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# Peer workers as emotion managers: Tight and loose enactment of mutuality in mental health care

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ABSTRACT

Peer support is increasingly an integrated part of formalized mental health care, in which individuals with lived experiences of mental illness are employed as peer workers (PWs) to provide support to service users. While the supportive nature of peer support has been widely recognized in the mental health system, little is known about the everyday emotional management that such work requires. To address this gap, we examine the emotional mechanisms of mutuality embedded in peer support. Through an interactionist analysis of ethnographic data on peer work collected in three Danish mental health centers, we conceptualize the sense of mutuality as enactment, and analyze PWs' emotion management in interactions with service users. Our analysis shows that PWs' enactment of mutuality works on a continuum of loose and tight emotion management with different objects, strategies and levels of intensity. These findings show that the feeling of mutuality is an interactional accomplishment emerging through an interplay between PWs' mutuality enactment and applied strategies of emotion management. This study highlights how PWs' enactment of mutuality changes the mental health encounter, and contributes to the general discussion on the professionalization of peer work and experiential knowledge in medical institutions.

## 1. Introduction

The recovery orientation of modern mental health care has led to an extensive growth of user involvement and peer support within the formal mental health system (Adams 2020; Rutter et al., 2004; Scott 2011). Increasingly, current and former service users employ their lived experiences of mental illness as peer workers (PWs) that offer social, practical and emotional support to peers (Oborn et al., 2019; Voronka 2019). Peer support is based on an idea of mutuality where peers not only cognitively recognize shared characteristics such as mental illness but also *feel* connected (Berezin & Lamont 2016), which is often described as a sense of "being in the same boat" (Kirkegaard, 2022; Locock & Brown, 2010). The supportive value of sharing illness experiences (Bury 2001; Frank 1995; Koski 2014; Taylor & Whittier 1992; Whelan 2007) and feelings of peer support (Noorani 2013; Oborn et al., 2019; Voronka 2019) is widely recognized, however, research is yet to unpack how PWs orchestrate feelings of mutuality in everyday interactions. Using ethnographic data from three Danish mental health centers, we present a fine-grained, interactionist analysis (Goffman 1959, 1974) of PWs' emotion management that enables us to distinguish between tight and loose enactment of mutuality.

Previous peer support research tends to rest on an assumption that professionalizing peer support by integrating it into the formal mental health system risks hindering the mutuality that peer support rests on (Chisholm & Petrakis 2020; Rebeiro Gruhl et al., 2016; Voronka 2019). Such research shows how medical practices and professional hierarchies constrain peer support and derail the development of authentic and mutual caring relations between PWs and service users (Oborn et al., 2019; Scott 2011). While we accept that peer support is constrained by organizational rationales and dominating discourses of mental health care practice (Adams 2020), we question the assumption that professionalization of peer support erodes mutuality between PWs and service users. By approaching the emotional dimension of mutuality as something people *do* in dynamic relations rather than as feelings inherent in participants' inner selves (Rebeiro Gruhl et al., 2016; Voronka 2019), our study suggests that PWs redefine professionalism by enacting mutuality as multi-skilled emotion managers who enact feelings within different frames of actions (Bolton 2001; Goffman 1974). Concordantly, recent studies of PWs' relationships with service users demonstrate how PWs navigate their dual role of former service user and current staff by drawing on both professional cues and personal experiences of mental illness (Kessing & Mik-Meyer 2022; Thompson et al., 2012). Peer workers

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may step back from a more classical professional ideal of affective neutrality and asymmetric care relations between 'service providers' and 'service users' to engage in more intimate and emotionally attached caring relations with service users (Kirkegaard, 2022). We suggest that PWs navigate their blended category of former service user and current professional as accomplished social actors who manage interpersonal emotions and thereby direct service users' feelings of mutuality.

Much of the existing sociological literature on emotion work examines the role of feelings in hierarchical care work settings (see e.g. Bolton 2001; Gengler 2015; Schrock, Holden & Reid 2004), while considerably less research focuses on the social exchange of emotions in the development of intimacy and mutuality (Lois 2001). Previous interactionist studies show how emotions are built in a profoundly interpersonal manner, requiring collaboration from multiple social actors to be constructed and convincingly sustained (Cahill & Eggleston 1994; Gengler 2015; Lois 2001; Thoits 1989). Within any given situation, people will strive to engage both individually and collectively to reach desired or expected emotional states and specific emotional responses from one another. For instance, studies of emotion management in support groups and therapeutic encounters for those coping with loss (Francis 1997), illness (Koski 2014), or identity work (Paik 2006; Schrock, Holden, & Reid 2004; Wolkomir 2001) show that emotion management is more successful when done collectively, and when receiving validation from interactional partners (Gengler 2015). In addition, Clark (1987) and Lois (2001) demonstrate how social actors use interpersonal management to shape and direct others' emotions, such as sympathy that brings individuals closer together and intensifies feelings of intimacy (see also Heeren 1999; Kemper & Reid 1997).

