

Emotional Labour in Harm-Reduction Practice in Ireland: an exploratory study

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Abstract

Arlie Russell Hochschild's concept of emotional labour has been applied extensively in the analysis of the emotional, relational and identity processes in a wide variety of service occupations, and to a lesser extent to caring occupations where the central goal is nurturing. It has featured infrequently in social care in general and has not featured significantly in academic debates in Ireland. The paper is based on a small qualitative study of social care workers in harm reduction [HR] day services in the Dublin region. The aim of the research study was to explore how emotional labour impacts on workers employed in day harm reduction services. The paper highlights the centrality of emotional labour in negotiating and managing a sense of professionalism and personal space within a highly stressful area of social care. The workers' emotional labour involved a process of embodying professionalism, an empathic alertness in their relations with service users, emotional distancing from traumatic experiences, and developing caring spaces in personal and professional life. By considering the emotional labour of care workers, we can better understand the construction of identity within particular contexts. The research raises questions about the status of Harm Reduction and other emotional workers, the sufficiency of the knowledge base for practitioners, and important issues about how to develop and organise caring workplaces.

Introduction

The intense emotional work of social care is reflected in a concern with supervision theory and practice, an emphasis on the skills of the reflective practitioner, the awareness of the impact of staff burnout and stress, the focus on counselling skills, life space work, and therapeutic interventions within the field. Given these concerns, it is noteworthy within Irish social care how little use has been made of constructionist/constructivist theories especially in terms of analysing processes of professional identity, effective practice and related concerns. The fact that much social care is emotionally demanding and draining is self-evident to the social care worker on the ground. Yet, little is known about the nature of the emotional labour undertaken and its affect on professional identity, job satisfaction and care practice. Thirty years since Arlie Russell Hochschild (1983) developed the notion of emotional labour in her astute study of flight attendants, there have been relatively few studies of emotional labour in social care (Scheid, 2008; Mann, 2004; Brotheridge & Grandey, 2002; Ashforth & Humphrey, 1993; Kahn, 1993). Using

Hochschild's concept of emotional labour (emotion management as the form of a labour sold for a wage), this article outlines a small qualitative study which aimed to understand how emotional labour impacts on workers employed in harm reduction (HR) practice. The paper argues that emotional labour is central to the construction of the personal and professional identity of social care workers, and further attention should be paid in Irish social care to the relational dynamics of nurturing in social care organisations.

Emotional Labour and Social Care

Coined by Arlie Russell Hochschild, the concept of emotional labour was a development of Symbolic Interactionist Theory, and it is particularly rooted in Goffman's dramaturgical sociology (Turner & Stets, 2005). Hochschild (1983) built on Goffman's dynamic model of human interaction which emphasised the active presentation of self as actors seek to manage the impressions of others (and thus produce a positive or negative emotional state in others) in their everyday encounters, whilst all the while constrained by cultural scripts, norms, and institutional rules of interaction (Turner & Stets, 2005; Hochschild, 1983). Hochschild drew from these and other interactionist insights but went further in emphasising the *emotional work* or management involved in regulating emotion when managing the perceptions of others. Everyday communicative bodily techniques and facial mannerisms are deployed to this end including muscle movement, the raising of an eyebrow, smiling, and tone of voice (Hochschild, 1983). Hochschild argues that society and culture shapes how feelings are perceived and managed through 'feeling rules' (Hochschild, 1998, p. 5), the 'distinctly patterned yet invisible emotional system' which determines the emotions one is supposed to feel in certain situations and how one evaluates these feelings (1983, pp. 36 & 57). People manage their emotional presentation and engage in impression management when complying with feeling rules about what amounts to expected, legitimate and acceptable feelings expressions in particular cultural and social situations. People therefore must know both the rules as well as practice (act out) their emotional control and expression.

