transitionary space where one can be between identities. Although none of the student participants mentioned these types of places on site, I remembered Freya's last couple of sentences in her little piece about her 'professional face'.

All the stressed out gurning occurs away from the public. A stolen moment in the toilets or crumpling on to the sofa when I get home to offload on someone I know and trust.

So she finds the toilet an escape to take off the face or waits until she gets home, free from the disciplinary gaze of her Practice Educator.

Similarly in Group two Ellie wrote about a time when she learnt that one of the patients she had been working with had only days to live and she became very upset:

I wasn't ready to hear he was about to die. I knew he didn't have long but I didn't know how to cope with this knowledge. Shock, how must his wife feel? What right did I have to be so upset? I couldn't show it when we went to the meeting had to be professional and get on with this job I wanted to do.

I went to the bathroom and burst into tears. Controlled my breathing, washed away the shock, the tears and went to the meeting wearing my professional face. I could deal with my emotions later. R's wife and the other professionals needed me as a professional OT student now.

Ellie too takes refuge in the toilet to compose herself and re-emerge as the 'professional OT student'. Halford and Leonard (2003) show how nurses in their study used the sluice room as a private 'borrowed' space in which to become themselves, but there is no such place for an OT student. The wards belong to the nurses and medical staff and if there is an OT department it belongs to the qualified staff (note Graham's mug). These places of refuge provide liminal spaces where they can be both 'themselves' and 'the student'.

Crawford *et al* (2014) in their article on compassionate care talk about the factory floor style language used on busy wards these days with phrases and words like 'targets', quick turnover time and efficiency and how this impacts on staff as well as service users. The students' writing often reflected this sense of process driven care, 'bish bash bosh' being a brutal way of summing it up in this instance. They also discuss the need to make environments 'emotionally warm as opposed to 'cold clinics" (p3596) again resonating with the students' use of the word clinical and Becky's 'Lonely, Blue. Cold ' placement environment.

5.5 Other spaces of placement

A large house, high on a hill, open to the cold winter elements. Front porch blocked by the newspapers, inaccessible front door. A large living room with very little visible carpet. An antique desk piled high with papers - a small narrow path, through the clutter to an armchair by the fire.

Concerned and anxious relatives keen to show that house could be warmed; they got the fire quickly burning. Unable to hide their embarrassment or distress at all of the clutter. Eagerly making suggestions as to how it could be cleared if their mother would let them.

A proud lady in a beautiful house, barely noticing the hazards: the clutter was part of the furniture. Smart, well-kept and adamant that she would be safe. All eyes flicking over the piles of paper, clothes and items gathered precariously on the stairs.

In the bedroom out of date medicines- the OT making her defensive and embarrassed. I explained that medicines lose their efficacy when out of date so could we get rid of those? Just to make some room next to the bed. This lady was reluctant to acquiesce but showing signs of insight. Did not want to push subject - not with an audience.

Initially, desperate to hide how worried I'd be at her living this way alone BUT ... it's what she's always done and who are we to judge?

This description of a home visit was written by Chloe in group four. It stands out for me as a description of a place that is very much owned by a person, and as such it breaks all the rules of the health care workers. If cultures of health care spaces emerge from routinized interactions and practices (Poland *et al,* 2005) then away from these spaces and their attendant power relationships and constructed practices, the student felt able to follow her feelings and support the 'patient'. Chloe was caught between the professional occupational therapy discourse about safety and professional responsibility to ensure this and a more human one where she understood that this woman wanted to live that way and had the right to do so. This is a reflection of what Liaschenko (1996) discussed about how the different places and institutions have different values and moral expectations which can impact on a health care worker's (nurse's) sense of agency and are 'controlled and influenced by different kinds of knowledge and power' (p 270). The nature of the house, with its clutter and items that speak of the years the woman had lived there, provides a rich visual image and made me

wonder about the impact that it had had on Chloe. 'A place is remarkable, and what makes it so is an unwindable spiral of material form and interpretative understandings or experiences' (Gieryn, 2000). I sense from this little piece of writing that the sense of the construction of the place was so powerful that Chloe picked up on it and as such it swayed her away from identifying with the Practice Educator and the professional and rather to identify with the woman and her rights, challenging the discourse of professional as expert..

5.6 The University and placement

The placement sites are diverse in terms of geography and health care systems. Each student has a visit from a university tutor at least once during the placement, and in the case of non-statutory placements, several visits and a final assessment in the form of an on-site presentation. In response to the prompt to write about a situation where they had felt they had had to manage their emotions, one student participant, Freya wrote about a situation where she and another student on placement with her had a misunderstanding with the visiting university tutor. She had felt upset by the tutor's reaction and described the situation:

The last day of placement is always a mixed bag of emotions. This particular time was even more so because we were doing our final presentation on the last day. Myself and my co-facilitator arrived in our usual way, padded with extra layers to brace ourselves from the cold of the exposed Rec room. We were greeted by the usual sounds and chatter from those we had got to know over the past few months. Cups clinked together and kettles boiled as hot drinks orders were taken and then distributed. Voices raised as people greeted each other excitably or argued over the computers or jostled for a seat and all the while the radio played in the background and the smell of earth and animals added to the usual vibrant and chaotic atmosphere. We waited patiently for the faces of those we needed to gather for our presentation when suddenly a familiar but unexpected face arrived. Myself and my partner were shocked but desperately trying not to panic. 'I have it in my diary as nine' the familiar face said. Myself and my partner trying to fix

our smiles in place through all the chaos talking to each other and silently communicating 'where did that come from? We would never have said nine. It's totally impractical for the service as no-one gets here till ten. We e-mailed to say eleven. What should we do?' The face before us became more twisted and angry as we tried to offer practical solutions. They were all met with disdain. We tried to smile although I could feel the blood rushing to my cheeks. We'll show her around, she can see the baby goat. Who could be angry after that? oh no still angry! Deep calm breaths. We have a presentation to do. Look calm. Look professional. Do not let it throw you. Do not let your fellow presenters the service users pick up on your panic. Suddenly it doesn't seem so cold. I need to take off layers as my cheeks are burning up. We cannot do it before 11 due to the service users needing time to practice. We prepare the room. Now the familiar face sits in front of us still twisted with anger. Others start to pile in. More and more. The noise levels rise. How will we keep this under control? The clock ticks past 11.15 by the time everyone is in and settled. Panic! But need to present. Think calm serene thoughts.

This piece of writing surprised me. Freya did not read the writing out in the group but stayed behind to talk to me about it at the end of the session. She was unsure of how I might take it with its implied criticism of a university tutor, a colleague of mine, and wanted to check out with me what I thought about it. I was shocked because naively I had not expected anyone to write about the university tutors as I had focused solely on the placement site, completely overlooking the university role there. The writing surprised me as well in its frankness, describing the tutor's face contorted with anger, not conforming to the demands for the professional face that the students have to do. The desperate attempts of the students to dissipate the tutor's anger with the baby goat (to no avail) and the physicality of Freya's reaction really stand out as she describes the embodied affect it has on her. The writing conveys a sense of the affective power of practices discussed briefly in Chapter 2. I can read the force of the affect on Freya, see the blush of her face and feel her temperature rise as she has to remove a layer of clothing and tries to control herself and conform to the socially accepted norms, whilst

also keeping everything else going. It is a vivid illustration of what Wetherell (2015) describes about how whilst we are feeling the embodied affect we are also 'thinking, negotiating, interacting, talking and making sense of what is going on ' (p145).

The contrast between the city farm with its noise, movement, smells and mixtures of animals and people could not be further removed from the highly regulated, predictability of the university teaching spaces. The artificial boundaries in my own understanding about the placement learning space and the university learning space were completely challenged by this piece of writing. In the next section I discuss another challenge to my own boundaries around the research space.

5.7 The research space

The creative writing groups took place at university in a 'creative therapies' room which all the participants were familiar with. It would have been the site of some of their teaching and perhaps assessments as part of the occupational therapy course. I found it a cold and hard environment, overwhelmingly grey, a plain square room with windows along one side with basic grey, plastic furniture. The room is at the end of a long corridor and the heating is often inadequate. I tried to mix up the internal environment and change the nature of the room by moving the tables into one large oblong that we could sit around in a non- hierarchical way. I made a refreshments table up with soft drinks, fruit and biscuits and offered to play music if they wanted it (the majority decided against this). It was very much a teaching room and its trappings and history constructed us all in accepted identities as student or lecturer no matter how much I tried to disrupt this.

There was one moment in group two where I could see Ellie becoming upset as she was reading her work to another person (the process was that people wrote, read it through to themselves in silence, shared it with one other person and then chose whether or not to read it to the whole group). I watched Ellie without being too obvious and saw that she soon recovered her composure and so I did not refer to it at all and neither did she or anyone else. I wrote about this after the group and questioned myself as to why I

didn't do anything more. I decided that my therapeutic skills had come to the fore and I had made a decision based on what I thought she would want and that was to not to be drawn attention to. However at the next session, Ellie brought in a poem she had written in between groups and just gave it to me and did not want to read it out. She said no more about that poem until the following group, the final one. I had just introduced the topic for the weeks writing, feeling rules:

> Ellie: *It's quite interesting you were saying about the feeling rules and stuff like that because I got upset in one of the ones when we were doing writing - and the following week I chose to write before we came and I gave you the piece of work but I felt I couldn't read it out - and that was just here. And then when we were doing the character and getting in to someone's head I chose a completely different situation that I knew I felt I could control my emotions over and deal with and read out.*

So Ellie is acknowledging that even within this research process there are feeling rules which she felt she had to adhere to. She had made a conscious choice not to read out a poem which she knew was very emotional for her and that she had then deliberately chosen to write about a situation that she could cope with emotionally that would not make her upset again because, she is implying, the feeling rules of the research group were that you should not get upset, mirroring the very feeling rules of placement. I was completely thrown by this and my reaction unfortunately was to close down the conversation - something I feel almost ashamed of in hindsight:

> Me: *yes it is very relevant - even here there are 'feeling rules', I mean we all sort of manage what we put out there really and what we think about - although we haven't said anything. It happens all the time - and it's not that it is a bad thing - I suppose - but because you are going out to placements where people are upset or distressed, you are going out to a heightened emotional place so you have to probably manage your emotions even more - but we don't address it ...or it hasn't been acknowledged I suppose.....yes , but it is everywhere - you do it all day don't you , in different situations. That's interesting.... (Silence of 8 seconds)*
>
> Me*: Shall we just get going? But if you think of anything else - and if you don't want to do what I suggest at any*

point - you don't have to. But we'll just go with this for now and see what you think.

When I listen back to the recording, the eight second silence feels full of the group's recognition of my defensiveness. My reflections at the end of this group show how I had been flustered by this intervention and I knew that I had missed a really useful exploration there. My notes after that group also focus on my role in setting the feeling rules: how had they been set, what had I said or done to create them? Or were they a continuation of the feeling rules generally of university life? I wrote about two incidents where I had had similar experiences myself and upheld unspoken feeling rules, once when I had received a very upsetting e-mail just before going off to a teaching session and I had swallowed deeply and contained my upset to get through the session, wondering afterwards how the students could possibly not have seen how upset I was. The other incident was when I broke the feeling rules by crying in the café area, surrounded by students and other staff. I felt that other people reacted to me with shock and almost panic, not knowing what to do or even where to look. This reflection on this session reminded me vividly about the feeling rules of all of our shared spaces.

Both the incident with Ellie and Freya's writing about her 'confrontation' with the university tutor opened my eyes to the complicity of my role in a way I hadn't previously acknowledged and reminded me of the blurred lines of learning spaces and the 'spidery network of dispersed intentions, knowledge, resources and power.' (p514). Poland *et al* (2005) that make up learning on placement.

The word and notion of 'placement' appears throughout the HCPC and COT standards as though it were a one site entity that everyone understands. The student writing has challenged this notion of placement as a unified place or experience and highlights how it is in fact multifarious and fluid and a highly contested learning space. Emotion management is a part of how these spaces construct and are constructed by the discourse of professionalism.

Having considered the role of the place and space of placement learning in constructing the feeling rules for students I will now focus on the writing about people and interactions and assuming the professional identity. The students' writing illustrates how different people impact upon them emotionally and how they can or cannot express emotion. This emotion management is a central part of how they constitute themselves as a professional.

Chapter 6 People: Dialogic identity narratives. Managing emotions to *be* the professional

The narratives and poems are full of people/characters, the student participants themselves, 'patients' and 'clients' other health care staff, nurses

and doctors, psychologists and the Practice Educators. Through looking at these characters and their interactions with them, some interesting issues arise about where the student participants see themselves in relation to others, of how the power circulates between them and the role of emotional labour/emotion management in this. In this Chapter I will consider how their decisions on how to manage their emotions are part of a negotiation around their professional identity. I will compare the student experiences conveyed in the writing with other experiences of emotion management in the literature and show how the student narratives add another dimension to the understanding of the practice of emotion management not expressed in previous literature. The writings are also a challenge to the commonly understood notion of professional identity, making it much more of a messy concept than is usually put forward in the literature.

All the written work throughout the four groups is from the students' perspectives, drawing on their memories of placement. Within this I wanted to encourage them to write about and focus on other people they had come into contact with. As a deliberate device I asked them to write one piece from another person's point of view, leaving it to them to choose who or what they wanted to be. This device was an attempt to open up new space for them to consider their experience, to place them even further away from the usual academic objective standpoint - into fiction. I also asked them to write about someone who had inspired them on placement. The intention behind this was for them to focus on another person but in doing so identify characteristics or skills that they valued.

The students began by writing about themselves, 'othering' themselves by describing their 'professional' face in the mirror, so they immediately begin to become a character in their own writing. This is followed by writing about other professionals and patients with whom they interact where emotional issues were raised for them and where their multiple identities as students, daughters and potential professionals is explored.

Huynh, Alderson and Thompson (2008) acknowledged that in all the literature about emotional labour in nursing, very little has been written about

the service user/patient role or perspective and its impact. Theodosius (2006) considers the way emotions are exchanged between people and are not just an intrapersonal issue and although her psychoanalytical approach is not one used in this research, the student participant writing does illustrate some similar aspects of emotional engagement. Interestingly in the student participant writing the service user/patient is often central. This may be because of specific prompts I used but this was also sometimes their choice of focus. Of course these could be fictional or creative representations but the writing does bring a new dimension to the theoretical debates about emotional labour in that the 'patient' is often at the centre of the emotional issues the student write about.

6.1 Embodying the professional - putting on the face

The dominant discourse in health care is that being a professional health care worker means having a particular demeanour that involves a certain amount of professional detachment (Fineman 1993). Writing exercise 2.2 asked the participants to describe their professional face with the following prompt:

> *I want you to imagine that you are looking into a mirror at your professional face...what does that look like? What is it expressing? Pretend you have got a mirror there and you are looking at you as a professional just describe what you see and feel – the expression, who is this person, this professional?*

There were six participants in this second group. After sharing their writing with one other person, they were asked if anyone wanted to read it out to the whole group. Diane was the first to volunteer followed by Becky and Graham.

> Diane: I will – I probably need to explain a few bits – I just had to now –I'll explain afterwards:

Mirror Mirror

Calm complexion from arriving early and having time to acclimatise

Hair clean and round my face. Eyes bright, no bags about.

The Golden thread is lifting my chin and relaxing my shoulders back and down.

Darcey's necklace is being shown off

Eyes and ears are keen but relaxed.

Few frowns or manic laughs, so high emotion lines are at rest.

A sense of consummate professional glints in the eye and

curls up an extra corner of my smile.

Information systematically being projected Mission Impossible

style on my retina.

This piece was met with laughter by the group and the following exchange:

Laughter from group

Wow

I hope I .....

D: *because I cycle everywhere I always arrive looking shocking (laughter from group) but with my new regime being implemented, where I like arrive early then I should acclimatise*

B : *yea how's that going?*

D: *it's going well thanks – (laughter). And then the golden thread in various classes and martial arts they always taught you to envisage a golden thread, kind of lifting you*

Yea

D: *...and your shoulders falling back down and your head up .and them am, you know Strictly Come Dancing – you know Darcey (yes, yea) she said envisage wearing a necklace, you know ,to just bring your shoulders back – so sounds like wearing Darcey's necklace then (laughter from group)*

The performance aspects of the face and posture Diane saw when she thought of herself as a professional are related to film and television as well as martial arts and seemed to me to be very much about a 'show'. She uses words such as golden, necklace, glint and curl. The title she gave to the piece of writing relates directly to the tale of Snow White. Diane's picture of herself as a professional is the idealised, perfect one she strives to be which she contrasts with her untidy and disorganised 'self'. Interestingly this image of the student looking into a mirror occurs in the literature around emotional labour and nursing students. Warne and McAndrews (2009) wrote a paper entitled *Mirror mirror: reflections on developing the emotionally intelligent practitioner.* This paper takes a psychoanalytical approach to looking at how student mental health nurses manage their emotions on placement. The last section of this paper presents the ideal mental health nursing student:

> *Through The Looking Glass: An Image of Emotional Intelligence'*
> *Mirror, mirror held in hand*
> *Before the looking glass I stand*
> *On close inspection what do I see*
> *A loving, loved, nurtured me*
> *Balanced and strong, able to hold*
> *The emotionality of my nursing career that's about to unfold (p164)*

This idealised version contrasts quite starkly with that of the participants' reflections. Becky was next to read out her work:

> *B: I'll read mine out.*

Hair tied back in a neat pony tail. Eyes alert. Wide open. Smile fixed, not quite real. Face open, but closed. Expression changeable- smile fixed. Smile goes, mouth opens and noises of sympathy and agreement come out. Forehead furrows and eyes squint in a look of forced concentration. Always interested and engaged .But closed. True emotion hiding behind eyes that show what the other person wants to see. Emotions there for only the most perceptive. Most see a motivated, interested, concentrating, never tired, always willing student.

This was met with an expression of group awe:

Group: wow ,Phoaw
Me : that captures the hard work you have to put in to
B – yea – to just appearing interested
(Group laughter)
B– it's like I am interested, but I have to appear interested

Huge group laughter

Becky's piece found some resonance with the rest of the group. Becky focuses on how she appears to other people on placement who may be watching her and on the effort required to meet the standards she presumes are asked of her. Part of these standards she assumes is to hide 'true' emotion and only present what they want to see. Twice she mentions how closed she is: 'Face open, but closed,' 'Always interested and engaged. But closed'. The need to *appear* interested, not just to be interested was met with loud laughter from the group which I assumed to be recognition. The need to appear alert and smiling is part of both these students' beliefs about appearing professional and it resonates with a traditional view of emotional labour as being about impression management (Ashforth and Humphrey, 1993). However impression management is about presenting oneself in a certain way in order to sell something whereas in the student's case it is about presenting themselves in a certain way in order to be deemed competent to be a professional occupational therapist and it is something they are being assessed on. There is little in the nursing literature about the need to physically present and embody the professional. Halford and Leonard's study (2003) on space and place in the construction of nurse identity however quotes from nurses talking about how they feel that they are on show all the time and how when they put the uniform on, they walk differently and carry themselves differently in an attempt to be the nurse.