Despite these studies of emotions in interpersonal relationships, few have examined how mutuality interactively unfolds when individuals grant others access to their personal emotions as a professional tool, for example, by disclosing personal experiences of mental illness. This study adds knowledge to the existing interactionist conceptualization of emotion management by investigating how PWs enact mutuality as interpersonal emotion managers who direct service users' feelings in mental health sessions. The analysis clarifies how emotions of mutuality are convincingly constructed and sustained in everyday interactions through an interplay between PWs' enactment of mutuality and applied strategies of interpersonal emotion management.

## 2. Theory

We use Goffman's interactionist approach (Goffman 1959, 1963, 1967, 1974) to produce a micro-sociological understanding of the enactment of mutuality in peer support. Goffman elucidated how interacting individuals organize their experiences according to a guiding "frame of reference" that shapes how they interpret meaning and their interactive roles within any given situation (Goffman 1974). A frame enables participants to classify their experiences and provide a structure for cognition, interpretation and guide of future conduct. In our case, the frame of mutuality embeds participants in new relations of mental health care where both PWs and service users are expected to connect emotionally, based on their lived experiences of mental illness. The interactionist approach implies that we can assume participants in the mental health care setting will try to determine the frame by asking the core question: "what is it that's going on here?" (Goffman 1974, p. 9).

This frame activity is embedded in individuals' ongoing reality, and the framing process is flexible and influenced by any institutional arrangements in the given situation (e.g. routines, devices, rules, regulations and roles). Goffman argues that an unfolding activity is framed, staged and performed, where a new staging of the activity with new values and meanings can be transformed onto another framework (Goffman 1974). Thus, mutuality exists not as a general cultural norm, but rather as an expectation attached to participants within a specific frame with local "traffic rules of interaction" (Goffman 1967). These "rules of interaction" ensure that participants not only structure their own emotional management but also to some degree monitor the emotional response of others, such as facial expression and body language. Importantly, rules of interaction within a frame are resources to be drawn upon, rather than inflexible determinants of behavior (Jenkins 2010:258). We use this concept of frame to zoom in on mutuality. The frame assigned to given setting creates certain expectations and signals that the participants may act upon by enacting the implicit "feeling rules" (Hochschild 1979), which are learnt by being an active member in these settings.

Goffman illustrates this emotion management through his analogy of the merry-go-round (Goffman 1961):

"As soon as the ride gets underway, there is a circulation of feeling among participants and an "involvement contour" may emerge, with collective shifts in the intensity, quality and objects of involvement… And this is so even though we know that this episode of reality is tied in with the day's activity at the merry-go-round, the state of the amusement park as a whole, the park season, and the community from which the riders come" (1961:97).

The above example underlines Goffman's understanding of emotion management and how it is possible for social actors to partake in a collective "circulation of feeling" while they simultaneously acknowledge the frame of "the amusement park", and assess what level of engagement is required within this situation. The example illustrates that individuals are competent social agents who move on a continuum of being present and distanced according to sets of local feeling rules and involvement contour of the situation (Bolton 2001). Successful emotion management requires a competent moment-by-moment decoding of how the activity is framed. In our study, we understand the PWs as emotion managers who are able to move into various frames of action by enacting mutuality according to such different sets of guiding expectations and local feeling rules.

The frame of mutuality changes the involvement contour and feeling rules of the traditional mental health encounter and thus legitimizes that PWs and service users share experiences of mental illness. In contrast to a more classical understanding of professionalism (Freidson 2001), in the frame of mutuality, PWs' personal and professional positions are not separated entities. Instead, PWs are supposed to engage in a more non-hierarchical and emotionally attached relationship with service users (Kirkegaard, 2022). However, PWs and service users are not expected to contribute with equal amounts of (emotional) effort to structure the involvement contour of mutuality. For instance, PWs have to juggle both a professional and personal involvement, which entails certain role expectations of their emotion management "to get the work done effectively" (Strauss et al., 1982, p. 254) in relation to service users. Thus, PWs have a certain authority and responsibility to direct particular "circulations of feeling" (Goffman 1961, p. 97) in relation to mutuality in the mental health sessions in order to support service users.

To analyze this interpersonal emotion management, we use Goffman's analytical distinctions of "tight" and "loose" to describe the degrees of authority PWs enact to direct others' emotions and definitions of reality (Goffman 1963, pp. 199–200). As Goffman observes (1963), social situations vary in terms of situational regulation and the degree of exhibited devotion "depending on how disciplined the individual is obliged to be in connection with the several ways in which respect for the gathering and its social occasion can be expressed" (p. 199). Tight and loose enactment are expressions of the involvement structure of the situation, and such enactment will move on a tightness-looseness continuum in accordance with the local set of interactional rules. For example, in more formal social situations such as funerals and other ceremonial gatherings with particular oriented activities, participants will typically be obligated to show constant devotion to the spirit and rules of the gathering by following a tight direction of particular emotions such as the expression of sadness. Importantly, contrasts can be observed across contexts between somewhat similar gatherings, and will be defined differently in terms of tightness and looseness according to the specific place and time (p. 202). In addition, there are of course also differences in

social actors' conduct of looseness or tightness depending on the role that has been accorded to them.