Hochschild distinguishes between *emotional work* as a feature of symbolic interaction more generally and *emotional labour*, which recognises the commodification of emotion in the labour market (Hochschild, 1983). Whereas some degree of *emotional work* occurs in all human interactions, emotional labour occurs when employees' emotional responses are regulated by organisational rules and roles. Techniques of *surface acting* and *deep acting* are used to adjust how one feels with the rules and roles of expression. With surface acting the actor stages and feigns sincerity when conveying appropriate feeling. Deep acting on the other hand involves drawing on embodied feeling to craft an emotional presentation much like method acting. There are two ways of using deep acting: 'by directly exhorting feeling, the other by making indirect use of trained imagination' (p. 38). The first way of

achieving deep acting involves ‘coaching’ oneself into evading a feeling (p. 40). The other way of applying deep acting involves using a memory of a feeling of certain experience and transmuting it to a new situation. It implies that one must have ‘experienced’ such a feeling first. Feelings for the purposes of deep acting become ‘objects’ with a prospect of being used in the future (Hochschild, 1983, p. 41). A memory of a feeling used for deep acting must not only appear ‘as real now’ but also an actor has to ‘believe’ that this memory of a feeling is ‘really happening now’ (p. 42). In other words, deep acting involves crafting a sense of genuineness and authenticity of feeling to self and others.

Though the genuine expression of feeling is also work (Steinberg & Figart, 1999: 11), and therefore may be burdensome, the emotional dissonance between genuine feeling and emotional labour is for Hochschild both exploitative and alienating. Drawing on Marx’s concept of alienation, Hochschild compares a child labourer in the late 19th century who became an instrument of labour to a flight attendant in the 1980s whose ‘emotional style of offering the service is part of the service itself’ (Hochschild, 1983, pp. 3-7). Thus, the manipulation of emotion forms part of the labour process. As a result, Hochschild concludes that just as people can become alienated from ‘goods in goods-producing society’, they can also become alienated from ‘service in a service-producing society’ (p. 7). Emotional labour she believes is widely exploited because it is often informally valued in capitalist production. Moreover the emotional labourer pays a price because bridging the disparity, the *emotional dissonance* between ‘feeling and feigning’, over time causes a ‘strain’. The strain may further result in estrangement from the bodily facial expression of emotion and from feeling as well (p. 90). In so doing Hochschild has drawn our attention to the exploitative and undervalued nature of emotional labour and has inspired a genre of feminist research on women’s work in feminized occupations from librarians to beauticians to lawyers and many other services sector jobs including retail.

Despite the wide recognition that social care is deeply emotional work, Hochschild’s insights are rarely applied to social care. The nurturing goals of social care differ from the instrumental objectives of many other occupations using emotional labour (Lynch & McLaughlin, 1995). The relationship between the worker and client, the emotional bond per se, is an explicit goal of social care; *unconditional positive regard*, attachment and trust form the basis from which the client may be helped. Yet simultaneously professionalism calls for a *controlled emotional involvement* and professional distance. The goal of love or nurture amid the somewhat contrived basis of the contractual relationship (see Lynch, 2007), make specific emotional demands on care workers. Workers are expected to be authentically caring and empathetic or to embody it through deep acting whilst also maintaining professional distance and managing this contradiction in their performance.

Emotional labour is central to nurturing outcomes but can be burdensome and stressful for workers (Scheid, 2008; Mann, 2004) yet little is

understood about the specific effects of emotional labour on care workers. Deep acting is said to be more common among care workers than in other service jobs (Scheid, 2008) and because surface acting is more associated with burnout than deep acting (Brotheridge & Grandey, 2002), it is thought to be particularly important that a worker strongly identifies with the organisation to avoid burnout, and facilitate appropriate emotional labour (Ashforth & Humphrey, 1993). Workers rely on particular coping strategies including venting techniques, counselling, taking time-out, and downtime (Mann, 2004), which in turn depend on caring organisational structures in the form of supervision and open communication (Kahn, 1993).

Harm Reduction Practice in Ireland

Harm Reduction practice is an especially emotionally intense area of social care. The harm reduction model of addressing substance addiction has emerged in the second half of the 20th century, especially since 1980s HIV epidemic, as an alternative to the *total abstinence model* (Moore et al., 2004), or *disease* and *criminal model* (Marlatt, 1998). The World Health Organisation defines HR as ‘evidence-based public health intervention’ aimed at harm minimisation caused by shared use of drugs paraphernalia and blood borne viruses (WHO, 2005, p. 9).