Graham was next to read out his work:

Not so clean shaven I come, not scruffy,

Poor posture, leaning forward he's listening or listening

You can see the thinking, lips purse,

I could be interrupted soon

He's not so similar, his eyes are fixed

Is it caring or is it too different

Do I blink often enough? (laughter from group)

My eyes are wide, they see so much

Do I judge also?

You can see the thinking

You can see the jaw set and

The eyes fix

You can see the lips getting ready

The discussion after Graham's writing explored this need to think about how they were coming across to others and the professional gaze. It went beyond the facial expression and like Diane alluded to, it involved the whole of the body posture to the point where concentrating on that would interfere with hearing what was being said!

> D: *I always stretch, you know when people are talking? and I'm like (pulls a funny face) , to like activate my brain , I'll just surreptitiously activate my brain (laughter – pulls more faces) like this – to get my circulation going .....cos it keeps the blood flowing – cos otherwise you're looking and you're concentrating so much on what you're looking like that you're not actually listening to what's being said*
>
> G; *Postures important as well – you know you said that golden thread thing? I've got bad posture generally so I lean forward but then I think – do I look really lazy now?*
>
> (laughter from group)
>
> Me: *It sounds like being a professional isn't something that necessarily comes naturally . It sounds like its something you have to work at ?*

Group *Yea, yea*

E: *We were saying – like I said , I answer the telephone , I don't speak like I do when I'm just sat here, I have a telephone voice and therefore when you are being professional , your professional face is like your telephone voice it's (yea) , you know*

D: *that's a good analogy (Mmm)*

B :*I hate my telephone voice , problem is I hate my professional face as well (laughter from group).*

What also comes out from Graham's piece of writing is his ambiguity about this professional face in the way he talks about himself in first and third person. At times it feels as if he is describing what a camera would see if it was focusing in on him close up, again the external gaze, presumably of the professional who is assessing him as a student. From the discussion afterwards the group again endorsed the sentiments expressed and the analogy with the telephone voice was interesting. The telephone voice has connotations of being false and indeed Becky said she did not like her telephone voice or her professional face. The participants are aware that they are faking a presentation of themselves to be the professional they desire to be.

What the writing has demonstrated is the effort required of them to maintain the face and posture, the ever present external gaze of the assessor and their discomfort and dislike of having to maintain this stance. The accepted discourse within the group was that this was something that had to be done but something which they found arduous, false and did not like doing. Their work on themselves mirrors Bolton's (2000) descriptions of how the nurses in her study learn to match their face with the situation and how this presentation of self is directly linked to making the distinction between patient and professional. This is what she would describe as a prescriptive type of emotion management (2005) linked to the professional role and subsequent social status which these students wish to attain. Writing about the feel of presenting themselves as a professional has allowed them to articulate the

experience of disciplinary power that 'imposes on those whom it subjects a principle of compulsory visibility.' (Foucault, 1977 p187).

The three students who did not read out their work gave their writing to me at the end of the workshops. The first two convey similar themes to those read aloud, particularly the physical effort to maintain the 'front' of trying to present as they think people want them to be.

My hair is tied into a neat low bun, my fringe is back off my face and my hair is controlled and pinned. My face is bright and awake, my eyes are friendly and alert looking. I'm smiling and trying to look friendly and approachable, controlled and confident. I am trying to look intelligent and interested and composed. My skin is clear and clean.

Alice wrote this little piece that is similar in many ways to the others in its focus on appearance. The facial expressions and the hair styles can be changed at will but Alice seems to see this professional face as being even more than just surface deep, involving as it does the state of her skin, which presumably she cannot change. It seems to suggest that she feels being a professional is more than just presenting as one, but is something she has to bodily inhabit from within.

As a professional my face is always smiling for others to see. No matter how stressed or flustered I may feel inside that smile is fixed to show others I'm ok. My face likes to convey a sense of calm and serenity. You will not see it show panic, fear or anger unless you look very closely at those micro expressions; a little furrowing of the brow or a slight tightness around the mouth. All the stressed out gurning occurs away from the public. A stolen moment in the toilets or crumpling on to the sofa when I get home to offload on someone I know and trust.

Freya's writing says similar things to that of the other participants but like Becky's mentions the underneath emotions hidden beneath the smile and hints at the fact that if anyone looked closely enough they would in fact be able to see the tiny signs of the stress being felt, just as Becky's emotions were apparent only 'to the most perceptive'. Freya also references the

release of those emotions, the gurning once she is away from the public and the crumpling onto a sofa, a reflection of Bolton's (2001) private spaces or the 'borrowed spaces' in Halford and Leonard's (2003) study where professionals can remove the mask referred to in Chapter 5 on place.

Ellie's piece of writing below was different from the others as she seems to be presenting herself as someone who embodies the professional with ease. There is nothing about the effort or stress of doing it at all, it is an accepted part of who she is on placement and what she is there for. Interestingly the writing is addressed to a patient or service user and uses OT type words such as enable, support.

Clean, smart, friendly, welcoming, smiling.

Ready to listen and care about what you want to tell me.

Encouraging communication

Curious about who you are and what you want to do

Hoping I can help, enable, support.

Knowing the direction to get support / assistance if there's

Something specialised beyond my abilities.

The participants' writing adds a new dimension to findings from earlier research on nurses' emotional labour (Smith, 1992, 2012; Bolton, 2001). In relations to Hochschild's work on emotional labour and Smith's work with nurses on the subject, the writing of the student participants in this study illustrates the 'doing' of the concept of surface acting 'the art of an eyebrow raised here, an upper lip tightened there' (Hochschild, 1983 p38) where the person is pretending to feel something that they do not feel. Bolton's work about nurses as emotional jugglers (Bolton, 2001) has particular resonance in her description of how nurses have a range of faces they present according to the circumstances. What the participants in this study seemed to be describing was how to learn to do that and the effort it sometimes takes to do it. Bolton utilised the work of Goffman to explore these acts and acting performances with the assumption that people are 'knowledgeable agents' and social actors who move in and out of different performances according to

need. In the next chapter I will consider emotion management in a less agentic and more Butlerian version of performativity where the writing shows how the students sometimes challenge one discourse because they see themselves as part of a more important discourse which perhaps challenges dominant notions of professionalism. The writing of the participants in this study highlight the ambiguities and contradictions they went through in putting on these faces with some of the writing asking the reader to look closer to see the signs that it is after all an act and touches on the discomfort felt by some of them about this performance. The ethics of emotional labour and whether faking emotions is acceptable to nurses is discussed in Smith and Lorezon's (2005) paper 'Is emotional labour ethical?'

Many of the pieces of writing also illustrate a need not just to have the right facial expression and posture but also appearance, these concepts of aesthetic labour (Warhurst and Nixon, 2005) or presentational labour (Sheane, 2012) are linked to emotional labour but they take it further to include embodied attributes and appearance: *Clean, smart, friendly, welcoming, smiling; My hair is tied into a neat low bun, my fringe is back off my face and my hair is controlled and pinned; Hair tied back in a neat pony tail. Eyes alert. Wide open.*

What these interpretations are doing however is seeing the individual students as essential, coherent selves, autonomous and agentic who are consciously making themselves into the professionals they want to become. However what is not articulated is a feeling of the disciplinary power that is requiring them to conform to these practices in the normalisation process of becoming a professional. If we view placement as a discursive site then what these writings can be seen to be illustrating is a 'technology of the self' (Foucault,1988), the students disciplining themselves into conforming to the accepted version of an occupational therapy student, hair tied back, open face, alert, upright, smart and ready to work. The sheer physicality of it is quite striking as they seem to have to mould and morph themselves into these professional beings. These powerful accounts of the process of 'embodiment' add another dimension to much of the writing about emotion management and performing the professional.

Following my prompts, most of the writing exercises in the workshops were around the topics of managing feelings and emotions on placement. The texts produced are mostly about the dichotomy between the clinical competent professional they had either come across on placement or aspired to be (or not) in their heads and their feelings about this. (In the pilot study focus groups the word 'clinical' was used as though it were synonymous with 'detached'). The participants wrote about this dichotomy and their placement experiences in many diverse ways. In the following section I will look at three different aspects of it through the people/characters involved.

The first is a series of dialogic narratives from the writing and discussions with one participant, Chloe, about a psychologist she worked with and a patient who inspired her. In her writing and discussion she touches on the meaning of being a professional to her in relation to controlling emotions, and how she performed as a professional in an emotionally challenging context. It provides an interesting and illuminating dialogue about contradictory feelings about being professional. Rather than finding themes in individual pieces of writing to illustrate a point, I have presented Chloe's writing and discussion together to demonstrate how her sense of her professional self is constantly under negotiation and re-forming, never complete (Zembylas, 2003).

In the second example I present some writing from another of the participants, Becky about how she dealt with a situation where she was hearing her own life reflected in that of a patient. Here the dialogue is about what happens when assumed boundaries dissolve and the personal intrudes into the practice of being a professional. The third example is written by Ellie but through the eyes of a patient, Margaret and illustrates the multiple aspects of emotion management by everyone involved in the health care arena.

All three pieces of writing spoke to me about how the 'external' worlds and the 'internal' worlds of the student leak into and out of each other continually, and how they identify with people involved, exemplifying the role of emotions

as a medium of these felt different worlds through which they negotiate practice and their professional selves.

6.2 Negotiating a professional identity. The psychologist the student and the patient

This first piece of work was written by Chloe using another's perspective. She chose to write about a scenario that had happened to her when she was sitting in on a clinical psychologist's group, but she chose to write from the perspective of the psychologist. Her placement was in a forensic setting, working with women with a diagnosis of Personality Disorder (PD). I wondered if it was a coincidence she chose a 'clinical' psychologist (given the connotations of the word clinical).

My name is A.....I and I am a psychologist working with these women. The group today is based around the fact that it is World mental health day so I have come to address issues surrounding symptoms of illness, medication and challenging situations.

I usually feel very relaxed with the patients- it is a small group and I regularly see them for 1:1 sessions. It is an informal group. I have a cup of tea and although the room functions as a kitchen and an activity space I am reasonably comfortable despite the fluorescent lighting and hard plastic chairs.

Firstly Chloe introduces her person to us and sets the scene. She writes about a person who seems relaxed in the setting, who knows 'these women' the patients, quite well and feels comfortable with her role.

We are all sitting around the table and I am asking the patients if they have any questions about their illness. Many do not understand the need for medication - issues regarding insight are often raised in individual meetings. Generally the patients are quite apathetic - although S's labile mood has alerted me , specifically to her questions and anxieties.

S seems keen to share something but I am concerned that this will bring the focus of the group solely on her and may cause issues with the others. I

have asked her if she would like a private session but owing to her symptoms of illness - she seems keen to have an audience. She has admitted behaviours in the past which she is not proud of and also acknowledged the abuse she experienced.

The narrator then lets us know about her professional knowledge and her views on the patients she is working with as the writing turns more 'clinical' using words like 'labile'

Her admission of grave robbing from children's graves is not one she has mentioned before. She is showing contrition and I am keen to keep her reassured as she has a history of volatile and violent outbursts.

Other members of the group are reassuring her - including the OT student, however I am keen to move on to more neutral and shared group ground and suggest to S that we discuss her feelings in detail in a 1:1 session. To move the focus away from her I ask if she would like to leave the group and speak to another member of staff.

S agrees to stay and we resume discussion about mental illness and stigma people face.

Now Chloe shows how the psychologist steers the group away from possible disruption, using her skills to keep off any difficult issues and keep it safe and smooth and 'neutral'.

I feel that working with these patients constantly means a fine line between acknowledging their feelings but also ensuring that it does not fuel their narcissistic tendencies and that other members of the group do not feel the need to dramatically shift the focus on to them. Group work is very exhausting with people with PD.

Chloe has the psychologist voice her thoughts on her work and gives us her professional judgement about the women and their mental health condition, at the same time telling us of how tiring it can be and thus what a committed clinician she is to do this work.

Chloe chose to write about this incident because it had been a very difficult one for her. She had not been at the previous week's writing group and so had not written about the situation from her own perspective. In the discussion in the group after Chloe read this out she said -

> *....that admission that she made, that was the one thing out of the whole placement that kind of got me, it just, I just couldn't stop thinking about it . But I was aware I couldn't show any judgement, I couldn't even appear shocked I just had to , well I put my comment in I said 'Oh I think it's really brave that you've admitted something like that , it was obviously difficult for you to share ; fact is you've admitted it , you've said you're sorry so you should focus on that' - but inside I was thinking ..... sometimes, it's just to other people it might not seem shocking but just for me personally I was really cut up about it and couldn't get the image out of my head and still a year on, it's stayed with me .*

She discussed this piece of writing in our individual follow-up discussion and I asked her a bit more about the psychologist - this was her reply:

> *She was fantastic, she was really, she was quite young, she was a lot younger than me, I'd say she was in her mid twenties, and she just had such a laid back approach to everything, she was very, I mean, I think she'd worked there quite a while so she was really used to her client group and she saw them all on one to ones quite a lot, but even with the staff she was very, just, yeah, very laid back, very confident, but not, you know, one of these people that you kind of go, oh God, she was just, and I just found it so interesting that this sort of relaxed approach that she had with the staff and her peers and whatever, she could take that into you know, the professional setting without losing any of her professionalism, if you see what I mean..... It wasn't like she was putting on a front, it was, it was really interesting.*

Chloe seems to admire this woman and her 'clinical' abilities but also her ability to relate to staff, to be relaxed in a stressful situation a combination she sees as being very professional and yet very 'herself'. Being relaxed and appearing relaxed seem to be an important aspect of being a professional that relates to Hochschild's concepts of deep acting where people not only put on a front to appear to be managing their emotions but in fact manage

their emotions until they do actually feel as they are presenting. The writing also chimes with some of the work of Mazhindu (2003) who found that for nurses it was often a sense of an ideal nurse that prompted behaviour and that the role of colleagues and what they might say about one's behaviour guides one's decisions about what is acceptable to express and what is not. The debates around emotional labour discuss whether it is the organisation's control that decides what is permissible in expressing emotions (Goldberg and Grandey, 2007) or whether it is the role identification and internalised, socially constructed professional ideal that is at work (Mazhindu, 2003). If we relate this to Bolton's (2005) typology of emotion management the psychologist that Chloe so admires is doing both prescriptive and presentational emotional labour.

There is also an issue around the fact that Chloe chose to write about a situation where the psychologist is actually managing the emotions of the women patients. These women have diagnoses of Personality Disorder and part of this 'condition' can be emotional instability, again an interesting choice by Chloe. Within this vignette she is telling us about a situation where she had to control her own emotions because she felt very upset, but this is within a context where the psychologist is controlling the emotions of the women she is working with. There is a direct and explicit connection between the power relationships embedded in emotion management and emotional labour. The wider discourse is that patients' emotions have to be managed and professional skills are needed to do this; these professional skills involve managing one's own emotions. I will discuss these issues of the circulation of power further in the next chapter. Chloe does manage to control her emotional reaction and she talks in the group afterwards about how hard that was for her, but she also constitutes her self as a professional just like the psychologist she admires, conforming to the discourse of emotion management and patient control.

The second piece of Chloe's writing was from a prompt to write about someone who had inspired them on placement and Chloe chose to write about a patient/service user: She read out the piece of writing at the same

group. This brings another nuance to Chloe's complex picture of professional behaviour and expressions:

> *Young, serious face but with rare smiles that could bring tears to my eyes. Long, wavy blonde hair - a battle to ensure it was washed and brushed. Vest tops even on the coldest mornings - new jeans that I helped her choose - also with sparkly fluffy slippers that I helped her buy.*
>
> *A deep broad accent, a surprise given her delicate features. A monotonous tone and often blunt but underneath, a sensitivity and rarely seen empathy. On a car journey, she sensed my tension and asked if I was ok.*
>
> *A quick and intelligent mind but always in a rush to complete things. An ability to drink boiling hot coffee without sensing the heat. Awkward and clumsy movements - forever asking if she was ok.*
>
> *An interest in animals without fear. On a farm she walked up to a big angry turkey and stroked him. Her way with words and honesty always made me laugh but more than anything her vulnerability made me want to protect her.*

Chloe introduces this young woman, giving us a vivid sense of the person through describing her appearance first and then the way she interacts with the world, with an awkwardness and clumsiness that is the opposite of everything she described in the psychologist. It is her communication style however that is most intriguing: what this young woman says and how she says it is out of sync, reminding me of Chloe's own story about how she felt and how she had to appear in the psychologist's group. The difference is that Chloe ascribes this woman's behaviour to her Asperger's whereas Chloe's was the managed behaviour she felt was required as a professional. It is also interesting that although Chloe is drawn to this woman with warmth, she also feels her behaviour makes her vulnerable and feels she wants to protect her. This assumption that being honest in this environment could make someone vulnerable could also apply to the student herself.

Chloe also talked a great deal more about this person in the follow-up individual discussion where she made an even stronger statement about admiring her and her honesty it seems:

...she had Asperger's so her communication skills were very very different to someone without Asperger's, her yeah, her tone, you couldn't gauge anything, you know, she was, she'd have a beaming smile on her face but her tone would remain exactly the same just talking in this voice.....it took a very long time for me to get other clues as to how she was feeling and how she reacted to things and, she made me laugh a lot because of how she was, she was so blunt, and so honest and it was brilliant, really entertaining, she said things that, she was never inappropriate, she was never rude as such but yeah, she wasn't as diplomatic as some people but I really liked that about her.

She admires the patient's honesty and the ability to empathise in spite of major challenges such as a diagnosis of schizophrenia and Asperger's. There are some interesting contradictions in Chloe's attempts to negotiate the boundaries of emotion management and expression with her admiration for a psychologist who is an expert at it and a patient who doesn't respect the boundaries at all. It could also be significant that Chloe chose to write about a 'patient' as the person who inspired her.

Reading all of Chloe's writing and the transcripts of her discussion in the group and with me after the groups, I sense a dialogic identity narrative throughout. If we situate this dialogue within the research process, it feels like Chloe is trying to establish her identity as a professional in a relational way with her peers and me and in a dialogic sense with herself. Within these aspects the power relations between Chloe and the psychology colleague, the service user in the fluffy slippers and with her peers and me are useful to unpick. Crossley (2000) highlights how narratives are constructed within social, political and cultural contexts and Squire (2013) took this further to talk about how cultural and social aspects and discourses inform, challenge and co-produce the participants' stories.

If we look at Chloe's narratives there are some competing discourses around power and control and emotional expression. Chloe's placement was in a forensic setting where control and security are the primary concerns of those who work in the setting. Furthermore, the group of women she was working

with had the diagnoses of personality disorder (amongst others) and were therefore subject to explicit controls and behaviour regulation themselves. Chloe's narratives are like Russian dolls containing stories within stories of emotion management. From the wider institutional one of controlling the 'dangerous' emotions of the women, to the psychologist who controls the emotions within her group to Chloe controlling her own emotions about the grave robbing story, in order to both appear professional and in doing so also to control the women's behaviour. As Chloe engages in managing her own emotions in order to control the emotions of the women service users she is engaging in classic emotional labour as described by Hochschild (1983). In doing so we can see how emotions function as discursive practices within this institution and how Chloe conforms to this to constitute herself as a good student and potential professional.