If participants are to believe that they can engage in a unique circulation of feeling in relation to mutuality with PWs based on their shared experiences of illness, PWs' emotion management needs to follow certain "principles of convincingness" (Goffman 1974, p. 250). Experiences and emotions are believable only when they are socially validated as such by fellow participants according to the rules of a particular situation, set within a wider frame of values and beliefs (Jenkins 2010; Gubrium & Holstein 2008). Thus, the circulation of feeling and involvement contour of mutuality are likely to collapse if PWs' emotion management emerges as unconvincing, thus leaving the service users disoriented and questioning the believability of the situation.

## 3. Methods and context

This study draws on data from two extensive ethnographic field studies conducted at Danish mental health centers. Table 1 presents a dataset overview. Data consist of extensive field notes with details of interactions (Emerson, Fretz & Shaw 2011), educational course material, photographs of settings, and audio recordings of course sessions and meetings.

In this article, we primarily use a selected part of data consisting of field notes collected by active participation in mental health sessions organized and provided by mental health professionals and PWs, and interviews with service users and PWs. Other parts of the data, for example interviews with mental health professionals and fieldwork in other contexts than mental health sessions, provide a contextual background. For the analysis, we first conducted an open reading of the selected field notes and the transcribed interviews, and then reread and coded data in NVivo (v. 10) with focus on participants' emotion management to identify overall patterns in the data (Charmaz 2006). Across the two studies, we interviewed 42 service users aged 18–56 and we have field notes from interaction with 18 PWs as well as in-depth interviews with 10 PWs aged 22–45. All 52 interviews averaged between 30 and 90 min, and 50 of them were digitally recorded and later transcribed verbatim. In the two remaining interviews, participants did not allow audio recording, but allowed written notes to be taken.

To ensure ethical soundness in our study, we gained consent from all participants in the mental health sessions. In the beginning of every session, we introduced ourselves and combined an oral presentation with a written information letter covering the research project, data collection and data protection statements. We store data securely as prescribed by the Danish Ministry of Higher Education and Science (2014), and all participant names in this article are pseudonyms.

The context of our data collection is Denmark, where the public sector is responsible for the provision of free, universal healthcare. Danish psychiatry in general, and the mental health centers included in our study in particular, are inspired by peer programs in the United States, the United Kingdom, the Netherlands and Australia, reflecting the wide-ranging turn towards a strengthened recovery-oriented approach (Thériault et al., 2020). The PWs in this article are paid employees working between 5 and 30 h a week, and are required to have a psychiatric diagnosis and experiences with receiving public mental health care. The mental health centers do not provide clinical treatment or medical care, but rather mental health sessions based on a recovery-oriented ideology and pedagogical principles of education and mutual learning (Toney et al., 2018). This approach emphasizes co-production, in the sense that the PWs co-produce all aspects of the mental health sessions including topic planning, curriculum development, dissemination and delivering courses alongside mental health professionals (e.g. trained nurses, physiotherapists, occupational therapists and social workers). To be eligible for the mental health sessions, participants needed to be enrolled as service users, be relatives of a service user, or an employee in the mental health system. After registration, participants attend self-selected courses covering a wide ranges of topics related to mental health and wellbeing.

We participated in the courses as intermittently participant observers and observant participators (Seim 2021). One of us is a relative of service users but neither have lived experiences of mental health care use. Our lack of lived experience is a study limitation that plays a role in how we are able to see, represent and understand the enactment of mutuality in these settings. At the same time, the position as 'outsiders' to the psychiatric system provides a productive analytical distance. In ethnographic fieldwork no stance is neutral (Hegelund 2005), and our analysis represents a partial, particular and constructed micro-perspective of emotion work as it unfolds in a specific time and place (Flyvbjerg 2006).

**Table 1**
*Overview of dataset.*

| | Study 1 | Study 2 |
|---|---|---|
| Year and researcher(s) | 2015; Author A | 2020–2021; Author A & B |
| Number of mental health centers in the study | 2 | 1 |
| Ethnographic fieldwork | 15–25 h a week for eight months (3.5 months in center 1, 4.5 months in center 2) | Two years regular participation in activities (temporarily interrupted by COVID-19 lockdowns) |
| Interviews with PWs, service users, relatives and mental health professionals | 49 | 36 |

### 3.1. Analysis

This section first analyzes how the frame of mutuality embeds PWs and service users in an involvement contour requiring balanced interpersonal emotion management. Next, we present three case analyses of how PWs enact mutuality through tight and loose interpersonal management of service users' feelings, and clarify under what circumstances the enactment of mutuality is either validated or contested by service users.