Harm Reduction is rooted in pragmatism and it is based on acceptance that some people will always engage in risky behaviours, whilst at the same time, it does not negate abstinence as the ultimate goal. HR operates in terms of a low threshold access to services with as few barriers as possible (Marlatt, 1998; Moore et al. 2004). Services provided can range from advocacy, information and education, counselling to health services for service users such as safer injecting classes, needle exchange programmes, access to sterile drug paraphernalia, and drug substitution treatment such as methadone maintenance.

Harm Reduction is a popular public health and medical approach that has been adopted as a national policy to substance misuse by a number of European countries, Australia, Canada, and is gaining in popularity in the USA and Asia. It has been found to be an effective approach in tackling individual and social consequences of drug use and more importantly, it has been effective in addressing the spread of blood borne viruses (Moore et al, 2004, p. 32). Rance and Fraser (2011), for instance, suggest that the atmosphere created by the member of staff ‘accepting, witnessing and supporting’ the client in HR creates an environment in which change is possible. Critics of HR consider it to be the first step to legalisation of drugs, enabling substance misuse through provision of, for instance, needle exchange programmes, legitimating HR philosophy as ‘treatment’ and thereby encouraging drug dependency (Moore et al., 2004, p. 14-15). However, HR brings a diametrically different and dynamic perspective to the area of addiction as its main point of focus is prevention and reduction rather than provision of a ‘cure’ (ibid: p. 12).

Harm Reduction has an ambiguous status in Ireland. Certain interventions associated with HR offered in other countries such as consumption rooms (supervised injection sites for drug injectors) and supervised provision of heroin are currently illegal in Ireland. The Health Service Executive provides HR services such as satellite clinics dispensing methadone and offering needle exchange, outreach, and prevention centres spread around the region (HSE, 2012). Voluntary HR day programmes (to differentiate from residential programmes) in the Dublin region are delivered by a number of organisations, including Merchants Quay Ireland, Ana Liffey Drug Project and the Peter McVerry Trust.

Drug misuse and social exclusion services are delivered by a mixture of statutory, community or voluntary organisations coordinated by Local and Regional Drug Task Forces (McCann, 2006). The social partnership approach among various groups and agencies in tackling drug use has been emphasised in consecutive national drugs strategies. There is a concern, however, that the partnership approach in the current National Drug Strategy 2009-2016 (Department of Community, Rural and Gaeltacht Affairs, 2009) has been weakened due to the financial crisis affecting the country (Pike, 2010). Within this context the specialism of HR work, and the particular educational and support needs of HR workers, has received little attention. There seems to be no publication available in Ireland that is solely focused on the issue of staff profiling in HR services (Moore et al. 2004). Moore et al. (2004) and Cox and Robinson (2008) note the multidisciplinary nature of staff working in HR: social care workers with varying job titles working alongside other professionals such as nurses, general practitioners, and counsellors (see also McCann, 2006; Petersen, 2002). Although there is recognition that staff working in HR should be offered 'enhanced training' and supervision (Carpenter et al., 2012; Cox & Robinson, 2008; Moore et al., 2004; Petersen, 2002), standards have yet to be set and it is unclear who is to hold responsibility for their provision (Cox & Robinson, 2008). McCann notes the ambiguous status of staff working in HR as there is no clarity regarding career pathways and qualification requirements (McCann, 2006). Following Share's (2009) train of thought, the process of professionalization taking place in Irish social care may help in clarifying the status of HR workers. However, there are concerns that further professionalization including the spread of managerialist discourse may hinder interaction and relationship building between workers and their client group (Share, 2009; Pike, 2013). This in turn is likely to make their work even more challenging.

The Emotional Labour of Harm Reduction

Ethical permission to carry out the study was secured from the Department of Social Science Ethics Committee at Dublin Business School in 2012. Ten semi-structured qualitative interviews were conducted with social care workers based on a purposive sample of full-time Irish harm reduction social care workers (including project workers, key workers, case managers,

outreach workers, counsellors, and team leaders). The sample comprised six women and four men between the ages of 28-49. Ethical concerns were discussed with the managers of the organisations and permission was granted to conduct the research. The researcher circulated among the participants the Research Information Sheet together with an abbreviated topic guide in order to facilitate informed consent. Written consent was granted, and matters of confidentiality and anonymity were carefully considered with pseudonyms applied throughout. Arrangement for data recording and storage was explained in detail. The interviewer revealed that she worked with a vulnerable population in a harm reduction service.