Chloe's writing about the service user who inspired her however could be read as a resistance to this discourse. Of all the people she could have chosen as someone who inspired her, she chose a woman who against all the odds (diagnoses of Asperger's and schizophrenia) is able to empathise with her when she is feeling anxious, who is not scared of things she 'should' be and who says what she thinks - i.e. she does not (cannot?) manage her emotions. This woman Chloe writes about does not seem to be able to feel the cold (*vest tops even on the coldest morning'*) or feel heat - (*An ability to drink boiling hot coffee without sensing the heat),* but she can pick up on feelings (*On a car journey, she sensed my tension and asked if I was ok).*

Chloe's narrative seemed significant to me not for its clarity or reflection of all the other theory about emotional labour or emotion management but because rather it not only illustrates the role of emotions as discursive practices but also that it really illustrates the nuances of the experiences she is trying to re-present. It is a narrative with multiple layers of meaning and multiple interpretations (Squire, Andrews and Tamboukou, 2013). It illustrates how what is presented as experience is a mixture of competing discourses that run through the narrative (Britzman, 2000). It also paints a non-unified view of her in contrast to the main body of theory around

emotional labour but rather shows her multi-faceted performance of and engagement with the discourse of emotion management and professional power circulating in the practices of this setting.

6.3 Flip flops in November: The professional meets the personal

One character came through clearly in Becky's writing. The character and the incident she wrote about defy the professional/patient divide and the clinical distance is breached. Interestingly footwear features in this piece as well, so we go from fluffy slippers to flip flops in November.

Becky wrote three pieces about one incident that had occurred on one of her hospital placements. In the course of working with a patient, Becky realised that the patient's experience was very similar to something she was going through in her own life. She wrote about it both from her point of view and the patient's point of view and again as an example of learning the feeling rules of a setting, and she chose it to talk about in the individual follow-up discussion. There are some interesting stylistic differences in Becky's writing that demonstrate the going in and out of the professional identity. She only read out the second version but the first was included in the writing she gave to me at the end of the sessions. The first attempt is written in the style of 'clinical' notes, the second in a more personal one:

> *Sat with pt in the large treatment room. Not many other pts. My educator sat at the next table with another pt. Putty, beads and rolling pin on the table, playing silly remedial games with my pt. Talking, chatting, watching. Pt gets teary talking about her life, her daughter who she relies on too much. Seeing tears makes me teary always. Hide this. Sympathetic mask on. Pt feels she puts too much on her daughter, not right, daughter has her own life. This struck very close to home. Had to appear sympathetic, listen to all my problems from a different angle. Educator didn't know, didn't step in. Said I handled the situation well but need to separate my life from placement.*

Becky refers to the 'pt' - the patient, she gives a factual sense of where she was and what they were doing and when the 'pt' starts to become teary and begins to talk about a situation with her daughter that Becky recognises as

very similar to her own situation with her Mother. She hides and puts on a sympathetic mask, appearing sympathetic whilst listening to her own 'problems from a different angle'. However in the second writing up of this incident Becky changes the way she writes about the person from the very opening, referring to her as 'My patient'. There is more description of detail. The language is less 'clinical' and Becky describes her own feeling more, writing about how her heart pulls and her voice is almost choking.

My patient picks up another bead with amputated fingers, drops it in the waiting pot. Small smile of satisfaction as she states that red is her lucky colour today. Goes towards another bead and struggles. As she starts to get frustrated a tear rolls down her cheek. I want to cry for her. She states she feels she wants to go back to work. Once she starts talking she can't stop. She talks about how much she relies on her daughter who tries to help her as much as possible. My heart pulls and I want her to stop. Sympathetic face in place I ask her what she means. She says that it is unfair on her daughter for her to rely on her so much, especially as she often snaps at her due to low mood. I tell her that this is perfectly understandable as my voice tries not to choke. Professionalism kicks in and I talk her through her problems offering comforting words of non-advice. We return to the forgotten beads and after she has gone I reflect. It is hard to listen to your own problems through someone else.

Becky also wrote about this situation again but from the patient's point of view. Interestingly she did not read this one out to the group. It is a much more intense picture of the 'patient' giving a clearer picture of what physical challenges she faces.

Flip flops in November, I feel ridiculous as I walk across the crowded waiting room on unsteady feet. Pain tingles up my toes with each step. At least I can walk now and I managed to do my own hair this morning. We arrive at the table and the OT talks me through the warm up activity. Playing with yellow putty. Rolling it to the ends of my fingers, until the pain is too much, then rolling it back again. The OT puts the putty in the pot and moves it away. We start on the beads. She puts a few beads on a lid and tells me to put them

away using only my thumb and one finger. My face screws up in concentration as I get one bead in the jar. A sense of satisfaction comes over me and the OT congratulates me before telling me to use my second finger.

The narrative then changes slightly as the woman starts to think about what she has lost and becomes upset. Becky's writing makes it clear that she feels the point of her hiding her own feelings was to allow the patient to express hers and by doing so to be able to make her feel better; the 'therapeutic' emotion management in Theodosius's model (2008).

So childish, but fun. I screw my face up again and will my finger to grip a bead, managed to do my hair this morning, but I've still lost all my friends from work, my daughter winds me up always trying to look after me and I still have to wear flip flops. As I abandon the beads to answer her question a tear rolls down my cheek. I feel so stupid. It's just so frustrating. The OT hands me a tissue and tells me its going to be alright. Although I continue crying this makes me feel better. I open up and tell the OT everything. When I have calmed down I thank her for listening, screw my face up in concentration and focus on the beads again. I feel much better.

When writing about the feeling rules of placement Becky went back again to this situation and wrote what seems like a report about the incident and about her Practice Educator's role in it. She read the piece out.

I guess when my patient started getting emotional I guess the message about controlling my emotions was coming more from her need than a sense of professionalism . She needed someone strong to support her and she had decided that person would be me. I had to be strong and hide my emotions or I wouldn't be able to help her. My sense of professionalism was what made me not give her a hug and tell her not to worry. That wouldn't be professional.*

In supervision after the session the message came loud and clear from my educator that although I did well in hiding my emotions in this situation I should always keep my emotions hidden in the work place

** During the session I was very aware of my educator sat at the next table with another pt. Although she was busy I felt watched, which heightened my need to hide my emotions and appear capable.*

The 'report' reads like a rationalisation of her behaviour during this interaction, the sort of reflection students are often asked to write on placement. The codicil however explicitly references the Practice Educator's role in surveillance of her 'professionalism'. Becky felt watched. Although Becky first justified her emotion management as being therapeutic, for the patient, she now introduces another element, that of conforming to what she thinks her Practice Educator expects from her. Poland *et al* (2005) talk about how the gaze of the expert is an 'instrument of normalising power and an arbiter of deviance' (p174) - and this is just the same for students and their expert Practice Educators.

I read Becky's work through many times as it was the only contribution from the group where someone wrote about something difficult in their own life where they had to manage their own emotional issues and separate them from those of the patients which were very similar. In this sense it broke through the professional/patient 'othering' which is part of the emotion management. She also chose this piece to talk more about in the follow-up conversation with me where she discussed her own situation at home further:

> *Yeah, because she was talking about that, I think her daughter lives very close to her and she takes, she took a lot of, she was saying basically she took a lot of her stress out on her daughter and she was saying how she knows it isn't fair but she knows that's what's she was there for at the time, my mum, my mum does that a lot as well with me, and like I do, you know, I'll try and support her and everything but sometimes it does just get too much and I think at that point it was sort of, I think I'd just come through sort of a bad patch with my mum and then she was talking about how she puts on her daughter, and I was going, no you really shouldn't do that, but can't say that*

She also talked a little more about her Practice Educator and her response. She had praised the way Becky handled the situation at the time but later in

supervision Becky had revealed to her educator that she had felt quite upset at the time. She felt her lack of a bond with her educator had not helped her feel very supported.

> *Yeah, well during the actual appointment she was with another patient sort of on the same table so she was kind of listening in and like she said I dealt with it really well but I think, I just think we have sort of different personalities and we did, she was a good educator and I really did like her but there was just sort that I didn't feel like I could talk to her about things like that and you know, that when I did try it was not quite so bluntly but she said separate your personal and work life, and I was like, I don't know how to do that, kind of thing, so.*

Becky's story again shows us multiple dimensions to the narrative where she is both the student occupational therapist and a daughter/carer in a parallel position to the one the patient was talking about. She had not been prepared for this. The unit is a physical health care setting where Becky would have been wearing her occupational therapy uniform, clearly distinguishing her from the patient and announcing her professional role, so to be confronted with her non-student OT 'self' in this setting may well have been as unexpected as flip flops in November.

Becky's writing about this incident was an example of when emotions become part of the constitution of her professional identity and where she felt the boundaries being challenged between the personal and the professional. Zembylas (2005) highlights the role of emotions and power, agency and resistance in teacher identity, as opposed to the bulk of literature in the field that focuses on the interpersonal aspects of emotion.

> Through a Foucauldian lens, the negative aspects of emotional labour have less to do with losing 'the real self' and more to do with having to understand and construct one's multiple identities in a space wherein disciplinary forces and emotional rules constrain and produce these identities' (Zembylas, 2005 p946).

Becky's confrontation with her own life issues disturbs her identity in this instance and at this juncture she makes a decision to maintain that identity illustrating what Zembylas refers to as emotion management being

productive in constituting the professional identity. These pieces of writing give us an insight into the way in which 'identity is understood through resistance and domination' (Zembylas, 2002 p204). This incident is also illustrative perhaps of her discomfort with the professional role. It was Becky who had said earlier in the groups about hating her professional face. Here in an example of 'technology of the self' (Foucualt, 1988), the altruistic subjugation of the needs of the individual for those of another to produce the health care environment required in this context. It also illustrates the common view of health professionals discussed in Mazhundu's study (2003), that people think that expressing emotions could make people (in this case the Practice Educator and the patient) think that you cannot cope and as such could make you appear vulnerable.

Becky, constituting herself as a professional, conforming to the dominant discourse around the need to manage emotion in the health care setting, clearly articulates that she needed to manage her own emotions for the patient's sake, in order that they could express theirs. This is an example of what Theodosius (2008) describes as therapeutic emotional labour or Bolton (2000) describes as emotion work as a 'gift' or philanthropic emotional management (2005). Theodosius's version is about the individual act of a health professional to enable the individual patient to engage in emotion expression to benefit their health and Bolton's is concerned with instances when nurses offer 'authentic' caring behaviour as a gift to patients. Both place a great deal of emphasis on agency and skills as well as in Bolton's case a concept of authentic and inauthentic emotions. One can also view this interaction as being about a context of competing discourses within the health care system where the student continually negotiates the professional power relationships.

The interaction with the Practice Educator was interesting in that Becky felt their relationship interfered with the way she took the feedback when the educator told her she must always keep her own life separate from work and Becky felt that she did not know how to do that. She implied that she felt her educator was trying to help but that because they did not get on so well that she had taken it in a slightly wrong way. Smith and Gray (2001) and Smith

(2012) in studies of student nurses reiterate that firstly, it is difficult work, and secondly that the role of the nurse mentor is vital in how the students undertake emotional labour. The role of the Practice Educator in occupational therapy would seem to be similarly significant.

Becky's reaction to her educator is interesting and again not straight forward. Her writing suggests that she feels the disciplinary gaze of her educator. She accepts the dominant discourse of controlling her emotions but at the same time reserves some criticism of the educator's attitude: she conforms but also rebels. It also illustrates as many of these stories do, how power is constantly in tension and moveable, between people and between situations and how it is constantly in negotiation. In this way the stories open up the concept of emotional labour in a way that the more humanistic ones do not. They shine a light on the nuances of this negotiation rather than being about individuals learning skills or the opposite, exploring who has the power over whom.

6.4 I'm Mary and I am at home

One other character stood out from the writing and it was written by Ellie, about an incident on placement when she and her Practice Educator had taken an older woman to live back at home after being in a nursing home for two years. This woman's husband had died whilst she had been in the home so it was her first time coming back to their house on her own. She had had mental health problems and it was a really big moment for her. This was also Ellie's first day on her first placement. There are two issues which stand out for me as a reader. Firstly, the way Ellie captured the woman's anxiety in the writing and, secondly, how Ellie imagines the woman feels about putting on a face in a parallel process to that which the students wrote about in relation to themselves. Ellie writes a monologue from the woman's point of view as they return to her house for the first time.

I'm Mary and I'm at home. It's cold, no-one put the heating on. Don't know what all this is about an alarm round my neck. Where's Jane she's picking up my medication? I hope she's going to stay for a cup of tea. She's at the door, who's with her? I don't think I've seen her before. 'Come in Come in'. Good they're taking their shoes off. Is the alarm woman going now - yes good

good. I'll just leave it on the side 'Come through to the kitchen, I'll put the kettle on'. The box is through there in the conservatory. What have you got - There's something missing. I feel hot, cold, scared. 'You've got to go back you can't leave me without my sleeping pills. I can't cope what will I do? Has the kettle boiled? - I ask the new girl I don't know how to make the drinks. But I'm not happy it's not right. Who's kept my medication? - Jane you must go back I need it now and there's all that equipment upstairs they never took it away when he died. The house is a mess, I don't know where to start.

You have to go back. They're going back, I'll be on my own. I don't know what to do, I don't want to be on my own I need the pills. Oh she's staying- the new one - but I'll get my pills.. I need to tidy the house, wash up, see what's upstairs. Is the cup clean, I can't see as well as I used to. No she says there's lipstick and wipes it for me Ok not so bad. I wonder if she'll help me sort out the things upstairs. Jane'll be back soon with my pills. I think I might be ok. 'Will you come and help me move some things upstairs?' I want to keep busy, I don't like sitting still. Do I look ok? , my makeup's on but I can't see what it looks like. All these people coming and going, I hope I look alright. I was always beautiful and I want to look nice. Can't see all these people without my best face on. My son and daughter in law will be round soon, they have to see my best face and know it's right for me to be at home.

In discussions after the research the student said she was feeling fear and anxiety, at being left alone with someone she didn't know on her first day of placement. The writing allowed her to explore how the older woman might have been feeling. The similarity between their feelings is obvious and it is the 'patient' who she has needing to look right, to have her best face on so that her son and daughter in law believe she is well enough to be home, emotion management on the part of the 'patient' to negotiate her status as well enough to be at home. This could be interpreted as Ellie projecting this onto the patient or it could be an attempt to articulate an unspoken affective dimension of the interaction.

Ellie's narrative like Becky's is demonstrating the need to manage one's own emotions for the sake of the patient. The student becomes the one with the

power to control the emotional aspects of the interaction and acts professionally, maintaining the power differentials between the patient and the professional (even when it is this professional's first day on her first placement!). Similarly again to Becky's story then, Ellie is using the narrative to demonstrate how she constituted herself as a professional by conforming to the emotional labour rules.

What is interesting as well about this piece of writing is the role of the person just discharged from hospital. The opening line makes it sound like she has been released from prison, or at least it has perhaps been a struggle for her to get back to her home. The story reveals the network of relations that both kept her there and allowed her to go home: the hospital professionals, the pharmaceutical companies, the student, the person's relatives, each have a different part in the negotiation. Fox (2015) discussed how affect is part of an assemblage of both the macro and micro relations between people and things in society and how we can feel the movement within these assemblages and view the role of emotion within that. Ellie has played her part in this woman's story and her account shows an understanding and awareness of how she acted as a professional, conforming to the discourse of emotion management that constitutes a professional even though it was the first day of her first placement. The situation also reminded my of Wetherell's (2012) discussion of how

> *....patterns layer on patterns, forming and re-forming. Somatic, neural, phenomenological, discursive, relational, cultural, economic, developmental and historical patterns interrupt, cancel, contradict, modulate, build and interweave with each other. (2012 p14).*

Throughout Ellie's writing the locus of the emotion management is almost always with the patient and not Ellie as a student. The Ellie as a student portrayed is always a competent, caring professional, tangibly different to all the other participants' work. I wondered about how much this was to do with the power relations within the room and Ellie's need to present herself and perform the professional even within the group.

The writing in this chapter provides examples of the people and characters, the student participants and the professionals and patients who are all constituted by the practices within these health care settings. In contrast to much of the existing literature on emotional labour in health and social care it emphasises the porosity of the boundaries between these identities. It illustrates how emotion management functions as a discursive practice of being and becoming a professional, being a good student, but also perhaps in the professional understanding of the good patient, 'allowed' to be at home. Emotion management is part of a web of power relations that people engage in to position themselves within the discourse of health care and to perform the professional/student/patient. These student stories about themselves and people that they remember as significant on placement demonstrate that everyone is involved in this negotiation. Emotional labour is not felt to be a straight forward process of learning and executing new skills on an intrapersonal level, rather it is an on-going dialogic, relational encounter between themselves and the other characters with whom they engage. These findings refuse to tag and label behaviour as fixed and as good or bad as the categorisations imply in much of the other literature on emotional labour. They also challenge notions of a professional identity. The writings demonstrate that rather than being something that is a matter of collecting skills and presenting oneself in a fixed way, it is an on-going, fluid always forming sense of a self that is negotiated in a discursive field of placement learning. These findings illuminate the elaborate and ever changing network of relationships, subjectivities and movement of emotion and affect in these negotiations and health-care encounters. I will explore this further in the next chapter to expose the role of emotion management in relation to student performing the professional and doing the occupational therapy work.

Chapter 7 Practices: performing the professional. Managing emotions to *do* the professional

Having explored the interactions of place and people in forming professional identities, in this chapter I will reflect on the practices of occupational therapy professionalism within the discursive space that is placement learning. In doing this I will consider what is behind why the students think or feel they have to manage their emotions, what emotions *do* (Ahmed, 2004) rather than what they are. I will explore some of the writing and the way in which it evokes the students' efforts to perform the professional and the role of emotion management within that. The stories are ones of how they are asked to act to constitute themselves as a professional and interestingly they contain seams and strands of rebellion and unease with how this feels. These ruptures in the smooth 'front' of being a healthcare professional, fracture any notion of there being a given, defined professional way of being and expose the very concept as a performative enactment.

Many of the scenarios the student participants wrote about when thinking of times when they had to manage their emotions, involved not just random interactions but transactions around the exercise of power. Some of the situations involved transactions between 'patients' and the student, with or without the direct gaze of the Practice Educator, involving the negotiation of the discourses around being a health professional/student who wields power over the patient or client. In these next narratives one can feel that power is not all hierarchical from the top down but that it is dispersed and circulates. The writing also illustrates in an affective way the governmentality at work involving both 'technologies of domination' and 'technologies of self' (Foucault, 1988) but also the performative nature of being and becoming a professional and the demand to engage in iterative acts that constitute them as professionals. Within these scenarios the sometimes competing discourses of compassion and professionalism produce dilemmas for the students that provide the potential spaces for subversion of the discourse of the emotionally detached professional.