Frame of mutuality: "going into this emotional state of mind with us"

In the service users' descriptions of the group sessions we can see how the PWs direct a circulation of feeling and how a unique involvement contour of mutuality emerges in which service users experience access to emotional resources such as empathy. A service user explains it like this:

> "I am very surprised that they (facilitators) have so much empathy. They are with us out there at the edge going into this emotional state of mind with us, and of course, Alice (peer worker) has a unique hands-on experience that generates credibility, but the mental health professionals are also able to go out there with us, but also sense when they should withdraw and step aside to make room for us, you know? That is exactly what co-production is about; they give us something, but it is more give-and-take, and there is no hierarchy." (Emily, service user)

The above reflects how service users believe that PWs' "hands-on" experiences of mental illness give PWs a unique insider perspective of service users' emotions. Emily's words "going into this emotional state of mind with us" illustrate how PWs can direct and engage in a shared circulation of feeling in the group sessions, which fosters an intimate and emotionally attached involvement contour of mutuality (Goffman 1961, p. 97). In her descriptions of "co-production" and "give and take", Emily highlights how a non-hierarchical involvement contour of the service users' relationship with PWs creates a reciprocal transaction and exchange of emotional and social resources. Thus, the involvement contour of mutuality in these group sessions entails emotional attachment

between PWs and service users by supporting a circulation of shared feelings based on their embodied experiences of mental illness.

This involvement contour also entails certain feeling rules, roles and responsibilities where service users expect PWs to engage by helping service users manage their emotions. Thus, service users simultaneously expect some degree of asymmetry in relation to PWs, which involves PWs controlling their emotions and personal involvement that are tied to the PWs' lived experiences. This balancing act requires skilled emotion management of both emotional attachment and detachment when interacting with service users, as explained by another service user:

> They [PWs] need to be good at setting boundaries in relation to how much they want to give of themselves. Otherwise, they risk overstepping their own boundaries of how private or personal they want to be. I think that might be difficult in the role as peer worker … Because they give of themselves, but they also have to protect their own boundaries. But also protecting the boundaries of the participants, because it should not get like embarrassingly private, right. (Mathilde, service user).

In Mathilde's description, we can see signs of an involvement contour of mutuality that entails asymmetrical emotional roles and responsibilities, as the position of PWs differs from that of service users. As the quotation reflects, the service users expect the PWs to balance their own emotional engagement to support service users and direct service users' feelings as part of PWs' designated role and responsibilities as facilitators of the group sessions (Strauss et al., 1982). Thus, PWs need to manage their own emotions and guide a circulation of feeling in the group, which requires skilled and balanced interpersonal emotion management (Lois 2001).

Validating tight enactment of mutuality: "I have tears in my eyes; I get so moved by your story"

The following case illustrates how PWs enact balanced interpersonal emotion management through a tight emotional direction of mutual suffering and hope for recovery. The following field diary excerpt is from a mental health session where the peer worker (PW) Belinda facilitates a session with a mental health professional. The session included 15 participants covering service users, relatives and mental health professionals. The following field notes focus on Belinda and two service users named Sheryl and Emily.

> The participants sit silently in the classroom at a table organized in a u-shape while Belinda (PW) presents a PowerPoint slide with the overall theme 'recovery' and showing statistics and numbers of how many people within psychiatry recover from a mental illness. She says: "I would like to share a story with you about my own diagnosis". She pauses for a few seconds while she looks seriously at the participants. "I am 36 years old and I have lived in a supported housing facility for five years. My psychiatrist told me that I would never be able to have children. I broke down completely (pause for a few seconds). Then I was hospitalized. Many times. I was told that I needed to accept my illness and just reconcile myself to it, but how the hell do you learn to accept your illness? (pauses and looks round at the participants). Today, I have two children, a husband and I'm no longer on medication … And that is why you never, never, never should take away someone's hope". Belinda seems emotionally affected and looks silently at the participants. Sheryl (service user) says directed at Belinda: "I have tears in my eyes; I get so moved by your story. I don't think I will ever be able to stand up there like you, but maybe at some point I can do other things in my life". Emily (service user) says: "I am so grateful that you share your story with us, and I can really relate to the thing about children (…) Recovery to me is more about being healthy enough to do the things I want". Belinda says: "I totally agree with you. (…) (Field notes, mental health center).

In this example, Belinda enacts tight interpersonal management that directs service users' emotions of mutual suffering and hope, and by extension gives them access to relational resources of intimacy, emotional simultaneity and experiential validation. To begin with, Belinda enacts some degree of emotional detachment by presenting objective and scientific knowledge with a calm and stable emotional attitude. She quickly adjusts the object and emotional intensity of the involvement contour by enacting emotional attachment tied to her own lived experiences of mental illness. Belinda's bodily and verbally attached emotion management of suffering establish her as a valid knower/experiential authority, and she uses these experiences of mental illness to work up an intimate circulation of feelings of mutual suffering and hope in the group. For instance, Belinda enacts tight emotion management of intimacy through her verbal accounts and bodily gestures (e.g. pauses, tears in her eyes) of suffering that indicate she must overcome some reluctance to sharing. Although it is emotionally upsetting for her, she invites participants into her 'inner', personal experiences related to mental illness, which structures a sense of secrecy and confidentiality among participants.

In the above field notes, the PW, by encouraging participants to feel the same emotions (e.g. anger, pain, hopelessness) at the same time in the group, confirms a feeling of mutuality, and gives service users access to resources of 'emotional simultaneity' of suffering (Lois 2001, p. 133). Moreover, Belinda's 'atrocity story' (Koski 2014) is an important emotional device that breeds communal shock, which further strengthens PWs and service users' collective circulation of feelings and create an intimate environment ripe for mutual sharing. However, simply presenting suffering and negative emotions is not enough to secure this involvement contour of mutuality. Belinda's survivor story serves to invoke positive and optimistic emotions of hope as it is through these promises of recovery that the PWs are supposed to simultaneously lessen service users' sense of hopelessness. Thus, to elicit this involvement contour of mutuality, Belinda tightly manages the circulation of feelings in the group by controlling the balance between these two emotional states of suffering and hope.

When PWs enact mutuality through tight interpersonal management, it simultaneously wields a great deal of authority in defining the emotional rules and roles that correspond to this involvement contour (Goffman 1963, p. 210). Through Belinda's deep involvement in directing a collective feeling of mutual suffering and hope, an unusually prompt and attached bond is worked up in the group. The success of PWs' emotion management is always predicated on the reactions of the significant other (Gengler 2015). The service users named Sheryl and Emily immediately confirm the feeling of mutuality by bodily and verbally disclosing how they experience intimacy, emotional simultaneity and experiential validation through Belinda's tight emotion management of suffering and hope (e.g. "I have tears in my eyes; I get so moved by your story"). Thus, in this case, service users emotionally support the circulation of feeling by conforming closely to the local feeling rules and roles inherent in this involvement contour (Goffman 1963; Lois 2001). Such verbal and bodily expressions not only give the impression to others that Belinda's tight emotion management is genuine (Gubrium & Holstein 2008), but service users' emotional validation also strengthen 'the convincingness' of the involvement contour of mutuality that is enacted in this situation.

Contesting loose enactment of mutuality: "Really awkward"

This second case illustrates situations where service users contest PWs' emotion management because the enactment emerges as too emotionally detached from service users' situations. The following field diary excerpt involves a PW (Maria) who co-facilitates a mental health session with a mental health professional (Kirsten). This session comprised eight participants including mental health professionals, service users and relatives. Before the moment described in the excerpt below, Maria had briefly introduced herself as a facilitator with user experience and as a former service user of the psychiatry system. In contrast to our first case (with PW Belinda), Maria did not present any personal experiences and emotions of suffering related to mental illness.

As the session evolves, she continues by loosely directing participants' feelings of suffering and hope in the group:

> Maria stands up next to the PowerPoint slides, and starts presenting a couple of slides with the overall theme "social connection". She continues by giving some examples of how to experience this feeling: "Right now, for instance, we are feeling a social connection with one another because we are following the same course, but it can be anything, really … take online Facebook groups for instance where you can connect with others who share the same hobby". Maria then instructs participants to conduct an individual assignment where they fill in a network chart in their workbook mapping their personal relations (such as family members, friends etc.). (…) Malou starts writing in her workbook and mapping her personal relations. She pauses and stares thoughtfully out into space. She continues by neatly filling out her network chart with different names, but she suddenly seems upset and rapidly deletes all the names with her pen. She places her pen at the table and nervously rubs her hands together at a fast pace. After a few minutes, Kirsten says that it is time to share and reflect on the assignment in plenum, and she asks if someone wants to start out. Malou raises her hand and says with a blushed face directed at the facilitators: "For me … umm … I mapped my relations, but it feels so awkward, all my relationships are awkward so I crossed them (relations) all out again". Kirsten asks: "So it was difficult?" Malou responds: "I know it is supposed to be kind of cozy to do this, but it is not for me". Kirsten says: "No, it's not intended to be cozy. We are fully aware that it can be difficult". Malou: "I don't know if it's difficult. It's just really awkward" (Field notes, mental health center).