7.1 Learning to hide fear

In one of my first supervisions my educator told me I had to be more outgoing and approach the patients in the leisure group, chat with them and be more active in the group. She said I would have to participate more if I wanted to do well on this placement. I was embarrassed and blushed; I was upset that I appeared to not be participating. I wanted to do really well and was a bit shocked I wasn't. I had to put on a brave face, smile at her and agree to everything she said. I brought this brave face to the next leisure group and pretended to not feel scared or intimidated by the patients. I still wasn't sure what to do or where to put myself in the room. I decided to pretend I was acting a part; I was confident, chatty, outgoing, and active. I greeted everyone with a smile, started conversations, invited myself to join in games, asked about how people were feeling, tried to find a common ground and chat about common interests. It seemed to be working, people were responding well to me. My educator was pleased and started to receive good reports about me. Soon the 'acting' became more natural and I eased into my role. I felt a little bit more comfortable but I still found it difficult to have to be constantly aware what the patients were capable of and this made me feel nervous and vulnerable.

In this piece Alice articulates the process she went through in learning how to act being a competent professional in a challenging area (forensic mental health).She describes both how she learnt to hide her fear and the role of the Practice Educator in this disciplinary process. Alice was a quiet member of the group and after the first two workshops she did not read out any of her work.

Her writing tells of a pragmatic decision she made to act the professional because as she states, she wants to pass the placement and in order to do that she *has* to behave in a way that is acceptable not just to her Practice Educator but also to other professionals in the team ('started to receive good reports about me'). This type of emotion management would be described as prescriptive by Bolton (2005) (as it specifically relates to the requirements of a professional occupational therapist in this area) and instrumental by

Theodosius (2008) as she suppresses her own emotions in order to make the patient feel more confident in her and what is happening. Although she says she was able to do this acting, she did not find it any easier to deal with the realisation of the patients' criminal offences and her feelings about this were still there and difficult to manage. James (1989), Mann and Cowburn (2005) and McQueen (2004) all point out how difficult and stressful emotion management can be. In this aspect of the placement, power seems to reside explicitly with the Practice Educator and the professional team who will give their judgement on her professional capabilities and be the gate keepers of the profession. However there is another power relationship between the patient and the student which I will explore in the next two pieces of writing from Alice. Alice says of her new performance: *'It seemed to be working, people were responding well to me'* .By pretending to not feel afraid, she is able to perform the role of student occupational therapist to the patients who then know how to respond to her and what to do. Her performance then is part of a discourse of control and conformity within this setting.

What is also interesting is that the Practice Educator sees it as a skill as well and does not ask her to try and empathise with the patients, but rather explicitly asks her to be seen to be acting as expected of a professional. One of these skills is to not be frightened, or at least to hide any fear. This is very similar to the issues that Dwyer (2007) highlighted in her article of social work students and the work of Smith (2005) on coping with fear in health and social care. Dwyer points out that there are taboos about discussing fear and there are difficulties of even raising the issues with students without creating more fear for them. They both highlight that there is an expectation that students just tacitly pick up and learn how to manage difficult feelings, particularly fear. The Practice educator's assumption is that managing emotions is an individual skill that she needs to develop, a competency like the concept used in emotional intelligence. She ignores the social and affective circulation of fear in the service and turns it into a matter of individual response.

7.2 Managing emotions to manage the patients' emotions

Alice had written previously about this very same scenario and placement setting twice before and again she had not read either of them to the group. These were the pieces of writing she chose for her follow-up discussion with me. The collection of these writings provides a dialogic narrative about how Alice sees herself in relation to the patient. Learning to manage her emotions or engage in emotional labour is a vital part of maintaining her status as a competent student but also in maintaining the professional environment and the 'patient's' role in that. Alice has to engage in 'self-disciplinarian' (Foucault, 1977) practices to become this competent student who can then exert professional power, 'bio-power' over the patients. Her emotion management is a part of the power negotiations between her and her Practice Educator and between her and the patients. It provides a wonderful example of how the power circulates around the people in the setting to constitute them in their appropriate roles.

I buzz myself in to the locked secure room. It is large and bright with full length windows at one side of the room and doors opening into a separate area at the other end of the room. The floor is made of light wood and causes a 'clinking ' noise to sound when you walk across it. The windows let in the bright crisp sun. There is a beautiful view of the green rolling fields outside and the luscious green grass that surrounds the building and the grounds. There is a light chattering going on in the room and a low hum of people playing games, making teas and coffees and entering into friendly conversation. I walk nervously around the room and look at the people in it. About 8 or 9 clients and 3 professionals, all men, age range from about 25 - 60, all bigger, stronger looking than me. I look at the different activities going on in the room. A couple of clients are playing snooker at the bottom of the room - a couple more are playing pool towards the top of the room. Some are sitting down playing video games on arcade machines and some are sitting down playing board games with the therapists, one or two are making coffee and having fruit off the refreshment cart. I feel totally out of my depth, trying to look professional and know what I am doing here, trying to look confident, comfortable and in control but I am scared and I feel like a fish out

of water. I don't know how I will be able to relate to all these men, it is so far out of my comfort zone. I look around and wonder which one did which crime....I can't help but think that I am in a room with people who have murdered and raped people , but I want to look professional and friendly and like I know what I am doing...

I push myself into confident mode and force myself to approach the clients. I smile, try and speak in a loud clear voice and ask to join a game of Scrabble that is being played. I sit down and greet everyone that is in the group, I start to play and it is easy, we have something in common now, we are all equal again.

This first narrative is written from Alice's own perspective: she begins by describing the setting, the room which she as a professional can 'buzz' herself in to but within which presumably the patients are locked. The surroundings sound almost attractive, and welcoming, a sunny room surrounded by green hills.

As she walks further into the room and sees the people she becomes more nervous but she describes what the 'clients' are doing. It sounds innocuous enough but there is a suggestion of a threat as she describes the men being all bigger and stronger than her. Suddenly the reader is aware of why she is feeling so scared, her 'clients' are mostly male offenders whose crimes have usually involved violence. The power here rests potentially with these men if Alice does not conform to the discursive practice of emotion management. Alice knows that if she is to learn to be a professional she must not show this fear, indeed she has been specifically told this by her Practice Educator. She must engage in surface acting at the very least to present a calm and confident manner. She uses the verbs 'push' and 'force' to describe the effort this takes from her, but she also signals that this performance brings results. So Alice goes from being the student, being told what to do, to being a vulnerable young woman surrounded by male offenders, to a professional where she can then engage with them and perform the work that is her role. Her final line about all being equal again is very telling in that of course they are not equal and he is held there by law unable to do decide anything for

himself. For Alice constituting herself as a professional means that she can then interact with him as a professional with a prisoner, not as a young woman and a large man with a history of violence: emotion management as a discursive practice.

Alice also gave me this second piece of writing where she imagines the same situation from the patient's perspective.

I am invited to attend the leisure group for two hours on a Wednesday afternoon. I might as well go I have nothing else to do on the ward. All I've done all day is get up, take my meds, eat and watch TV. I don't have anyone I can talk to or relate to on this ward. The staff and most of the other patients are nice but they just don't understand me at all, they know nothing about my life or where I am coming from. I agree to attend the session, I get escorted off the ward by two staff members, I can't go anywhere on my own, they don't trust me to be safe. I am never alone and yet I have never felt so alone, scared and out of control of my life.

Alice's writing suggests the client may well be feeling as alienated as she had in the previous piece; someone who feels very alone and not understood at all by those around him/her. He is going to the leisure group a little reluctantly and the suggestion is that it may be better than doing nothing which is how he usually passes his time.

We get buzzed into the leisure hall, a secure room, locked and closed off. The room is bright and I am hit by a barrage of sound and noise: people chatting, laughing. I am startled and my sense are overloaded , I feel disorientated, I don't know where to go or what to do , what is expected of me? I panic, my heart races, what will I do? It is overwhelming, my mind is full of doubts, thoughts, voices, discouraging me, undermining me and controlling me

He does not buzz himself into the room like Alice did; he and his escorts are buzzed in. The room feels different to the one Alice walked into. He does not see the rolling hills outside; instead to him it is a 'secure room, locked, closed off' and he is completely disorientated. In a very similar passage to the one

Alice wrote describing her own experience, she writes about him feeling that he doesn't know what to do or what is expected of him. Alice has described how she felt as being 'like a fish out of water' and this is very similar in the client's case and he feels a similar level of panic as she did.

A girl approaches the table. She is young looking, who is she? Why she is here and what does she want form me? Why has she come to play the game? She is quiet and does not say much. She mumbles her name and smiles, what is her name? I can't get it, she sounds foreign. I think she says she is the student, I am not sure. She is encouraging and congratulates me when I get a high score, she tries to make a joke and laughs, she is friendly. I get more comfortable around her but I am still unsure why she is here and what she wants from this. She struggles with the words and I win the game. She congratulates me and says she will see me next week for a re-match. I feel a bit better for a few minutes, the voices creep back and I return to the ward.

The writing lifts as she describes the client meeting her and, after wondering who she was and what she wanted, finally engaging in a game of Scrabble together. Alice as an occupational therapy student closes the narrative with a (professional) restorative ending about the power of activity to engage people. Emotion management has enabled her to inhabit her professional power which she believes will lead to therapeutic benefit for the patient. Engaging in occupation and activity is an authoritative act of the occupational therapy professional practice.

In these two twin narratives Alice has described what she hopes is the outcome of her emotion management, the safe interaction between her and the dangerous client which ultimately she judges to benefit him. Alice presents it as an altruistic device she needs to employ in order to benefit the patient as she discursively constructs herself as the good therapist. The writings are illustrative of the way in which Foucault says that power is a constantly changing network of relations over multiple sites (Foucault, 1979) and how power 'invests them, is transmitted by them and through them; it exerts pressure upon them' (p27). They also describe the linked technologies

of power over the body - the prison buildings and locked rooms and what Foucault here refers to as the 'technology of the soul' (1988) the occupational therapy practice within which Alice situates herself.

These pieces of writing demonstrated to me the process Alice went through of performatively constructing herself as a professional by re-enacting established behaviours and embodying the values and beliefs of occupational therapy as a profession. Emotion management was an integral part of that established practice and behaviour through which she became an accepted part of the professional team. In seeing it as performative in the sense that Butler uses this term rather than a Goffman type performance, the difference is that one can see how Alice is acting within a specific professional discourse, not standing back as an independent individual deciding what to do, but rather seeing herself as a professional and believing that activity is good for people, hence emotion management is a necessary part of being able to carry out this activity, for his benefit. In this situation, she embodies these professional beliefs and her professional identity is formed by the 'forced reiteration of norms' (Butler, 1993 p94), the accepted practices involved in her being a professional occupational therapist.

The device of writing from another's perspective as part of the research in fact changed Alice's view of the patient she had been working with as she distinguished what she had written about, from what she recalls feeling at the time-

> *yeah, well it helped I suppose to think of him like more as a human being erm, it helped me be less like, I walked in and I was kind of scared of him because I know like he had murdered someone and then so.. I was obviously... I'm like, oh this is a murderer, you know this person is really scary like, I daren't look at him as a lonely human being and you know try, well, obviously to hopefully, I don't have a sense, experience of like schizophrenia or anything but I could imagine maybe what it's like to have voices so, just trying to like imagine like a little bit. Everyone knows what it's like to be lonely, even though you're surrounded by people being you know, you kind of, so, obviously not that extent but if you, sort of, I find it helpful to relate , to try and find common, little bit of common ground then, like*

look at him more like as a human being and then it would make it less scary and kind of easier to interact, maybe, I'd like to help, even the game of Scrabble, like just to have a common interest, common emotions or kind of made it easier to interact with him and be less scary kind of, and not focus on me being really frightened.

Me: *Yeah, so at the time did you do that, at the time did you put yourself in his shoes and think I bet he's really.....*

Alice: *Er, no.*

Me: *Just in reflection?*

Alice: *Yeah, just reflecting so that's why I found it really really helped to do this - like at the time I didn't really, I suppose at the time I was just thinking oh I just have to get on and pretend that like I'm not scared because if I act all scared and don't talk to him I'm gonna like basically not like pass the placement so if I don't get on with it and kind of pretend that I'm erm really confident and you know, so I kind of just pretended really erm, but then eventually it kind of became a little more natural by the end I was may more settled, this was just the beginn*ing.

Alice seems to be saying that at first she didn't empathise with this patient whilst on the placement ' *I daren't look at him as a lonely human being'*. She says she was just acting and that it was only the process of writing in the group that had changed her thinking about the situation and enabled her to see herself in relation to the patient. The 'surface acting' (Hochschild, 1983), prescriptive (Bolton, 2005) or instrumental (Theodosius, 2008) emotion management then was purely about maintaining power relationships and professional/patient positions in this setting. Alice conformed to the discourse about a competent student for the Practice Educator in order to pass her placement but also because she is afraid of the consequences of what will happen if she does not do this.

The parallels between Alice and the patient go further. The forensic setting of the placement may seem to present a simplified and perhaps extreme set of power relationships as one group of people, the patients are all guarded and

locked in. They do not have equal access to parts of the building, and their whole day is regulated by others, their routines and activities prescribed by the staff. They have to engage in 'self-disciplinary techniques' (Foucault, 1977) to display the acceptable behaviour expected of patients in that setting. Their behaviour is logged on charts and in notes, analysed and rated in ward meetings where their 'progress' is charted. This is however a very similar practice to that of the student placement where their behaviour is highly regulated and their performance matched to acceptable norms, notes written about them, charts kept about them and how they are progressing towards their competencies. Suddenly Alice's identification with the patient in her writing seems obvious. The 'clinical gaze' (Foucault 1989) is very similar to the Practice Educator gaze. Alice chooses to submit herself to the same expectations of her behaviour but she has to smile and look confident as that is what is expected of a health care professional. Perhaps to show fear would not be acceptable as it would expose the collective fear. Her emotional labour is part of the maintenance of a sense of order on a chaotic and powerfully affective assemblage of relations within health care practice.

There is also another aspect of circulating power relations evident. The gender relations at work as Alice writes: *I walk nervously around the room and look at the people in it. About 8 or 9 clients and 3 professionals, all men, age range from about 25 - 60, all bigger, stronger looking than me* are yet another layer of the multidirectional nature of the power circulating in this environment. Gender and power relations within health and social care professions is an important dimension (and one mentioned in the emotional labour literature) but as discussed in the section on my feminist standpoint within the scope of this research I cannot do justice to such a huge topic.

The above narratives from Alice evoke the effort needed to manage her emotions in order to provide what she believes to be therapeutic benefit to the patient. The following two other examples in this chapter deal with less positive aspects of 'doing' the professional. The first one below involves Diane in the process of learning from the patients where she finds the requirements of the learning process at odds with her own and her

professional beliefs. This dissonance creates space to challenge and disrupt the dominant discourse of health care education.

7.3 Acts of resistance: the patient as a learning object

Diane wrote a small piece as an Alpha poem in response to the exercise about where the feeling rules came from. She was on a placement on a ward for people who have Chronic Obstructive Pulmonary Disease (COPD) and to me, as a university tutor involved in the whole process of educating health care professionals, this piece of writing was one of the most striking pieces from all the workshops.

Always in the therapy office

Because I am unsure of where else to go

Can't bring myself to

Disturb the poor patients with their

EOL forms signed off*

For my knowledge to build, she encourages me to

Get out of the office and in to their rooms, but it's like a

Hotel and I'd be

Intruding

Just to satisfy my Educator.

Knowledge and

Learning outcomes don't

Matter to them

Knocking on death's door, pass the

Oxygen I think they'd

Prefer

(*EOL forms are End of Life forms)

There was an overwhelming sense of discomfort in this poem about using patients for learning. Diane discussed this in the group after reading out the poem:

> *Diane: I felt as if I was using up their last breath that they couldn't use on their children and I was just like - I don't want to go and talk to them, I'm struggling (she laughs) but she was really keen I think for me to better understand COPD - I was like, I think I'd rather read about it than get them to tell me (laughter from group)*
>
> *Me: that's really powerful, that thing about using up their last breath and them not being able to speak -*
>
> *that's horrible (from group)*
>
> *Diane: yea and on the placement I kind of realised just how disabling it was , because they wouldn't be able to participate in conversations or make their thoughts known , they were at the very , well, end stages , it was like , it must be so frustrating, almost like when you've had a stroke and you can't communicate...so yea, to take away their last , I mean it is a Chinese proverb, like you've only got so many breaths in them - so to be taking them away, just to satisfy my learning outcomes, I was like (laughs), I'm not comfortable with that.*
>
> *Mmmm*
>
> *silence*

The silence at the end there felt like it was about trying to let the impact of what she had said settle. I wrote in my notes after this group about this piece and of the discussion and how powerful a reference it was to that Chinese proverb. I wondered about how Diane must have felt if she believed that they were using up their last breaths just to meet her learning outcomes on the placement. I was very unsettled by the juxtaposition of these people's last breaths with our (university) assessment booklet, designed by me along with other people, which 'measure' student's learning outcomes. It highlighted the multiple relationships and connections involved in the circulation of affect and emotion management within this.

The piece illustrates the discomfort she felt having to view 'patients' as learning objects, and highlights the power relations circulating in this environment as much as in Alice's. It reminded me directly of a piece in *Birth*

of the Clinic (1989) where Foucault is talking about the teaching role of hospitals:

> *'to look in order to know, to show in order to teach, is this not a tacit form of violence, all the more abusive for its silence upon a sick body that demands to be comforted, not displayed.' (p102).*

This mirrors what Diane felt at the time. Instead of being out on the ward, talking to these patients so she could learn about their medical 'conditions', she preferred to hide in the office. Diane in this case tried to resist the demands on her that she talk to the patients so she could learn from them. In *Discipline and Punish. The Birth of the Prison (1979),* Foucault discusses how the examination is at the heart of disciplinary technology and it 'manifests the subjection of those who are perceived as objects and the objectification of those who are subjected' (p 184 -185). This describes exactly what was being asked of Diane, to go and talk to the patients to find out more about COPD. Diane's emotional response to this however makes her question and resist. The accepted professional practice is to emotionally distance oneself from the patient and justify this by the need to learn from them in order to become a better professional and thereby benefit others in the future. Diane however resists the legitimacy of this justification and in doing resists performing as the professional in this instance.

This poem of Diane's reveals the discomfort she feels at this need to 'other' the patient in order to constitute herself as the professional. It is an excellent example of a 'micro-power' where the body is the object to be manipulated. She resists this both in practice, reluctant to leave the office, and in her refusal to accept the practice. This little poem from Diane illustrates how emotion management is part of making students and health professionals position the patients as 'other' and object in order to constitute themselves different, as professionals with expert knowledge. It exposed another side to placement learning for me, naïvely having seen it as an innocent practice of learning; I suddenly saw it as a technique of using people for learning which

did not fit in with Diane's or my own competing discourse of person centred practice.