Analyzing this situation, we can see how the PW enacts mutuality with a degree of emotional detachment by placing her own lived experiences of suffering in the background and loosely managing the circulation of feelings in the group. For instance, PW Maria presents the theme "social connection" with some emotional distance by enacting a stable face and task-oriented approach based on generalized and objective experiences. Instead of directing a mutual circulation of suffering and hope by bodily and verbally enacting expressions of her own personal experiences with mental illness, she relates mutuality to general experiences and objective facts, for example "we follow the same course", and something emotionally pleasant such as "if people share the same hobby". Moreover, the network chart organizes the service users' experiences as the object of the involvement contour, placing Maria's personal emotions in the background. Thus, this enactment corresponds to a more traditional healthcare relationship where the service users' experiences and emotions are under scrutiny rather than those of the professionals (Pilnick and Dingwall 2011). By doing this emotionally detached enactment of mutuality, Maria embraces aspects of her objective role as facilitator. She seems to enact loose interpersonal emotion management to encourage a more collaborative process of defining the involvement contour and circulation of feelings in the group session (Goffman 1963, p. 215). This type of loose interpersonal emotion management is usually used to encourage individuals to apply a wider frame of suffering and hope, and several possible paths, to identify and analyze their feelings (Lois 2001).

While the emotionally detached enactment of mutuality allows service users to play a more active part in defining the involvement contour of mutuality, it simultaneously evokes confusion about which emotional rules and roles correspond to it. Consequently, the service user Malou impulsively questions the PW's enactment of mutuality by verbally and bodily insisting on her suffering, and she describes the inconsistency between the expected circulation of feelings and her emotions: "I know it is supposed to be kind of cozy". This reaction defies the involvement contour of mutuality as she indicates that her emotions of suffering have not been (experientially) validated. Malou's reaction also suggests that Maria's loose interpersonal emotion management is too detached (not intimate) and out of place with service users' current suffering (e.g. "It's just really awkward"). Thus, we see that service users contest the involvement contour of mutuality when PWs' emotion management emerges as too distant and emotionally detached from the situation.

Contesting tight enactment of mutuality: "too much"

This third case demonstrates situations where service users contest PWs' enactment of mutuality because the PWs' emotion management comes across as too intense and intimate. The following field diary excerpts involve a service user (Joan) and a PW (Lucy). Lucy and a mental health professional (Hanna) facilitate the session with Joan and four other participants. During the first half hour of the session, Joan leaves the room multiple times, and in the first break of the session, she approaches Lucy by sharing her feelings of mental distress:

> Lucy and Hanna stand next to a whiteboard placed at the end of the table in the classroom. Lucy has written today's theme with capital letters on the whiteboard; 'MENTAL HEALTH CRISIS PLAN'. A woman in her mid-forties, named Joan, sits quietly at the table still wearing her coat. Joan gazes at Lucy with intense eyes and says with a low voice: "I haven't really been in contact with myself and my feelings lately. I am so confused". Lucy smiles and replies in agreement with a light and playful voice: "No, it's uncomfortable, right? Joan looks serious and does not reply to Lucy's comment. Lucy breaks the silence after a few seconds and says: "You should try to use the time here to just be present, and talk to the others … Tom (service user) for instance, um?" Joan replies with a low voice: "But that is exactly what I can't manage. That is the difficult thing for me right now". Lucy: "um, but you can try, and then you can think about all that stuff afterwards. You have plenty of time for that" (…). Half an hour later Joan is still sitting down at the table and stares out into space wearing her coat. (…). Lucy stands at the end of the table and Joan looks at her again and says: "I'm not being myself at the moment. I don't know how to … (she gets tears in her eyes) …" Lucy says: "It will pass. I can't tell you when, but it will." Joan: "But is there not someone who could help me? What should I do?" Lucy: "should we go outside and talk?" Joan nods in approval and they leave the classroom together (Field notes, mental health center).

In this situation, the PW Lucy tries to sustain an involvement contour of mutuality by balancing emotional attachment and detachment based on both subjective/personal and objective/generalized experiences. She moves between enacting tight and loose interpersonal emotion management when directing a circulation of suffering and hope among participants. For instance, the whiteboard and "mental health crisis plan" organizes service users' suffering as the object of the involvement contour in this session, which simultaneously manifests the PW's role as facilitator and the embedded role expectations of demonstrating some degree of emotional stability to support service users. The service user Joan accepts this involvement contour and she tries to engage in a more asymmetric care relation with Lucy by expressing her bodily and verbally accounts of suffering. Lucy offers some degree of intimacy and experiential validation of mutual suffering by loosely indicating in a cheerful tone that she has similar experiences to Joan's and knows what it is like to feel mentally distressed (e.g. "No, it's uncomfortable, right?"). However, by enacting their mutual experiences of mental illness with some degree of emotional detachment and with a more optimistic and hopeful tone, she tries to loosely direct Joan to conform to a positive circulation of feelings – emotions inconsistent with Joan's problematic and negative emotions of suffering. Thus, in this encounter, Joan does not have access to emotional simultaneity. Instead, Lucy tries to loosely manage Joan's sense of hopelessness and suffering by replacing these negative emotions with Lucy's own version of reality to establish a more optimistic and hopeful circulation of feelings in the group. However, Joan relinquishes hope of recovery and thus resists changing emotional attitude. Instead, she repetitively asserts that she needs help through her bodily and verbal accounts of hopelessness and mental distress.