7.4 Acts of resistance: to hug or not to hug

Interestingly in our individual follow-up discussion Diane recalled another incident where she had resisted the discourse of professional emotional distance as well.

> Diane: *Yeah, in the second placement I was working with this woman who was only I think in her early 50s and she had a stroke, and she'd been a smoker but she'd been like always at the gym and anyway she had obviously at 50, I think she was 54, she was really upset that this had happened because this was something that assumes happens later, to people later in life, she, she'd seen her Mum have one like in her 70s or 80s but like her Mum had ended up in a nursing home and she remembers just seeing her like, just looking out the window watching the world go by and nobody had cut her nails so they'd gone into her hand and gone all septic and erm, I think she, and her husband had been fantastic but she knew that it was a real strain on him because he was doing all those things that he didn't, he wasn't used to doing, he would snap, and she could understand why he was snapping but the fact that their relationship had changed so much and she could just see that her future isn't , what her mum went through and she broke down because I was doing some kind of meditation with her and erm, and she broke down in this little room and I was just, I couldn't help but give her a hug and I probably shouldn't have done it, don't care. And yeah, no, that made me well up, in fact that made me cry, in front of her.*
>
> Me*: Yeah, and did you feel ok about that.*
>
> *Diane: Yeah, yeah, I'm not gonna, yeah, I'm a human being and I have emotions, I'm quite emotional myself so, like I wasn't embarrassed or ashamed or angry with myself or anything, in fact, it probably made her feel slightly better that I did genuinely care that much.*
>
> Me*: Did you tell your educator?*
>
> Diane*: Yeah.*
>
> Me*: And were they ok about it?*

> Diane: *Yeah, yeah, I mean I think, I think, well I think I was probably gonna do it anyway, my educator said maybe you should write a reflection on it, so I didn't read that before coming actually, it just reminded me that that happened. So yeah, that was quite emotional*

In this account of a time when she tried to resist the accepted discourse about emotion management she interestingly refers to herself as 'a human being' as an oppositional aspect to being a professional, recalling Peloquin's (1989a) descriptions of occupational therapy interactions being about human to human. Diane performatively constitutes herself as a certain type of professional through resisting the dominant discourse of slightly removed, objective, 'clinical' professional. The Practice Educator although not criticising what she did, asks her to reflect on it, a lovely example of reflection as 'confessional', and a subtle disciplinary practice. In both these instances with Diane, she finds she is able to resist the dominant discourse of emotional detachment and emotion management because of how she positions herself within that discourse and she is prepared to take the consequences. Within the competing discourses of compassionate care, educational and professional competency and professional detachment Diane negotiates her own positions to perform her version of a good professional occupational therapist and refuses the professional 'domestication' (Usher, 1994) that placement learning demands.

7.5 Emotion management in professional decision making

Often occupational therapy students are in the position where they are exercising power, making decisions about people's lives and what will happen to them. What follows is an account of when one of the students felt that their feelings and their 'professional' decision making were in conflict. Graham wrote about a placement in Social Services where the role of the occupational therapy service is mainly to assess for equipment and adaptations to people's houses. This puts the occupational therapists in a position where they can bestow or withhold things from people, a position Graham found extremely uncomfortable at times. In this situation he is writing about, he and his Practice Educator had gone to visit someone who

had requested a stair lift. The person who needed it was unable to climb the stairs without having to crawl up; a practice that she felt was getting too much for her and too dangerous. The first piece is written from Graham's point of view:

They are waiting, that is why I am here, the pleasantries and introductions can only delay for so long. Expectations and the smell of cigarettes still smouldering in the ash tray make the air heavy. The wife sits down, right to the back of the chair, she is not comfortable. The husband will not sit until I have. These seconds last for longer than they should. I have seen all of the smoke tarnished brass, I breathe through my mouth and the cat scoots off the sofa, I perch. They are nervous, her more so than him. The speech does not come easily, they do not listen. They know I have what they want. They expect. That is why I am here. They are less concerned with my shoes that need polishing or the patch of hair I missed. When slowly then, expected.....(large bit of crossed out writing) *, maybe I said it wrong. He has rolled and lit another fag while we talked and I did not see that. I only smell it now, on my coat as we leave.*

Graham did not read this piece out and I was unable to decipher all of his writing. Reading this piece I am struck by the positions of people in the descriptions - 'the wife sits down, right to the back of the chair, she is not comfortable..... the husband will not sit until I have.....the cat scoots off the sofa, I perch'. The people are like chess pieces placed in a position to play out their power based interaction. The space within which this 'transaction' takes place is really vivid. The writing allows us to feel Graham's discomfort as he *shows* you the client's discomfort. We see him perched on the edge of the sofa, not comfortable or relaxed about what was happening, feeling that he has what they want and the power to give it or not. In fact Graham had to ask his Practice Educator to step in and take over as he explained in the follow-up discussion. Wetherell (2012, 2015) and Fox (2015) both show how objects, the material world is part of the relations and intersections in the flow of affect through situations. This sofa is highly significant in this respect as this is where Graham and his educator were

advocating that this woman sleep as the stairs were too difficult for her and they could not issue her a stair lift. Graham realises this and in the piece he wrote from the point of view of the woman, the role of the sofa is very evident.

It's hot, my face is burning, my ears and across my ears and nose. I know I'm sweating, I don't want to move, they will see. There's no point now anyway. It's not uncomfortable where I am. It's a good sofa, it matches and it's lasted. It matches everything, the way we like it. I'm not getting up not when it hurts, not when I will just go back to the sofa. We didn't get it to last forever. J intercedes, he's trying to help. I don't hear what he says. Tears flow down the creases on my face, I only notice when they roll into my mouth. I hold the sobbing. The lad's just perched, he's not saying anything.

This piece of writing gives a real bodily sense of the woman and her tears, the impact of the decision that they cannot have a stair lift comes through in those tears rolling down the creases of her face, rolling into her mouth, whilst she notices that Graham, 'the lad', is 'just perched ' and she notices his discomfort too. Graham thinks that this woman wants the sofa to stay as a sofa, matching the rest of the room, not to be converted into a bed. He chose to talk about this piece of work very early on in the individual discussion:

> *Graham: the one that's really kind of, that always kind of stands out for me is the one about the um, the, seen from the kind of um, service user's perspective and the um, the, the lady that I went to, you know, went to see and there was no way she could have the stair lift fitted, and that, that still is something which is always kind of on my mind because when every time you go out, you know, I know anyway, that when every time or kind of someone meets you , there's some sort of transactory kind of element of all kind of social exchange and particularly the Social Services, someone has made the decision, they've consented to having someone to come out to assess for something that they believe they might get at the end which they believe that might make things better and they've waited for so long for that and then when you say, actually, it's not appropriate or it's not the way that you expected, or we need to do this different thing, and that was always a big thing.*

Graham's writing manages to convey the feeling of the situation very strongly and how he was affected by it. He knew all the way through it however that he could not speak of how he felt, that he had to manage this in order for the 'transaction' to go according to departmental guidelines. He has to negotiate what he feels with what he is allowed to do as a professional and he find these two things in conflict. This 'type' of emotion management does not really fit into any of the categories Bolton (2005) or Theodosius (2006) have delineated. Graham really empathises with this woman and thinks she should have the stair lift she needs but he knows that they cannot grant this because of organisational criteria. If one were to take an emotional intelligence perspective on this situation according to Walsh (2009) Graham should use emotional intelligence techniques to prevent himself from becoming upset because there is nothing he can do about the situation. This is a perfect example of how emotional intelligence can be used as a managerialist tool (Hughes, 2010) to enable professionals to perform acts that go counter to their own professional beliefs. The discourse of emotion management is about being able to ignore feelings in order to carry out practices which are required by the service, even when these practices run counter to other professional discourse about client centredness and compassion. It illustrates clearly the competing discourse of compassionate care and managerialism but also emotion management. Students learning on placement can feel distressed when they have to negotiate their way through these competing discourses.

The issue of agency in his writing reflects the interface between discourse and agency. As a reader we feel Graham and the 'client' experiencing their position in this discourse that says that the professional decides what is needed and what is deserved. The occupational therapy profession describes itself as being a client-centred one but this notion of client centeredness has been questioned by some occupational therapists. Hammell (2013) talks about how it is a central component of the profession's image but since it has not been subject to any critical inquiry 'the ethics, politics, veracity, and authenticity of the profession's claim to "client-

centredness" remain largely unexplored' (2013 p174). It is a main tenet of the discourse around occupational therapy's role in health and social care and yet this story sees Graham feeling as disempowered as the client. He cannot be client centred as he has to work to fixed instrumental criteria. Graham feels uneasy as he is unable to embody this performance of the professional he is being asked to do.

Graham in the writing pinpoints the emotions he experiences during this interaction as being the site of the discomfort, the possibility of resisting or conforming and becoming the professional. He does not feel he was prepared for this role

> *And I don't think I was really, as really kind of prepared for that quite so well really, well I mean in myself, um, you know, kind of that you could be the person that could make things worse, even, even though perhaps you're not....*

Occupational therapy professional codes of practice speak of enabling and facilitating, not preventing and denying but the realities of local authority budgets mean that professional decisions have to be pragmatic. The wider managerial discourse takes precedent and Graham is left feeling stressed (Mann and Cowburn, 2005) and upset. Containing his feelings and acting professionally he constructs himself as the student occupational therapist but feels uncomfortable with that position to the point where he has to hand over to his Practice Educator. In this way Graham opts out of the role he feels so uncomfortable with.

7.6 Summary

In this last chapter I have considered the role of emotion management in a performative sense, in the 'doing' of professionalism. Negotiating being and doing the professional sometimes bring unease or even stress and discomfort but they are a part of a wider flow of emotion and affect throughout the spaces that are the health and social care domain. These findings and discussions chapters have shown how emotion management can be seen to be not just an individual action nor just an external social one but rather it 'resides in the relation between objects and subjects' (Wetherell,

2015 p157). The stories of micro-power situations are exemplars of the wider macro power systems within health and social care.

Throughout the three findings and interpretations chapters I have endeavoured to present these relationships as such, not as fixed types or models of emotion management. I have considered how the student stories of their emotion management often match models or typologies discussed in the literature of emotional labour but I have used theory to take this further to explore what happens when people engage in this practice. The stories reveal the multiple subjectivities of the student participants and how management of their emotional responses is a requirement of their placement learning. My findings bring another perspective to the emotional labour and emotion management debates that take them away from the individual experience and place them within the multiple, interlinking and contested discursive spaces of health and social care. I have presented the findings in such a way as to show how emotions are a medium for negotiating the differences and similarities between the subjects and objects, in this case usually the professionals and the patients in order to define a performative position for each.

Having artificially organised the student participant writing into these three sections, I have presented a picture of how the discourse around emotion management in health and social care is intricately entangled with role, positions and power and is a moving, changing, challenging and constituting aspect of placement experience for occupational therapy students. I have referenced some of the existing literature and theory as it relates to the situations they are describing.

In the final chapter I will look more closely at how this distinctive creative writing style has provided a means to illuminate an understanding of emotional labour and emotion management which is tangibly different from that previously presented in most medical, nursing and social work literature so far. These new layers of understanding are about both how emotion management is 'felt' by these students as opposed to just experienced and

reported but also how emotion management links in to the wider discourses of control and power within these health and social care settings.

7.7 Limitations of this research

This was a small study over just four writing groups. With more time the student participants may have become more confident in their creative writing abilities and felt more confident using the techniques to write about their placement experiences. Some of their work is tantalisingly short and I found myself wanting to read much more, to hear much more about a topic or person they were writing about. More time spent on the writing would also have provided more opportunity to edit and refine their work providing another layer of interpretation and expression which could have produced even more multi-layered texts.

The presentation of the participants writing within this thesis has given them an artificial/academic sense of coherence within this 'scribing' process (Badley, 2011). I have felt the need to focus on the reader whilst at the same time preserving some sense of the incoherence of people's narratives within their work and across all of the participants' work. I have included all the writing as an appendix and hope that readers will also see their true incoherence, diversity and difference as previously noted, I advised the readers of this thesis to read the writing first. I want the reader to have a sense of how the students felt as this was what they were trying to evoke in their writing. It is not a quest for truths, on the contrary some of it is fiction, but as Barone (2007) pointed out the boundaries between fact and fiction are artificial and all fact contains some fiction and vice versa. I have re-presented the student's work trying to demonstrate the multiple interpretations and multiple layers of meanings (Andrews, Squire and Tamboukou, 2013) but have had to inevitably limit these and to showcase particular and specific layers for the purpose of my thesis.

My role as an occupational therapy tutor undoubtedly impacted on what the student participants felt able to share with me. The discourses of good student professional circulate everywhere within the health and social care spaces and within my research. The narratives are partial and situated and

contextually involved. I have touched upon my role within the research but this has had to play a smaller role in the write up (because of word count) than perhaps it warrants. My own feelings throughout the research and in particular the writing up process and the content and form of this thesis have been in a dynamic, dialogic relationship which I will explore at a later date.

Lastly I have always described myself as a feminist and I have felt all the way through this research that there is a dimension to the field I have studied that could usefully be further illuminated by a feminist critique. Some of the theorists of emotional labour in nursing touch upon it but I did not have the capacity and space within this study to do justice to it. The fact that the occupational therapy profession and the nursing profession is overwhelming female is an important factor in the way these negotiations of emotion management are played out within healthcare. This layer of critique would add to the understanding of the role of emotion management in health and social care.

The roles of the patients and clients in these narratives only appear from the point of view of the students. Further research incorporating writing from patients, students and professionals would produce a more complex and intriguing sense of the role of emotion management throughout the health and social care environment. .

Finally, the work presented here is only a partial representation of the students' writing. There is a great deal of writing in the Appendix 1 which I have not used in the body of this thesis but which informed part of my interpretation over-all. I will also never know what else they may have written that they chose not to give to me at the end of the project. I have made no attempt to generalise from the findings but only to use them as illustrative examples of their attempts to represent their emotional experiences of placement learning.

Chapter 8 Conclusions, questions and reflections

In this final chapter I will review the research and explore how and if I have met my original aims. I will discuss how this research adds to the existing body of theory and literature around the role of emotion management in health and social care and the implications for occupational therapy profession specifically. I will also explore the use of creative writing as a research method to highlight and convey emotional experiences and finally I will consider my own learning through the process.

8.1 Research aims and the findings

The aims of my research were to explore the following-

- What role did emotion management play in their negotiation of a professional identity?
- How were the processes of emotion management and expression related to the discourse of being a health care professional?
- Is the lack of attention to emotions in the occupational therapy literature significant in how the students see the role of their emotions in practice?

The student writing vividly told me about how managing emotion was a powerful part of much of their learning and practice on placement. What my research showed is how this was *felt* by the students in this project and how this was a moveable and constantly negotiated process, not a fixed one dependent on the type of healthcare, the setting or the Practice Educator. The writing has given a sense of the struggles to become and perform the professional in the 'complex social contexts' (Cope *et al,* 2000 p852) that are placements. Most of it has given a sense, an evocation, of the ways in which the students engage with this like a dance, moving in and out of taking on the role, sometimes embracing it and at other times resisting it.

The emotion management in which the students engaged was a complex part of the multiple discourses around them as students and as potential professionals, being assessed. They had to manage their emotions on many levels, to appear competent to their Practice Educators as well as demonstrate their ability to manage their emotions in order to ultimately manage those of the patients.

My research's approach to emotions and their role in practice, informed as it has been by postructuralist thought, has asked questions about the dominant discourse of why it is important to contain emotions in health care? These questions are largely left unanswered but raise more. What would happen if emotions were allowed to be expressed? The suppression or management of emotions would suggest the common underlying assumptions about

concepts of emotions, that they are potentially dangerous and an expression of being out of control, aligned with feminine, earthy, bodily instincts that are the binary opposite of the masculine, rational controlled scientific health care system. Such binaries and fixed concepts have been thoroughly challenged by poststructuralist thought but dominant discourses in health care in the western world are not the product of poststructuralist thinking. The dominant discourses around emotion management could be said to be changing slightly with the new focus on 'compassionate care' in health. However perhaps this is just a new 'regime of truth' that is emerging as beneath the surface it is evident that this is too often being operationalised as just another competency to regulate and be regulated by. The widespread acceptance of emotional intelligence as a skill to monitor and regulate this emotional engagement with compassion does not bode well as it too reinforces the individualistic notion of emotions and their management.

8.2 Occupational therapy

The issues around the emotional aspects of health and social care are frequently discussed in nursing and social work and the approaches vary widely as highlighted in the literature review in this thesis. The occupational therapy professional literature has only just begun to address it and so far only through the lens of emotional intelligence, conforming to the dominant discourse in health. Social work and some nursing studies have also embraced this understanding of emotion management (Ingram, 2013, 2015; Walsh, 2009; Freshwater and Stickley, 2004). However they do highlight the widespread confusion in health and social care education of how to deal with emotional aspects of professional health and social care work.

My research has asked questions of the specific role of occupational therapy professional practice and philosophy and the silence about emotions. The participants' writing illustrated how the students were subject to 'hierarchical observation' (Foucault, 1977) and assessment to enforce disciplinary norms of emotion management. This was mediated through the HCPC standards, through the university assessment forms and the watchful eyes of their assessors in practice, the Practice Educators, This research however also

showed how the students themselves operationalised the emotional rules through 'technologies of the self' (Foucault, 1988). Occupational therapy students are confronted with ambivalent and even contradictory theory and practice around holism, therapeutic use of self and client centred practice as they are required to perform their professional identities within this medical model health care system. The profession's adaptation to the managerialist, medically dominated health service in the UK (Clouston and Whitcombe, 2008) has challenged some of the central tenets of the profession's philosophy. This ambivalence has been a part of the profession for many years and was exposed over thirty years ago by Peloquin (1989a 1989b). The ambivalence itself was often the site of some emotional turmoil for students. What was evident in the students' writing in my research was an understanding of the need to manage their emotions in order to conform to professional norms but also, at times, a resistance to this and a questioning which is both overt and implied.

Although the silence around emotions within the profession has recently been broken the emphasis on emotional intelligence, though well intentioned, is ill-thought through and perpetuates a self-disciplinary approach that fails to appreciate the complex mediating role of emotions and the affective impact of the health care environments.

8.3 Methodological contributions

Much of the work of poststructuralist and now post qualitative research has been about finding ways to represent stories differently to challenge rather than reinforce dominant discourses. I have applied this approach in my research, engaging with the debates and discourses around emotional labour and emotion management in healthcare and by providing a means and a space where the student participants could tell 'counter stories' (Clandinin *et al*, 2009). I endeavoured to allow the incoherence and ambiguities and the complications of the stories to stay that way rather than mould them into a false sense of coherence, notwithstanding the need to present them to the readers of this thesis. Rather than trying to *answer* definitive questions about emotional labour, this research has been about

raising questions around the role of emotional management in the wider discourses of health care. What most of the literature fails to do is to ask why emotion management is required, what it *does* and what the results of the emotion management are for the service in which they work and the people who use those services.

The creative writing interrupted the sole focus on the student participant and allowed them to think about issues from another point of view. This in turn brought stories about similar pulls to conform and perform assigned roles and stories of resistance. This technique has ruptured the usual 'othering' of the professional/patient relationship in some cases to the point that the concerns of the student participant and those of the patient seem almost synonymous. This has taken the concept of emotional labour and emotion management out of just the realm of the professional health care worker and into the patient/service user role as well.

I employed unusual techniques of creative writing in my research to encourage the participants to transgress from the usual academic writing and access the *felt* aspect of placement learning. It has challenged notions of truth and fiction and produced work which evokes rather than gives factual accounts of remembered experiences. As I have progressed with the research I realise that I have been trying to recreate what fiction does and is about. Fiction is all about affect and emotion, it conveys a sense of a world, a sense of relationships and events that we access through our emotions but that we can identify with or relate to. When writing fiction we are always advised to 'show not tell' and this has been an aim of this research, to show how it might feel to be a student on a placement in health and social care. Good fiction carries you along with the movement of the affect through the story, allowing you to feel things from other perspectives and continuously put together your own new subtleties or nuances of meanings to your own experiences. These student narratives short and fragmented as they may be open up their experiences to be shared in this same way.

One of the main aims of the research methodology was to provide new insights into what emotion management or emotional labour feels like to

students who are new to the profession and who want to gain entry into this profession. This research then has opened a window onto the complex and multi-dimensional aspects of emotion management for students in health and social care placements.

8.4 My learning

Finally my learning throughout this research has been a movement towards and around the impossibility of representing anything I can categorically call reality. I began this research with an epistemology I would describe as being an ill-defined mixture of feminism, social constructivism, humanism and pragmatism. The original aims reflected that confusion and are quite practical in their scope. There are three main factors over the years that have shifted my thinking significantly, reading widely about the concept of emotion; supervision where I have been challenged to question every assumption; and most surprisingly perhaps, the effect of the writing itself on my understanding of the shortcomings of any attempts to 'capture experience'. I have experienced multiple challenges throughout the process of completing this EdD and some of them remain. I still have very conflicting views about the nature of academic writing. It seems to me at times that the closer academics come to defining emotions and emotional life, the further away from lived experience they stray. I have tried throughout this process to relate definitions of emotions and emotion management to my own life and at times I still struggle to be able to do this. If we define emotions just as a discursive practice I feel cheated and I do not feel that it adequately defines my own experience day to day. The literature on affect however has been a complete revelation and one which I will hopefully pursue in further research in an attempt to be able to find words to represent felt experience. I have no doubt that this will involve writing more fiction.

8.5 Conclusion

My research has made a substantive contribution to the body of knowledge about emotional labour and management, specifically by adding a new dimension to our understanding of its role in health and social care. I have challenged the humanist view of individual professionals managing their own

emotions to open out emotion management to be a tool with which professionals manage the flow of affect within the space that is health and social care in order to perform the professional. This management is a discursive/affective practice to maintain the divisions between the roles of professional/patient within these settings.

I have presented these practices as occurring in multiple ways and sites that do not fit easily into models or codes of emotion management although there are resonances with some of these concepts. My research has resisted the quest to codify types of emotional labour or reduce it to a set of behaviours or competencies. It challenges the understandings of the concepts around emotional intelligence and exposes these to be another disciplinary tool to place responsibility on individuals for their feelings and behaviours.

The creative writing has contributed to knowledge of research methodologies and their abilities to produce new challenges to ways of understanding and of representing a more complex, multiple perspective view of experiences. The creative writing afforded opportunities for the participants to explore multiple subjectivities and provided 'data' that can engage the reader in an affective as well as an academic way. It resists the urge to categorise and quantify experience but provides a means to expose the incoherence and movement of emotions and affect throughout micro and macro interactions with the material and human world and the everyday encounters in the health care arena.

The encounters and situations the students wrote about and talked about are everyday occurrences on their placement but they are not discussed or addressed within our educational support at all. I hope that this research has exposed the other side of this silence.

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The writing prompts:

Group 1

1.1. **The land of placement**

Think about placement as a land and describe what sort of land it is .....placement is a land.....

1.2. **OT as an animal**

Think of OT as an animal, if it was an animal what would it be, if it helps, think of someone you know who is an OT if you want - what sort of animal would they be?

Group 2

2.1. **Approaching placement**

Walking into, the building where your placement was , whether it was a ward or an office , wherever it was , a place that sticks out for you, just imagine walking in there and describe what it looks like, what it sounds like , what it feels like , smells like , just walk in and sit down on a chair and describe that through your senses. Pick a placement that stands out ....10 mins

2.2. **Your professional face**

I want you to imagine that you are looking into a mirror at your professional face...what does that look like? What is it expressing? Pretend you have got a mirror there and you are looking at you as a professional just describe what you see and feel – the expression, who is this person? This professional?

2.3. **Managing your emotions**

Think about a time on placement when you felt you had to put on a professional self and not express what you were feeling. Just use your senses, like we did earlier on in terms of just describing the situation ; where it was, what was going on , who was there as well as what happened . As much description of it , details as you can, cos that brings out a sense of it if you like

Group 3

3.1. **A poem about placement**

Use the ALPHA poem structure to write a poem about placement. Each line begins with the next letter of the alphabet. Just play with the words.

3.2 . **An inspirational person from placement**

Let's start to think about character and people and try and think about someone who's inspired you on placement. It doesn't have to be an OT, it can be a patient, a service user, a relative, another member of staff -

3.3. **From another's perspective**

For those of you who were here last week - we did a piece of work about when you were emotionally challenged or when you had to manage your emotions on placement - I want you to go back to that - or think of another one if you prefer and what I want you to do is think about somebody else who was involved in that situation , not you but someone else - an educator, another member of staff or the service user and I want you to write about it from their point of view so pretend you are them and describe the situation through their eyes, not your own.

Group 4

4.1.**Poem prompt**

Common and Particular

I like these men and women who have to do with death,
Formal, gentle people whose job it is,
They mind their looks, they use words carefully.

I liked that woman in the sunny room
One after the other receiving such as me
Every working day. She asks the things she must

And thanks me for the answers. Then I don't mind
Entering the particulars in little boxes,
I like feeling she has seen it all before,

There is a form, there is a way. But also
That no one come to speak up for a shade
Is like the last, I see she knows that too.

I'm glad there is a form to put your details in,
Your dates, the cause. Glad as I am of men
Who'll make a trestle of their strong embrace

And in a slot between two other slots
Do what they have to every working day:
Carry another weight for someone else.

It is common. You are particular.

Just choose one line, take one line from it - or a couple of words - it doesn't matter and just write something from that, that resonates with your experience of working in a hospital or in healthcare if you haven't been in a hospital placement yet . I t can be one word if you want or whole lines

4.2. **Feeling rules**

Last week we did what we call an alpha poem so you just put a,b,c,d,e, down one side of the page and you write a poem with each line beginning with that letter - so I thought if we do that again, but about feeling rules and I want you to do it twice - I want you to think about - you've all been on two different placements - so think about what were the feeling rules on each one of them... It might just help to take yourself back to those two placements and think - what was allowed , what was expected ?

4.3.**Where do the rules come from?**

1 want you to try and reflect back on that situation - maybe it's one you've written about or maybe it's a new one , one where you felt you had to manage your emotions - and we've looked at that from someone else's point of view and I want you to think about how you knew that you had to manage your emotions, who conveyed that to you ...where did that come from ....what was the message that you were getting

Graham

2.1

It had taken longer to get there than I imagined, my hands were freezing but the rest of me was warm. I was well prepared, too well prepared. I was early and waiting outside. The door was locked and I had to wait in the lea of the doorway. I was let in with only a brief explanation of who I was by a member of another team. I could have refused but it was cold. The building was a former care home and smelt of dust and damp, frayed old carpets remained as did much of the furniture. The flock wallpaper gave no indication of a place to wait or sign in. I invited myself to make a cup of tea and asked if anyone else would like one. I was thirsty and looking busy couldn't hurt. The small kitchen was tatty but well stocked. My educator came in just as I picked up her mug for my own brew. I was still early.

2.2.

Not so clean shaven I come, not scruffy,

Poor posture, leaning forward he's listening or listening

You can see the thinking, literally

I could be interrupted soon

He's not so similar, his eyes are fixed

Is he caring or is it to different

Do I blink often enough? (laughter)

My eyes are wide, they see so much

Do they judge also?

You can see the thinking

You can see the jaw set and

The eyes fix

You can see the lips getting ready

2.3

They are waiting, that is why I am here, the pleasantries and introductions can only delay for so long. Expectations and the smell of cigarettes still smouldering in the ash tray make the air heavy. The wife sits down, right to the back of the chair, she is not comfortable. The husband will not sit until I have. These seconds last for longer than they should. I have seen all of the smoke tarnished brass, I breathe through my mouth and the cat scoots off the sofa, I perch. They are nervous, her more so than him. The speech does not come easily, they do not listen. They know I have what they want. They expect. That is why I am here. They are less concerned with my shoes that need polishing or the patch of hair I missed. When slowly then, expected.....(large bit of crossed out writing) , maybe I said it wrong. He has rolled and lit another fag while we talked and I did not see that. I only smell it now, on my coat as we leave.

3.1.

Alone

But part of a team, it's only for a while, no friends here

Constantly watched, judged

Doing better today?

Every day different

Feedback stings

Good or bad I'm not getting anywhere

Hope I'm ok today

I can make every day a battle

3.2

Intelligent hands dance across the keys, the white and black ones too. Clear music rings out and he sings with a gentle voice, smiley, and laughter floats across the room. It's effortless, all fun. This rough hewn, seen it all before, grit faced guy. There's a cheek and subversiveness to him. Anything is possible.

3.3.

It's hot, my face is burning, my ears and across my ears and nose. I know I'm sweating, I don't want to move, they will see. There's no point now anyway. It's not uncomfortable where I am . It's a good sofa, it matches and it's lasted . It matches everything, the way we like it. I'm not getting up not when it hurts, not when I will just go back to the sofa. We didn't get it to last forever. John intercedes, he's trying to help. I don't hear what he says. Tears flow down the creases on my face, I only notice when they roll into my mouth. I hold the sobbing. The lad's just perched, he's not saying anything.

Freya

1.2

I've got OT as a colourful anemone fish , it likes to live with others but most of all it likes to nurture and clean the anemone in which it lives to make it the best it can be . Others may see it as a benign or unimposing little fish, never asserting its authority like the crab or the shark which may be why it is sometimes referred to as a clown fish , but if you threaten that anemone in any way you will see the wrath of the anemone fish and it will defend it to the death .....They're my favourite fish and I thought it was quite like OT – you know, we can be quite passive and unassuming you know, but then if we are challenged or threatened that's when we get our passion and our real assertiveness.

2.1

I approach the vast hospital, passing through the cloud of smoke produced by patients in pyjamas having fag breaks by the entrance . Inside the building I scan for signs to lead me to the OT dept. No signs of life or people were walking the corridors. This place felt forgotten about, no-one sat at the reception desk; the walls had that yellowing quality that white paint takes on after years of being left . The pictures on the walls were faded, bleached by the sun and gathering dust - pieces of artwork and embroidery done by patients hung with dates decades old. I rapped at the door which was signed OT Office but was met with a long unbearable silence.

2.2

As a professional my face is always smiling for others to see. No matter how stressed or flustered I may feel inside that smile is fixed to show others I'm ok. My face likes to convey a sense of calm and serenity. You will not see it show panic, fear or anger unless you look very closely at those micro expressions; a little furrowing of the brow or a slight tightness around the mouth. All the stressed out gurning occurs away from the public. A stolen moment in the toilets or crumpling on to the sofa when I get home to offload on someone I know and trust.

2.3

The last day of placement is always a mixed bag of emotions. This particular time was even more so because we were doing our final presentation on the last day. Myself and my co-facilitator arrived in our usual way, padded with extra layers to brace ourselves from the cold of the exposed Rec room. We were greeted by the usual sounds and chatter from those we had got to know over the past few months. Cups clinked together and kettles boiled as

hot drinks orders were taken and then distributed. Voices raise as people greeted each other excitably or argued over the computers or jostled for a seat and all the while the radio played in the background and the smell of earth and animals added to the usual vibrant and chaotic atmosphere. we waited patiently for the faces of those we needed to gather for our presentation when suddenly a familiar but unexpected face arrived. Myself and my partner were shocked but desperately trying not to panic. 'I have it in my diary as nine' the familiar face said. Myself and my partner trying to fix our smiles in place through all the chaos talking to each other and silently communicating 'where did that come from? We would never have said nine. It's totally impractical for the service as no-one gets here till ten. We e-mailed to say eleven. What should we do?' The face before us became more twisted and angry as we tried to offer practical solutions. They were all met with disdain. we tried to smile although I could feel the blood rushing to my cheeks. We'll show her around, she can see the baby goat. Who could be angry after that? oh no still angry! Deep calm breaths. We have a presentation to do. Look calm. Look professional. Do not let it throw you. Do not let your fellow presenters the service users pick up on your panic. Suddenly it doesn't seem so cold. I need to take off layers as my cheeks are burning up. We cannot do it before 11 due to the service users needing time to practice. We prepare the room. Now the familiar face sits in front of us still twisted with anger. Other start to pile in. More and more. The noise levels rise. How will we keep this under control? the clock ticks past 11.15 by the time everyone is in and settled. Panic! But need to present. Think calm serene thoughts.

3.1

Alert and attentive to every new learning experience

Bright eyed and bushy tailed, the mask which

Covers up and hides all the

Doubt and confusion.

Exhausted yet inquisitive and keen to learn,

Feeling these things all at once.

Getting to improve myself and be in a better position to

Help others, the patients, clients, service users; people

3.2

Wild hair with hands running through it rapidly and ears clanging with metal You can tell if it has been a busy day as this hair will stand to attention like a punk mohawk - from all this manipulation! Clothes always practical but with an added hippy glamour; well co-ordinated with matching colours and artistic flair. This person is like a whirlwind- always rushing... and yet although flustered, there is an inner calm. A warmth and friendliness . Always knowing everyone's name and preferences and taking time to talk to them. Dynamic and passionate about the work they do. a person of action always busy getting things done , willing to go the extra mile.

3.3

Driving in the drizzling rain, the cars slowly creep at snails pace in the rush hour traffic and my heart sinks. Looking through my diary this morning was fully depressing. I've got so much to do at the moment. My days are planned out for me and every meeting, assessment and date feels like another brick in the wall blocking me in. All the enjoyment seems to have gone from it all. The freedom and creativity I used to enjoy is being stifled by what is expected from me. The latest round of group reflections with the students has been a nightmare. They're so closed and competitive as a group I just don;t know what to do with them.

As I arrive at my destination I remember why I hate this place. The rain is now pounding on the muddy grey concrete of the farm and the smell of animals and their numerous bodily functions fills my nostrils. This isn;t the right place for an OT placement. Time and again they use our students and tell us how wonderful they are just so we'll send more free labour. But if they truly understood the value then why haven't they considered employing one rather than abusing our placement systems. It's too early for this, and I've got too much to do and I'm not in the mood for this at all. Ah well, here goes as I force a smile and push myself out onto the fetid, wet pavement. Chaos reigns supreme as I enter , just as I suspect. So many people, so much noise and not enough space, how am I supposed to find anyone amongst this? They didn't get in touch to tell me where to meet them so I guess this is the place. Ah ha , amongst it all I see the two familiar faces I am seeking. But why are they looking at me like that? Honestly! Well it's nice to feel welcome! Lets get this over with then, I've got other places to be. I squeeze my way through to where the two students are. 'So where are you doing the presentation?' I ask. They both look totally flabbergasted. |What's wrong with them? ' Um well, it's in the community centre.' Oh great I think, walking in the rain again. 'but' the student continues 'it's not til 11am' 'What?' I almost shout

before I can help it. They told me 9am. It's been 9am in my diary for ages. Why would they change it? This is beyond unprofessional. I try to tell them this as calmly as I can manage but i can feel the blood rising to my cheeks and my fists clenching at my sides. They're denying it ! The cheek!. They say they never said 9am and apparently sent me an e-mail to say 11. Well I never got it. Do they not know I work part-time?

4.1

I just looked at the words, common and particular, like on their own, so I said about common, it's a word that can be used in a variety of negative ways, like common cold, or your problem is common - like when it used in a dehumanising way , she's very common that Jordan is with her big boobs and leopard print ...but also there are many positive connotations of the word common, so , we have so much in common - or your problem is common, when it is used in an empathising kind of way and a solution based way. Then I looked at 'particular' and I said similarly it is a word that can seem innocuous , so it's used to describe a certain thing or a chosen object , for example, I chose to use this particular word, but it can equally be used as a compliment or insult , depending on where the person is coming from when they say it , like 'Oh that Mrs Bucket, she's so particular it's a nightmare trying to do anything for her ' - or you can use it like, 'I like to think of myself as being discerning, and have high standards, I'm very particular with the work I do .' So I've been unpicking the words - they can be quite different

4.2

Alert attentive and active

Bish bash bosh

Change all the time

Different directions

Ensure efficiency no time for

Faffing

Get on with it

Haven't got time to hang about

initiate the next step

Juggle one to the other

Keep it all moving

Little time reflecting

Must crack on report finished, discharge

No time

B

Always wear a smile

Be careful not to be alone too much

Chat and do as much as possible

Everyone should get stuck in

Friendly faces rule the roost

Getting everyone engaged

Hands-on work it depends on using your

Initiative

Juggling several things at once

Keeping space for those who like it quiet

Meeting so many different needs

Never revealing your inner chaos

Ellie

1.1.

Well I took a while to get to anything that looked like anything – cos that's how I arrange my thoughts (laughs) and I started as placement as a land of opportunity and experience if it's done right , challenges in a controlled and supportive environment and then every where's different so it's all different landscapes , people and perceptions in each setting and pockets of settings, wards, communities, homes , some are similar but different some are completely different and then the last bit I was just thinking of like a patchwork , everything's different and some things fit together and some things don't

2.1

A cold walk from my rented room, past the park, kids going to school

fire doors large, automatic opening

posters and leaflets adorn the walls

reception desk directly ahead no-one there ? (not sure what she said here)

blue carpets

Coded doors to enter, so many buttons to press

past the nurses, day-care and secretaries

third door on the left

OT and physio, four desks and chairs

I'm first in, my coat hangs behind the desk,

sit down, switch on the computer

go next door and make a cup of tea

ready to start the day able, support.

Knowing the direction to get support

2.2

Clean, smart, friendly, welcoming, smiling.

Ready to listen and care about what you want to tell me.

Encouraging communication

Curious about who you are and what you want to do

Hoping I can help, enable, support.

Knowing the direction to get support / assistance if there's

Something specialised beyond my abilities.

2.3

Unexpected decline of patient.

One of the nurses came into the office , urgent preparations needed to get R home - meeting with his wife, care agency and us 10 minutes time.

We'd done a home visit the week before - expectation of weeks at home. Ordered ramps, chair raises. Wife happy to look after, her sister was there with plans to visit them in countryside.