As the session evolves, Joan approaches Lucy through more direct

accounts of suffering. To manage this emotional and interactional challenge, Lucy moves from enacting loose to enacting tight interpersonal management by directing and stating with experiential authority, for example "It will pass. I can't tell you when, but it will". She invites Joan to continue the conversation outside in private to overcome the emotional threat and maintain a hopeful and optimistic circulation of feelings in the group. However, the interactional conflict between Lucy and Joan seems to escalate when they come back to the classroom and join the session again:

> (…) Lucy says to the participants in plenary: "I want to tell you that it is very important with a mental health crisis plan that you make it at a time of peace (looks at Joan). It (mental health crisis plan) should not be prepared when you are in the middle of belt fixation or electroshock therapy or something like that … It should be made when you are feeling well". Joan interrupts and says: "Excuse me for saying this, but I think it is way too much when you share these things with belt fixation and all of that stuff because we are all here for different reasons, right?" (Silence). Lucy looks at Joan and says: "That's alright". (…) Hanna (mental health professional) starts collecting some of the course materials placed on the table, and Lucy says to the participants: "yeah, alright then, see you next Tuesday and thank you all for coming today. Get out and enjoy the warm weather, its boiling hot today …" (…) Lucy walks over to Joan after the session and says: "I'm sorry that I triggered that in you". Joan: "that's alright … but the things with electroshock therapy are simply too much, and we are all at different places …" Lucy interrupts: "I say it to validate others and those who have tried it … I have never tried it myself". Joan replies: "okay, whatever" … Joan collects her things and walks out the door without saying goodbye (Field notes, mental health center).

In the excerpt, Lucy switches to a more emotionally attached enactment of mutuality by tightly managing a circulation of feelings of emotional simultaneity, intimacy and experiential validation. For instance, she tries to tightly intensify a circulation of feelings of intimacy and emotional simultaneity of suffering by sharing emotionally upsetting experiences such as "belt fixation" and "electroshock". This tight interpersonal management contains a high degree of authority in directing service users' emotions (Lois 2001). However, Joan openly contests Lucy's experiential authority and tight interpersonal emotion management of mutuality by stating that she lacks sensitivity and awareness of service users' feelings in Lucy's "sharing too much". Thus, Joan questions the enactment of mutuality by implying that Lucy's emotion management is unbalanced as it is too intimate and insensitive – a description inconsistent with Lucy's role and responsibility as PW. Paradoxically, the tight emotion management of suffering and hope based on the PW's personal experiences with mental illness that initially supported the involvement contour of mutuality now emerges as an emotional trigger in this situation.

This emotional conflict causes the social interaction to crumble (Goffman 1967). Lucy tries to justify her enactment by explaining that she had calculatedly told the story of belt fixation and electroshock therapy to validate other participants, and she highlights that the story is not based on her own lived experiences: "I have never tried it myself". However, Joan seems to expect PWs to draw on their own lived experiences, and she believed that Lucy was sharing a story about how Lucy had been subject to electroshock and belt fixation. Thus, such ambivalent experiences can leave participants disoriented, or in Goffman's (1974) terms, with "false belief about what it is that is going on" (p. 83). Thus, in situations that require difficult emotion management of emotional attachment and detachment, PWs can struggle to achieve the desired balance of matching their interpersonal emotion management with the situation.

## 4. Discussion

This article examines how PWs orchestrate feelings of mutuality in peer support within mental health care. By conceptualizing the feeling of mutuality as enactment, we argue that PWs redefine professionalism as competent interpersonal emotion managers who direct service users' feelings in the mental health care. Based on ethnographic case analysis of everyday interactions, we demonstrate that PWs' enactment of mutuality moves on a continuum of tight and loose interpersonal emotion management with varies objects, strategies and levels of intensity. The feeling of mutuality is interactively validated through an interplay between PWs' enactment of mutuality and applied strategies of loose and tight emotion management.

While much of the existing peer support literature problematizes the current institutionalization and professionalization of peer work by emphasizing the potential risk of eradicating mutuality (Adams 2020; Oborn et al., 2019; Voronka 2019), this study suggests that PWs are professional emotion managers who enact mutuality through tight and loose direction of service users' feelings. These findings support the idea that the feeling of mutuality in peer support is an interactional accomplishment requiring skilled emotion management (Kirkegaard, 2022; Jones & Pietilä 2020; Kessing & Mik-Meyer 2022; Mancini 2019; Scott 2011). Our study adds to the existing peer support research by clarifying that PWs' enactment of mutuality works on a continuum of tight and loose interpersonal emotion management, which is either contested or validated by service users in the everyday practice of mental health care.