Only 60, nice couple, now expected to live days not weeks. This is my 3rd week, I've known the patient days - he used to be a fisherman and worked in the markets. I felt I knew him and his wife. I'd heard and become part of their story.

I wasn't ready to hear he was about to die. I knew he didn't have long but I didn't know how to cope with this knowledge. Shock, how must his wife feel. What right did I have to be so upset. I couldn't show it when we went to the meeting had to be professional and get on with this job I wanted to do.

I went to the bathroom and burst into tears. Controlled my breathing, washed away the shock , the tears and went to the meeting wearing my professional face. I could deal with my emotions later. R's wife and the other professionals needed me as a professional OT student now.

I met them expressed sympathy. Practical changes were needed and I discussed what needed to be done to get him home and got on with it.

3.1 Awake to a new placement

Blueberry muffin for breakfast

Car journey to contemplate the

Day's new experiences

Fun and frightening

Going out on home visits

Investigating patient needs

Job done for first day

Knowing where to go tomorrow

Looking forward to meeting

More people

New opportunities to meet

Other

Professionals

Quality of life

Remains our aim

Supporting our patients and each other

Team work

Unites

Variety of people

3.2

First impressions

Tall and blonde

Fortunately low heels

Welcoming, encouraging, friendly

Caring, sharing, compassionate

Uniform of green and white

but standing tall above us all

blue eyes shining

a warm smile.

Working with passion

A heart that cares

They're not just patients

They're Bob, Sheila, Ron and Dennis

Bob lives in a bungalow and needs a ramp to get in the garden

Sheila's got a house and needs a stair lift

David's Sheila's husband and needs to get a shift on

Wants to get the right things but needs a push

To get started.

She knows when to push, be quiet or smile.

WHAT WOULD SHE SAY TO YOU?

Have confidence in yourself

You can do it with a smile

3.3

I'm Mary and I'm at home

It's cold, no-one put the heating on

Don't know what all this is about an alarm round my neck

Where's Jane she's picking up my medication

I hope she's going to stay for a cup of tea

She's at the door, who's with her

I don't think I've seen her before

Come in Come in

Good they're taking their shoes off

Is the alarm woman going now - yes good good

I'll just leave it on the side

Come through to the kitchen

I'll put the kettle on

The box is through there in the conservatory

What have you got - There's something missing

I feel hot, cold, scared

You've got to go back you can't leave me

Without my sleeping pills

I can't cope what will I do

Has the kettle boiled - I ask the new girl I

don't know how to make the drinks

But I'm not happy it's not right

Who's kept my medication - Jane you must go

back I need it now

And there's all that equipment upstairs they

never took it away when he died

The house is a mess, I don't know where to start.

You have to go back.

They're going back, I'll be on my own

I don't know what to do, I don't want to be on my own I need the pills.

Oh she's staying- the new one - but I'll get my pills.

I need to tidy the house, wash up, see what's upstairs

is the cup clean, I can't see as well as I used to

No she says there's lipstick and wipes it for me

Ok not so bad. I wonder if she'll help me sort out

the things upstairs. Jane'll be back soon with my pills.

I think I might be ok.

Will you come and help me move some things upstairs.

I want to keep busy, I don't like sitting still.

Do I look ok, my makeups on but I can't see what it looks like. All these people coming and going I hope I look alright. I was always beautiful and I want to look nice. Can't see all these people without my best face on. My son and daughter in law will be round soon, they have to see my best face and know it's right for me to be at home

Through the eyes of a patient *(written between groups)*

Will they let me go home?

I'm frightened

In a place full of people

I feel alone

I want to go home

The pain is unbearable

What should I do?

they said I could go home

Tomorrow they said

I want to go home

if I tell them

what will they do?

I'll ask the student

She'll tell me the truth

I want to go home

she said trust them

I need help with the pain

She'll tell the nurse

Pain relief comes not a moment too soon

Tomorrow I'll be at home

4.1

I liked that woman in the sunny room

A room with no natural light
But sunny because of the people in it
Calm, relaxed, gentle
Where you can read the paper
Have hand therapy
Make crafts
And they come around
Check you're alright
It's quiet but always a
buzz of activity
They'll help you do whatever you want
Whether you're staying or going home
I wish I could be in the room everyday
It's comfortable
You can talk with other who understand
But if you want to be quiet you can.
They're all friendly
But I liked that woman in the sunny room

I don't know if I'll make back next week
Everything will carry on
With or without me
But I'll remember the warmth
in that sunny room.
I felt safe with the woman in the sunny room.

4..2

A

available to discuss

between visits in the car

critical incidents

deemed important by

educator or me

Friday

group with nurses

have a different feel

are uncomfortable but not the same with

Jane

knowledge shared where necessary

left out if not critical

MDT meetings

not the place to express emotion

B

always on a Thursday

because it's supervision

casually chats if I'm on a

drive

emotions expressed by everyone

freedom

given

has it been a good week?

illness in extreme

journeys of care

knowledge shared

nothing left out

MDT meetings

now the place to be

open

people

questioning their actions

reflections

shared

4.3

Watching the professionals sets the scene

from the greeting as everyone enters

It's expected that everyone has a drink,

tea and coffee is there.

You can help yourself and this is acknowledged as you enter.

Comfortable seats, relaxed but not informal

Taking turns to take the minutes and chair

All agreed at the last meeting

It starts when everyone expected has arrived .

A quick introduction if anyone is new.

The student nurse has already been there a couple of weeks

And will still be there when I leave. Both regular features for 7 week.

But student doctors seem to appear for a day at a time

Patients are discussed in an orderly manner

Very matter of fact but in-put encouraged from everyone

involved.

New patients shared out, team's very generic.

It's all friendly, the atmosphere is pleasant but all matter of fact. Not emotion less

But emotions in control and check.

Diane

1.1

Arriving at the base with ropes and chalk and all the equipment necessary to begin the ascent . There are lots of crevices and chimneys to scale , lots of little nooks and holes to grab. It's interesting looking up and deciding which route might be best . Then I begin, my hands grapple, looking , reaching for the hold I thought would be best for me and would provide most purchase , but now from this position, being on the wall is different , I can't quite get a footing . Someone shouts from below and guides my feet and hands to where it might make most sense and there's a sense of relief when it works out. I pause for breath and look out over where I've come with a sense of satisfaction which washes over me and then I look up and remind myself I'm not finished and I call down and ask advice and chalk my hands and steel myself for the next section and sometimes I have to go back and take an alternative route , other times I hold my breath and take a leap of faith and feel my stomach swim and a chill cover me and my muscles begin to shake as my nerves take over and I wonder why I came out at all and from above I see a smiling face looking out, just sat admiring the view , saying 'come on, you're nearly there, try that way'

1.2

Mythical beast: big eared , open eyes, biscuit munching, tea swilling beast. Elephant - generally live in matriarchal societies, slow and easy going pace yet good with detail.

2.1

I'm anxious to arrive on time, if not early. The hill isn't too steep but I'm aware of time and not so certain of where I'm going so there's a slight anxiety fluttering away in my tummy. I find the entrance and slow my pace, straighten myself up and remind myself to smile. Knowing that this one was chosen for me due to last year's disappointment . I feel slightly calmed but also anxious that if this is a good placement and I still don't do well or enjoy it then this time it's because of me and my sensibility. I introduce myself and am shown a seat in the dining room . elderly people smile at me warmly. It doesn't smell of hospitals or urine so that is a pleasant realisation. Deep breaths, don't gush, be polite and professional. Feels like my clothes aren't resting on my skin but on the peaks caused by goose pimples caused by anxiety.

2.2.

Mirror Mirror

Calm complexion from arriving early and having time to acclimatise

Hair clean and round my face. Eyes bright, no bags about.

The Golden thread is lifting my chin, relaxing my shoulders back and down

Darcy's necklace is being shown off

Eyes and ears are keen but relaxed

Few frowns or manic laughs .so high emotion lines are

at rest.

A sense of consummate professional glints in the eye and

curls up an extra corner of my smile.

Information systematically being projected Mission Impossible

style over my retina

2.3

Arrived late. So angry with myself as these instances happen in runs so it wasn't the first time this week. Red faced, sweaty, hopping on one foot trying to get cycling trousers off and uniform on. Jumper stuck on head but finally attired as I ought to be. Grab my muesli and yoghurt and dash down to the kitchen, lob it in a bowl and then grab a spoon and high tail it to the therapy office. Fetch my diary and a pen. Munch down some breakfast. Educator wants to know my plan for the day. I look at the patient list and arrange my day. 'Yes , but when will you see Mr so and so?' she asks. 'Oh yeah' I reply, 'I'll see them then.' 'No you can't , you're engaged to do whatever.' Damn, well what if I.....I can sense her annoyance but because of it my brain shuts down and flatlines. There's no activity there now, rabbit caught in the headlights - can't see the wood for the trees yet she's sat opposite, waiting for my solution. This solution would be easy come by if I had arrived early and been organised. It also would have been identified if I engaged all brain lobes but the crushing sense of disappointing from her means everything has ground to a halt. The only part of my brain working is the frontal lobe, the limbic centre, which is flooded with guilt and anxiety. This area controls the tear duct switch which has well and truly been flicked. I keep my head down looking at the words and times on the desk in front of me but for all the good looking is doing I might as well get my coat and start this morning again. A searing hotness rises up through my face at such a pace, it's there and done

its job - confirmed my uselessness, before I even have a chance to reason with it.

Open eyes wider, try to absorb more info that will help un-muddle this mess but it's no good. Breathe deeper, control the outflow through pursed lips so as to calm the frail nerves. But still no grip on the situation presents itself. Eventually she proposes a solution which I shakily agree with

4.1

There is a form, there is a way.

Referral is so important for people to be able to access the treatment they need although within a target driven system it is quantity of them that counts more than the service.

As you take someone's details and fill in the form, they slip away from your environment into another, never knowing how they got on. Sometimes the referral is towards the next service involved in their recovery but sometimes it is into the hands of those who deal with the messy business of dying. They have the knowledge and the experience to point all those concerned on to the relevant destinations - there is a form, there is a way. The bureaucracy of modern day living means there's a plethora of forms to read, sign and fill out. Nowadays they come in Braille and easy read formats- as they should. There is a form, there is a way.

The form also brings about form. It lends structure to situations. I only fill out a form and sign consent when I need my life to take on a different form to help me along my way. There is a form, there is a way.

4.2

Always in the therapy office

Because I am unsure of where else to go

Can't bring myself to

Disturb the poor patients with their

EOL forms signed off

For my knowledge to build , she encourages me to

Get out of the office and in to their rooms, but it's like a

Hotel and I'd be

Intruding

Just to satisfy my Educator.

Knowledge and

Learning outcomes don't

Matter to them

Knocking on death's door, pass the

Oxygen I think they'd

Prefer

4.3

She's a band 5 and a very good one but still I can sense I'm her first student. She's as keen to perform as I am, both treading an unfamiliar path and experiencing heightened emotions. Get it right, get it right.

The band 7 is a different kettle of fish. In her company I know it's all under control. She's done this before, many a time. I feel my heart rate level out, a sense of confidence that any question is ok to ask and an underlying sense of it's ok to still be a learner, and not to stress. She is a wealth of knowledge with humour to match, that's what 20 years' experience brings.With the band 5 it was like looking through a cup of builders tea in a tin cup but with the band 7 it's like a cup of earl grey in a china cup

Chloe

1.2

Yea I said a duck-billed platypus because they look like an amalgamation of different creatures which obviously helps them be very adaptable in their environment . They are difficult to describe in terms of what's known about them , you know I don't think they have been studied as much as other creatures but I think in evolutionary terms , they've been around for ages, but still very little is known about them . They're obviously important otherwise they would have been wiped out .

3.1

Arriving in a familiar town

But parking thwarts my eagerness.

Collecting keys and personal alarm, it's clear that

Danger is a feature of this place.

Everyone staring, inquisitive, some hostile,

Friendly people seem to be in a minority

Going to another town, is like a

Holiday away from the

Intensity of women.

Just a snapshot of the drama, pain and

Kept possessions. Human

Lives to be caged in a house,

Managed, controlled, medicated,

Notes made and

Observations discussed.

Perhaps being locked up is what makes these women

3.2

Young serious face but with rare smiles that could bring tears to my eyes. Long wavy blonde hair - a battle to ensure it was washed and brushed. Vest tops even on the coldest mornings - new jeans that I helped her to choose - also with sparkly, fluffy slippers that I helped her buy.

A deep broad northern accent, a surprise given her delicate features. A monotonous tone and often blunt but underneath a sensitivity and rarely seen empathy. On a car journey she sensed my tension and asked if I was ok.

A quick and intelligent mind but always in a rush to complete things. An ability to drink boiling hot coffee without sensing the heat. Awkward and clumsy movements, forever asking if she was ok.

An interest in animals without fear. On the farm she walked up to a big angry turkey and stroked him . her way with words and honesty always made me laugh but more than anything her vulnerability made me want to protect her.

Advice?

Don't force people to do things

Don't worry about things

3.3.

My name is A and I am a psychologist working with these women. The group today is based around the fact that it is World mental health day so I have come to address issues surrounding symptoms of illness, medication and challenging situations.

I usually feel very relaxed with the patients- it is a small group and I regularly see them for 1:1 sessions. It is an informal group. I have a cup of tea and although the room functions as a kitchen and an activity space I am reasonably comfortable despite the fluorescent lighting and hard plastic chairs.

We are all sitting around the table and I am asking the patients if they have any questions about their illness. many do not understand the need for medication - issues regarding insight are often raised in individual meetings.

Generally the patients are quite apathetic - although S's labile mood has alerted me , specifically to her questions and anxieties.

S seems keen to share something but I am concerned that this will bring the focus of the group solely on her and may cause issues with the others. I have asked her if she would like a private session but owing to her symptoms of illness - she seems keen to have an audience. She has admitted behaviours in the past which she is not proud of and also acknowledged the abuse she experienced.

Her admission of grave robbing from children's graves is not one she has mentioned before. She is showing contrition and I am keen to keep her reassured as she has a history of volatile and violent outbursts.

Other members of the group are reassuring her - including the OT student, however I am keen to move on to more neutral and shared group ground and suggest to S that we discuss her feelings in detail in a 1:1 session. To move the focus away from her I ask if she would like to leave the group and speak to another member of staff.

S agrees to stay and we resume discussion about mental illness and stigma people face.

I feel that working with these patients constantly means a fine line between acknowledging their feelings but also ensuring that it does not fuel their narcissistic tendencies and that other members of the group do not feel the need to dramatically shift the focus on to them. Group work is very exhausting with people with PD.

4.1

'Glad as I am of men who'll make a trestle of their strong embrace'

The women in particular in awe of the consultant's face

they await the ward round for news and a diagnosis of their pain

But disappointment is apparent when the nurse appears again.

Even as an out-patient the Consultant wields the power

The patients nod and acquiesce even when kept waiting for an hour.

The ladies come to see me to book in to be cured

But have to ask me what the hell is the next procedure?

I say that their Consultant is the one who should explain

But more and more these ladies say they don't want to be a pain.

The Consultants stand, as Gods, to the mere patient mortals

When the time arrives they summon us to their ivory tower portals.

Do they exude this air of power to help themselves to heal

Or does their 6 figure salary serve as an ample shield?

4.2

A

Arrive prepared for small talk with the OT assistants

Be prepared to hear heart-breaking stories.

Control your tongue on home visits

Do not remain silent in ward round

Expect patients to get cross or refuse to be assessed.

Find opportunities to chat and reassure patients

Give each patient time to adjust

Help each patient to help themselves

Initial interviews will take a long time - be patient

Just show empathy and understanding

Know when to be quiet and let the patient talk

Learn that not everyone wants to or can be helped

B

Arrive expecting a drama

Be consistent with how you manage challenging behaviour

Calmly explain everything to patients

Do try to communicate with BSL - no matter how basic

Expect the receptionist to be in a foul mood every day

Find time to calm down

Give yourself a break

4.3

Relatives - Embarrassed/ Anxious/ trying to understand.

A large house, high on a hill, open to the cold winter elements. A large living room with very little visible carpet. An antique desk piled high with papers - a small narrow path, through the clutter to an armchair by the fire.

front porch blocked by the newspapers, inaccessible front door.

Concerned and anxious relatives keen to show that house could be warmed, they got the fire quickly burning. Unable to hide their embarrassment or distress at all of the clutter. Eagerly making suggestions as to how it could be cleared if their mother would let them.

A proud lady in a beautiful house, barely noticing the hazards: the clutter was part of the furniture. Smart, well-kept and adamant that she would be safe. All eyes flicking over the piles of paper, clothes and items gathered precariously on the stairs.

In the bedroom out of date medicines- the OT making her defensive and embarrassed. I explained that medicines lose their efficacy when out of date so could we get rid of those? Just to make some room next to the bed. This lady was reluctant to acquiesce but showing signs of insight. Did not want to push subject - not with an audience.

Initially, desperate to hide how worried I'd be at her living this way alone BUT ... it's what she's always done and who are we to judge?

Becky

1.1

I sort of done mine as a mountain, I put it is a tall mountain , an island almost, coming out of the sea, I've got that there's some really tall trees going up the mountain as well , it's sunny but it can be really misty and it can be like a tropical climate like quite hot and heavy and rainy and I've got people living round the bottom of the mountain but then I've got that it's , I was trying to think about how I would do it if I was drawing it because I think that sounds quite dark but I didn't want it to be dark, it's supposed to be beautiful so I put it's really colourful as well

1.2

that bird that swims – I can't remember its name – but it walks , flies and swims cos everyone always says ' So what do you do like physio then?' and I say ' well we're similar in some ways but then we do this , this and this as well ' so I was thinking that's sort of like an everything animal

2.1

Friendly faces speak from the other side of the desk. Walls closing in. The smell of paper, photocopies from the office. Pale colours, cold atmosphere. Straight backed chairs and forms. No people beside you. Lonely. Blue. Cold. Imposing.

2.2

Hair tied back in a neat pony tail. Eyes alert. Wide open. Smile fixed, not quite real. Face open but closed . Expression changeable - smile fixed. Smile goes, mouth opens and noises of sympathy and agreement come out. Forehead furrows and eyes squint in a look of forced concentration. Always interested / engaged. But closed. True emotion hiding behind eyes that show what the other person wants to see. Emotions there for only the most perceptive. Most see a motivated, interested concentrating , never tired, always willing student.

2.3

Sat with pt in the large treatment room. Not many other pts. My educator sat at the next table with another pt. Putty, beads and rolling pin on the table, playing silly remedial games with my pt. Talking, chatting, watching. Pt gets teary talking about her life, her daughter who she relies on too much. Seeing tears makes me teary always. Hide this. Sympathetic mask on. Pt feels she puts too much on her daughter, not right, daughter has her own life. This

truck very close to home. had to appear sympathetic, listen to all my problems from a different angle. Educator didn't know, didn't step in. Said I handled the situation well but need to separate my life from placement.

My patient picks up another bead with amputated fingers, drops it in the waiting pot. Small smile of satisfaction as she states that red is her lucky colour today. Goes towards another bead and struggles. As she starts to get frustrated a tear rolls down her cheek. I want to cry for her. She states she feels she wants to go back to work. Once she starts talking she can't stop. She talks about how much she relies on her daughter who tries to help her as much as possible. My heart pulls and I want her to stop. Sympathetic face in place I ask her what she means. She says that it is unfair on her daughter for her to rely on her so much, especially as she often snaps at her due to low mood. I tell her that this is perfectly understandable as my voice tries to choke. Professionalism kicks in and I talk her through her problems offering comforting words of non-advice. We return to the forgotten beads and after she has gone I reflect. It is hard to listen to your own problems through someone else

3.1

Awakening early

Black outside my window pressing down

Cold creeps slowly under the covers

Dawn is here and with it a new day

Every day a new day as I

Forge my way through the morning

Gather my things

Hit the road and

Into placement I go.

Joy and fear are mixed emotions

Knees shake as I enter the room

Lit only from the inside

Many things to think and do

Not a second to be me

Only me as placement sees

Pleasing, kind and learning

3.2

Shorter than me with bushy brown hair pulled back out of her face. Smile wrinkles around her eyes. friendly, open, even in uniform. Slightly informal, joking. Kindness always apparent . Slightly disorganised, scatty, but remembers everything , names, birthdays, children. A bit of a sarcastic sense of humour, but still always nice. warm - can make anyone feel at ease- makes everyone feel at ease. Right amount of seriousness when needed

3.3

Flip flops in November, I feel ridiculous as I walk across the crowded waiting room on unsteady feet. Pain tingles up my toes with each step. At least i can walk now and I managed to do my own hair this morning. We arrive at the table and the OT talks me through the warm up activity. Playing with yellow putty. Rolling it to the ends of my fingers, until the pain is too much, then rolling it back again. The OT puts the putty in the pot and moves it away. We start on the beads. She puts a few beads on a lid and tells me to put them away using only my thumb and one finger. My face screws up in concentration as I get one bead in the jar. A sense of satisfaction comes over me and the OT congratualtes me before telling me to use my second finger. So childish, but fun. I screw my face up again and will my finger to grip a bead, but my finger is not cooperating. The OT asks how things are going at home. 'I managed to do my hair this morning, but I've still lost all my friends from work, my daughter winds me up always trying to look after me and I still have to wear flip flops. As I abandon the beads to answer her question a tear rolls down my cheek. I feel so stupid. It's just so frustrating. The OT hands me a tissue and tells me its going to be alright. Although I continue crying this makes me feel better. I open up and tell the OT everything. When I have calmed down I thank her for listening, screw my face up in concentration and focus on the beads again. I feel much better.

4.1

Formal gentle people whose job it is..

- Sums up OT, we have to be formal, professional yet gentle and understanding. Although we have a job to do we have to do it in a gentle understanding way.

I think it is something we don't see enough of in a hospital setting, or maybe other settings too? where I feel we often focus on the formal and the job and not enough on the gentle or the people.

Because of the system / job not necessarily the people.

4.2

Always open

beckoning me in

Can you do this but

Don't worry if you can't

Every day had a new challenge to

Follow the last, feeling

Good as I

Hurriedly realise Wow!

I can actually do this, it was

Just myself stopping my

Knowledge and confidence growing and

Learning

More all the time

Never doubted but allowed to

Openly doubt myself

B

Awaiting instruction

Beside my educator

Capable but not feeling it

Don't think you should do this

Eventually allowed

Forcing a smile and a look of

Gratitude as I

Hold it together

Imagining if I was really capable, able to

Just do as I wished within

Known bounds, allowed to

Live and learn

More each day, but

No, someone else's doubt

Obvious

4.3

I guess when my pt started getting emotional the message about controlling my emotions was coming more from her need than a sense of professionalism. She needed someone strong to support her and she'd decided that person would be me. I had to be strong and hide my emotions or I wouldn't be able to help her. My sense of professionalism was what made me not give her a hug and tell her not to worry. That wouldn't be professional. In supervision after the session the message came loud and clear from my educator that although I did well in hiding my emotions in this situation I should always keep my emotions hidden in the workplace.*

** During the session I was very aware of my educator sat at the next table with another pt. Although she was busy I felt watched, which heightened my need to hide my emotions and appear capable.*

Alice

1.1.

Placement is a busy island in the middle of an ocean. It is far away from everything and takes a long time to get to and a long time to get back from. The island is very busy and hectic; it is bustling with all sorts of different people from lots of different walks of life. The people all have their own issues and problems and there are lots of positive and negative emotions flying around in the air; the emotions form a foggy cloud that always covers the island top. The tree tops can be seen as they break through the cloud, the sun also breaks through the cloud and the rays are dispersed down onto the island inhabitants.

1.2 The OT is a small brown monkey. he lives high up in a tree of a rain forest. He moves quickly , jumping from tree to tree and holding on with his long hairy arms. The monkey is very happy and chirpy and like to chat to and spend time with al the other animals in the rain forest. The monkey is very sociable and likeable, it is also very nurturing and caring towards other animals and its young

2.1

So you press the buzzer to get through the first door, greeting the clients sitting at the door , waiting to get in to the centre when it opens. The door is heavy and hard to open . Walk in to reception, the shutter's down, the floor is sticky and dirty; you press another buzzer to be let through another door - you wave in at the person at reception and let you in ,. The main room smells of damp and you can hear people chatting in the kitchen and the office , there's a light buzz and ...humming...sound as the day begins. You fiddle with combination lock on the door into the office , you walk in and can smell coffee, people greet you and the humming gets louder. There's lots of chat and laughing and joking. The office is small and you've to manoeuvre your way to the back to take off your coat and bag. It's really hot and sticky. You go out again to make a cup of tea, more friendly chatting. The handles on the tea cup are really sticky, the tea is hot and burns my mouth. You go up to the kitchen to get breakfast and you can smell the porridge and toast and people are laughing and chatting .

2.2 My hair is tied into a neat low bun, my fringe is back off my face and my hair is controlled and pinned. My face is bright and awake, my eyes are

friendly and alert looking. I'm smiling and trying to look friendly and approachable, controlled and confident. I am trying to look intelligent and interested and composed. My skin is clear and clean.

2.3

I buzz myself into the locked secure room. It is large and bright with full length window at one side of the room and doors opening into a separate area at the other end of the room. The floor is made of light wood and causes a 'clinking' sound when you walk across it. The windows let in the bright crisp sun. There is a beautiful view of the green rolling fields outside and luscious green grass that surrounds the building and the grounds. There is a light chattering going on in the room and a low hum of people playing games, making teas and coffees and entering into friendly conversation. I walk nervously around the room and look at the people in it . About 8 or 9 clients and about 3 professionals, all men. age range from about 25 - 60, all bigger stronger looking than me. I look at the different activities going on in the room. A couple of clients are playing snooker at the bottom of the room, a couple more are playing pool towards the top of the room . Some are sitting down playing video games on arcade machines and some are sitting playing board games with the therapists, one or two are making coffee and having fruit off the refreshment cart. I feel totally out of my depth, trying to look professional and know what I'm doing here, trying to look confident, comfortable and in control, but I'm scared and I feel like a fish out of water. I don't know how I will be able to relate to all these men, it is so far out of my comfort zone. I look around and wonder which one did which crime. I have read about a few but I have forgotten the names and details linking the clients to the crimes. I can't help but think I am in a room with people who have murdered and raped people , but I want to look professional, friendly and like I know what I am doing. I want to be able to understand and relate to the clients and help them to live happier lives and be relieved from their mental illness, even if it is only a small relief or thing that makes them happier in their situation. I push myself into confident mode and force myself to approach the clients. I smile, try and speak in a loud clear voice and ask to join a game of Scrabble that is being played. I sit down and greet everyone that is in the group, I start to play and it is easy. We have something in common now, we are all equal again.

3.1

A nervous feeling on the first day, I push myself to be

Brave and

Confident, but all this is new to me and I am lost in my surroundings, A

Door faces me and I

Enter and I

Find lots of welcoming people, ready and willing to give their time and

Guidance and

Help me on my way.

I get excited about the possibilities and the

Journey that lies ahead, I

Know I will look back and remember this day when I knew nothing but in a couple of

months' time I will have

Learned so

Much and truly feel confident in my

New role

Observing

Practising,

Questioning

Reasoning will all be done

Seeing the potential OT can bring

To this client group

Utilising our skills and knowledge to bring

Value and meaning back into people's to help them live the

Way they want to

3.2

She is tall and slim, with short straight brown hair, pale skin and freckles. Her frame is tiny and poker straight. She has a big smile and dark friendly eyes. She is driving, getting to the next appointment. She is selfless, always puts clients and families first. She is non-judgmental, client centred and willing to go out of her way to help clients and enable them to do exactly what they want to do. She is reflective and critically analyses her actions, she is not afraid to take criticism and accepts her faults. She gives her time, she

works long hours, she is devoted, it is more than a job to her. She takes nothing for herself, she radiates peace and harmony.

Advice:

Reflect and know yourself, enhance your self awareness

Be client centred and open to what the client wants

3.3.

I am invited to attend the leisure group for 2 hours on a Wednesday afternoon. I might as well go; I have nothing else to do on the ward. All I have done all day is get up, take my meds, eat and watch TV. I don't have anyone I can talk to or relate to on this ward. The staff and most of the other patients are nice but they just don't understand me at all, they know nothing about my life and where I am coming from. I agree to attend the session. I get escorted off the ward by two staff members, I can't go anywhere on my own, they don't trust me to be safe. I am never alone but yet I have never felt so alone, scared and out of control of my life. We get buzzed into the leisure hall, a secure room, locked and closed off. The room is bright and I am hit by a barrage of sound and noise: people chatting, laughing. I am startled and my sense are overloaded , I feel disorientated, I don't know where to go or what to do , what is expected of me? I panic, my heart races, what will I do? It is overwhelming, my mind is full of doubts, thoughts, voices , discouraging me, undermining me and controlling me. A girl approaches the table. She is young looking, who is she? Why is she here and what does she want form me? Why has she come to play the game? She is quiet and does not say much. She mumbles her name and smiles, what is her name? I can't get it, she sounds foreign. I think she says she is the student, I am not sure. She is encouraging and congratulates me when I get a high score, she tries to make a joke and laughs, she is friendly. I get more comfortable around her but I am still unsure why she is here and what she wants from this. She struggles with the words and I win the game. She congratulates me and says she will see me next week for a re-match. I feel a bit better for a few minutes, the voices creep back and I return to the ward.

4.1

<u>Entering the particulars in little boxes</u>

The clients come in, hustle bustle, shouting, laughing, chatting and demanding. They all crowd up around the front desk but are told by my supervisor to form an orderly queue and that I might be slow as it is my first day on reception. They each shout their names and I look up at all the

different characters , from all walks of life, British, Irish, Iranian, some with names I can't spell or pronounce, lots of accents I can't decipher, all ages, all gender. I try my best to be quick and find their details, tick the box and give them their breakfast ticket. They are cold, hungry, tired and agitated and just want something warm. I do my best to be quick, entering details, buzzing people in, making sure they get a breakfast if they are entitled to one, trying to make sure I don't let in anyone who has been barred. It is absolute chaos, sensory overload and still only 8.30 am, what a start to the day.

4.2

A

Always chaos

Be alert, expect

Crisis

Deliver what the clients want and need, be

Efficient, work

Fast

Goal set

help sign-post and guide clients

Initiate conversations, don't

Judge

B

Always

Be aware, report any

Concerns or

Deviation from normal behaviour

Explore their history

Focus on intervention and

Guidance, give a

helping hand

4.3

In one of my first supervisions my educator told me I had to be more outgoing and approach the patients in the leisure group, chat with them and be more active in the group. He said I would have to participate more if I wanted to do well on this placement. I was embarrassed and blushed; I was upset that I appeared to not be participating. I wanted to do really well and was a bit shocked I wasn't. I had to put on a brave face, smile at him and agree to everything he said. I brought this brave face to the next leisure group and pretended to not feel scared or intimidated by the patients. I still wasn't sure what to do or where to put myself in the room. I decided to pretend I was acting a part, I was confident, chatty, outgoing, active. I greeted everyone with a smile, started conversations, invited myself to join in games, asked about how people were feeling, tried to find a common ground and chat about common interests. It seemed to be working, people were responding well to me. My educator was pleased and started to receive good reports about me. Soon the 'acting' became more natural and I eased into my role. I felt a little bit more comfortable but still found it difficult to have to be constantly aware what the patients were capable of and this made me feel nervous and vulnerable.

Appendix 2 Participant information and consent forms

Sheffield Hallam University

Participant information sheet

Study title:	Exploring the emotional landscapes of placement learning in occupational therapy education.
Chief investigator	Joan Healey
Telephone number	0114 225 5754

Study Sponsor: Sheffield Hallam University

I would like to invite you to take part in research study which I will be undertaking as part of my Doctorate in Education. Before you decide if you would like to participate I would like you to understand why the research is being done and what it would involve for you. Talk to others about the study if you wish. Please ask me if there is anything that is not clear.

The study will consist of a set of four focus groups where we will use discussion and creative writing to explore experiences on placement when you have had to manage your emotions or emotional situations. An individual interview would then follow where we explored a piece of your writing (of your choosing) and what part it played in you making sense of your placement experiences.

The groups will be led by me and will be relaxed and informal. There will be a series of writing exercises and discussions about experiences on placement. The group will be introduced to some writing techniques such as using metaphors, writing dialogue and writing from another point of view. The groups will be supportive and encouraging and focus on the content rather than the artistic 'quality' of the writing. The discussions will be recorded and the information used to critique the role of emotion management in placement learning - to explore if it happens, how students do this and how they learn to do it.

The information from the groups and interviews would be analysed to investigate how students learn to manage their emotions on placement and what part they think this plays in professional practice.

Participant name: _____

You will be given a copy of this information sheet to keep

1. What is the purpose of this study?

The purpose of this study is to explore the experiences of students on placement in managing their emotions in response to situations or events. We will explore times when you have felt moved by something but have felt the need to 'manage' this, either by not expressing it at the time or by suppressing it. The study will use creative writing as a way of exploring how students manage their emotions on placement. The study is part of work for Doctorate in education being undertaken by the lead investigator.

2. Why have I been invited?

You have been invited to join the study because you have completed at least two placements as part of your Occupational Therapy qualification

3. Do I have to take part?

Your decision to take part in this study is entirely voluntary. You may choose not to participate or you can participate but withdraw from the study at any stage and at any time. Your decision to not participate or wish to withdraw would not influence your experience of the course in any way.

4. What will happen to me if I take part?

If you participate in the study you will attend 4 two hour focus groups using discussion and creative writing with approx 9 other students from the Occupational Therapy programmes here at Sheffield Hallam. These will take place between October and December 2012 and then a one- to one interview in January 2013. If you wish you can withdraw from the research at any stage. Because of the nature of group discussions I cannot guarantee that I will be able remove any individual contributions from the data but this would be completely anonymised.

5. Expenses and payments

You will not be paid for taking part in this study.

6. What will I have to do?

If you agree to take part in the study you would be expected to participate in the 4 focus groups and one interview. The aim would be to reflect back on your placement experience to explore times when you felt you had to manage our emotions.

7. What are the possible disadvantages and risks of taking

There are no disadvantages or risks from taking part in the study apart from possible talking about potentially emotional experiences. If anyone becomes upset when recalling their experiences they will be able to leave the room for however long they wish - and may even decide not to return . The placement coordinator will be available to talk to if anyone feels they would like to talk through their experiences with her.

8. What if there is a problem or I want to complain?

If you have any queries or questions please contact:

Principal investigator: Joan Healey Tel:01142255754 j.n.healey@shu.ac.uk Sheffield Hallam University, Faculty of Health and Wellbeing **Alternatively,** you can contact my supervisor: Dr.Carol Taylor c.a.taylor@shu.ac.uk

9. Will my taking part in this study be kept confidential?

The focus groups will be recorded and the discussions written up word for word. I will check that the recording and the written transcript are the same. I will keep both the recording and the transcript on a password-protected computer. Identifying details will be taken out of any final report and any publications so people reading these will not be able to identify you or the situation talked about. The written transcripts and recording will be kept for 5 years after the project and then destroyed.
It might be that in the focus groups that something of concern arises relating to patient care. If that happens, I will consult with my supervisor to discuss what to do. I will act in accordance with my professional Code of Conduct.

The documents relating to the administration of this research, such as the consent form you sign to take part, will be kept in a folder called a site file or project file. This is locked away securely. The folder might be checked by people in authority who want to make sure that researchers are following the correct procedures. These people will not pass on your details to anyone else. The documents will be destroyed three years after the end of the study.

10. What will happen to the results of the research study?

The results of the study will be written up and form the main part of the dissertation for my EdD. The results may be written up for publication in professional journals or presentation at conferences. Participants will have some option to be involved in articles and conference presentations.

11. Who is sponsoring the study?

The sponsor of the study has the duty to ensure that it runs properly and that it is insured. In this study, the sponsor is Sheffield Hallam University.

12. Who has reviewed this study?

All research based at Sheffield Hallam University is looked at by a group of people called a Research Ethics Committee. This Committee is run by Sheffield Hallam University but its members are not connected to the research they examine. The Research Ethics Committee has reviewed this study and given a favourable opinion.

13. Further information and contact details

If you require any further information please contact

Joan Healey Tel: 0114 225 5754
j.n.healey@shu.ac.uk

Sheffield Hallam University, Faculty of Health and Wellbeing

Sheffield Hallam University

Participant consent form 24/10/12

Study title:	Exploring the emotional landscapes of placement learning in occupational therapy education.
Chief investigator	Joan Healey
Telephone number	0114 225 5754

Participant name

	Please read the following statements and put your initials in the box to show that you have read and understood them and that you agree with them	Please initial each box
1	I confirm that I have read and understood the information sheet dated 24/10/12 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	I understand that my involvement in this study is voluntary and that I am free to withdraw at any time, without giving any reason and without my education or legal rights being affected.	
4	I agree to take part in this study	

To be filled in by the participant

I agree to take part in the above study

Your name	Date	Signature

To be filled in by the person obtaining consent

I confirm that I have explained the nature, purposes and possible effects of this research study to the person whose name is printed above.

Name of investigator	Date	Signature

Filing instructions

1 copy to the participant
1 original in the Project or Site file
1 copy in the medical notes (if applicable)

Appendix 3 Group ground rules

Creative Writing groups Ground rules: agreed in week 1

Everyone should have a chance to share who wants to - make allowances for quiet people

There should be no pressure to share, its up to everyone to decide what they want to share or not

We should all try to create a relaxed space and a supportive atmosphere

What is said in the room should not be discussed with anyone else outside the group. The research will be written up in an anonymised way.

Comments on each others work should be about what it says, not about the quality of writing

Everyone should try to be on time

If someone can't come for some reason they should let someone else know so that we aren't waiting for them