Similar to previous interactionist studies of emotion work in health care settings (Bolton 2000, 2001; Gengler 2014; Ward & McMurray 2011), our findings show that PWs need to move into different frames of action and enacting mutuality in accordance with varied sets of local feeling rules (Goffman 1963, 1974). The ability of juggling emotions by redefining a situation and moving into different actions through emotion management highlights the inherent emotional complexity of doing professional care work (Bolton 2001; Lewis 2012; Strauss et al., 1982). Our case analysis of everyday interactions adds to the existing sociological conceptualization of emotion work by unpacking the difficult emotion management of doing mutuality in peer support (Bolton 2001; Bolton & Boyd 2003; Clark 1987; Lois 2001). As the first case with PW Belinda illustrates, the enactment of mutuality involves tight interpersonal emotion management that directs shared feelings of suffering and hope. This brings participants closer together and intensifies feelings of emotional simultaneity, intimacy, and experiential validation. In addition, we show that service users contest mutuality in situations where PWs come across as too emotionally detached from the service users' situation and when PWs enact loose interpersonal emotion management when directing service users' feelings in the group sessions. We do not argue that a particular strategy such as tight emotion management is preferable to loose emotion management. Instead, the enactment of emotions always depend on the local situation. This underlines that mutuality is interactively constructed and sustained, and PWs need to be able to enact emotion management on a continuum where they move into different frames of action and switch between different strategies of tight and loose interpersonal emotion management.

The tight enactment of mutuality by PWs entails a great deal of authority in defining service users' feelings and definitions of reality (Goffman 1963). Despite such asymmetric interactions between PWs and service users, mutuality can be orchestrated in a way where service users and PWs *feel* a connection across formal participant categories in mental health care. The interactional dominance of PWs can be analyzed as elements of the professionalization of peer work and experiential knowledge within the medical institution. As medical sociologists have emphasized, medical and psychiatric practices form an integrated part of

lay knowledge and PWs' lived experiences (Allen and Pilnick 2005; Hughes 1962). For instance, PWs employ methods and language from the conceptual frame of psychology and psychiatry to legitimate their position as professionals (Eyal 2013; Kirkegaard, 2022). Nevertheless, we should note that the asymmetry between PWs and service users also serves to help service users (Pilnick and Dingwall 2011; Weiste, Stevanovic, & Uusitalo 2022). For example, following the PWs' lead and tight direction of certain emotions such as hope and optimism might be beneficial for service users' recovery. Moreover, our case analysis where service users contested a loose enactment of mutuality shows that not only PWs, but also service users expect and enact asymmetry through their interactions. This type of asymmetry serves functional purposes of care work where PWs take responsibility for supporting and helping service users by providing a safe space for the expression and sharing of emotions.

Peer workers experience some distinctive dilemmas due to their role as healthcare professionals who are former service users and the accompanying expectation that they use their lived experiences of mental illness as a professional tool. For instance, our third case highlights how they sometimes struggle to enact emotion management and sustain legitimacy in mental health care setting. In this case PW Lucy's emotion management is contested as she intensifies her emotional involvement and draws on other service users' lived experiences of mental illness. This analysis emphasizes the relevance of further examining how PWs and service users deploy their experiential knowledge to enhance their own credibility and expertise (El Enany, Currie, & Lockett 2013; Jones & Pietilä 2020; Thompson et al., 2012; Weiste et al., 2022; Whelan 2007). The service users in this study seem to expect PWs to draw on their *own* lived experiences of mental illness, and they contest mutuality when PWs come across as too emotionally detached from lived experiences of mental illness and service users' situations. This underlines that the development of knowledge is a social process embedded in a specific time and space (Eyal 2013; Whelan 2007), and points to the need for a further exploration and discussion of the temporal aspects of lived experiences and standards of PWs' knowledgeability and position in mental health care.

Mutuality – the sense of being in the same boat and *feeling* the connection – is a powerful experience (Berezin & Lamont 2016; Koski 2014; Taylor & Whittier 1992). It has been a driving force in the development of peer support, and the current concern that the professionalization of PWs may threaten their emotional connection to service users is therefore understandable. However, we argue that the power of mutuality is not a magical power threatened by the disenchantment of institutionalization; mutuality is an emotional resource that PWs (more or less) competently bring into play. Further research should unpack the ways PWs orchestrate feelings of mutuality in everyday interactions. Such research could develop a language suitable to comprehend how PWs connect emotionally with service users through their shared experiences of mental illness. This article contributes to this important endeavor with the introduction of a theoretical distinction between tight and loose enactment of mutuality.

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## Declaration of competing interest

None.

## Data availability statement

Data are not publicly available due to ethical restrictions and concerns about protecting interviewees' anonymity.

## Ethical approval

We adhere to codes of ethics for research practices (ASA, 2018), and our research project is approved by VIVE's Research Ethics Committee (number 2022/3).

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