Interviews were structured to facilitate conversation and reflection around ten topics related to the central research question. They began by gathering specific information about the present circumstances of an interviewee. They then addressed various experiential aspects of the performance of harm reduction interventions including the worker's understanding of HR intervention, the preparation stage, and the performance of and the wind down of interventions with specific reference to emotions felt.

Interviews were transcribed verbatim and analysed thematically (Braun & Clarke, 2006). Thematic analysis is an approach to interpreting themes contained in the data that throw light on the research question. Four themes, embodying professionalism, empathic alertness, emotional distance, and creating caring spaces, were found to constitute the emotional labour of HR and each is discussed below.

Embodying Professionalism

Personal identification with HR, perceived as essential by the workers, was often reflected in their use of phrases such as 'believing' and 'buying into' it. Thus, Wendy and Brian described a HR way of working as being 'second nature' to them. It appears to be important to them that there is an agreement between what they do and their personal moral code. But this coming to terms with the practical side of a HR model of working may need to be negotiated every day anew and the worker seems to be always accompanied by the awareness of its dark side:

Well, I suppose there's a big dark side of it, do you know? It's definitely not a kind of a light topic. It is dark on lots of levels. It's heavy, you know. It's very heavy but there is a lot of positives that you see like, you know what I mean? For me it's a reflection of working in HR. I think is very valid. It's very important that good quality HR services are there for people who need them so I'm happy and glad to be part of a HR agency, administering HR tools and that... (Ron)

Negotiating this sense of professional validity required emotional labour in term of convincing clients of their integrity and trustworthiness:

So, I'm XX years doing this, so my name would be good in the community and it would be good amongst the drug dealers. They know it's confidential. They know I won't go to the Guards. They know I don't break down, I don't break down relationships. I don't break confidentiality. They know they can trust me. (Brian)

Empathic Alertness

Cultivating a sense of professionalism, however, required attentiveness with a heightened sense of emotional alertness. Lisa, Wendy and Mary said that it is not possible to plan their work day or any particular one-to-one intervention 'because you don't know what they're going to say' (Lisa). Nevertheless, the moment of adjustment to a professional HR way of working can be identified in the workers' accounts on entering the workplace or, if the situation allows it, just before carrying out certain interventions. They 'prepare mentally' (Aisling, Jim). Ron and Jim describe this moment as putting their 'professional heads on' (Jim) or 'work hats on' or even switching to a 'work mode' (Ron). Work experience makes this moment of adjustment seem automatic (Lisa, Jim).

The 'work mode' entails emotional and cognitive alertness to facilitate empathy. Wendy spoke about 'feeling your approach'. Aisling uses the skill of 'reading the person' extensively. The others would 'gauge' the situation and the person (Brian) or make sure that they have 'the head in the right place' (Jim). The state of empathetic alertness serves as a tool in assessing the client's situation and it also protects the worker against what the worker might see or hear. But this skill takes a lot of effort:

I worked in the building sites for twenty odd years and I never went home as tired as I did and as I do some evenings, as I do from here and it's not physical work I'm doing. Mentally it can be extremely draining, you know. You kind of put out so much positive energy towards people. You're surrounded and you get back a lot of negative energy so you have to be mentally ready to deal with that type of stuff. (Jim)

Emotional alertness meant being equipped with effective cognitive and emotional skills, working with their emotions or being capable of advising on practical matters to the client. This dynamic emotional labour, often referred to by the workers as 'rolling with it', means working with how they relate to themselves and to the world. Thus, training in brief therapeutic interventions such as *motivational interviewing*, *cognitive behavioural therapy* or *brief solution therapy* enhances significantly the way Brian works. Acknowledging that he is not a counsellor, these therapeutic skills allow Brian to gauge people where they are at in terms of their drug use and motivation. Similarly, Mary noted that a new worker might not be prepared for the emotional demands of

the job if they fail to recognise the social and emotional context surrounding addiction:

If you're a person, new person coming into the field of working in addiction and you've only been trained on drug and alcohol studies and all that you know is about the drug use, you are going to be shocked because you're not only dealing with drug use and you can't control what a person is or isn't going to say to you. Now, obviously you have to be aware of your own limitations of what you can and can't work with but it's for me it's never just about the drug use, never. Sometimes that doesn't even come into the equation in a one-to-one with people. (Mary)

Emotional Distancing

The process of masking the dissonance between felt emotions and what the worker can allow himself/herself present seems well known to the workers. Ron, for instance, self-instructs: 'I mean people show me their veins everyday and I see people covered in scars and they're all sorts. I suppose I just remind myself that I'm professional, I'm here to do a job'. In his opinion, the type of professionalism which his job involves is about masking 'loads of things', also outside work, as he has to be mindful of boundaries and confidentiality at all times.

When dealing with crisis, the worker's professionalism involves stretching the distance between personal and professional self. This enables the worker to deal with the situation 'without becoming overwhelmed' (Kate). Brian referred to this stretched distance as 'automatic pilot' when one Friday morning he found himself dealing at the same time with three women. One who was under the influence wanting to expose her groin injection site, the other one who was raped the night before and, lastly, a woman expressing suicidal ideation. Kate, a counsellor, provided a very clear explanation of this process:

Well, you know if the situation demands you have to do it (dealing with a challenging situation), you usually do it and the feelings usually follow the actions and the thoughts. (...) A very CBT (Cognitive Behavioural Therapy) approach there (laughs). (Kate)

To Wendy, a worker with a more senior role among her colleagues, dealing with various situations and behaviours feels sometimes like staging a performance – a more senior position seems to require resorting to surface acting:

I find demands can be very challenging. Sometimes when people are very, very, very needy and you give, and give, and give and maybe on a given day you can't give because you have a report to do or funding

has just run out and you have this smile on your face and nobody knows that we actually have no milk and we have no money to buy it and it's like you're a performing seal and yet you're trying to give yourself to this person, one hundred percent and that's before you have a home to go to (...) and on the day you haven't got it to give sometimes you can get a negative reaction like maybe a bit of sulking, you know. (Wendy)

There is a lot of trauma in the workers' accounts of their experiences of direct work with their clients. Many of the workers have experienced what they describe as 'carrying' the clients' trauma. The boundaries and professional distance will not always protect the workers' emotional self. Mary spoke of how she was affected by the suicide intervention she carried out in the past. She felt responsible for keeping the individual alive and she was experiencing physical reactions as a result of working with her own emotion which she had to mask to be able to assist the individual in his distress. This involved a very detailed exploration of his reality: going with him to his space, and being unexpectedly thrown into an ethically grey area; i.e. the reality of the drug scene:

I really had to explore: 'okay, let's say you do this. So let's say you decide today that you are going to get the gun and you're going to blow your head off. What is it going to be like for your partner to see that? You're going to be out in your back garden. What is it going to be like for your son to see your brain?' Like I had to go that in-depth with him and explain to him like 'you couldn't have an open coffin and what's that going to be like for the people who really love you?' But then we also had to work on how was he going to get rid of the gun. (Mary)

She also noticed that her personal life became affected as a result of this intervention and the negativity surrounding it.

The workers cannot get immune to what they see or what they hear:

There's a misconception that you're in some way inoculated, you know, the more you put up with it the better you get at it and that isn't the case. It does all go in. All of the image area, all of the words you hear, you know, it all does go in somewhere. You can't unprocess it. It's gone in. (Wendy)

Moreover, Wendy explained how she finds herself experiencing the client's emotion when she senses that the client is not connecting with it:

I personally find if somebody is sitting there telling me a really traumatic and upsetting story with graphic detail and they're doing it as if they're reading the paper. (...) And they have no emotional connection I would find that really upsetting and that's a night I would probably go home crying (...) It's like when they're not connecting with the emotion I nearly do it for them. (Wendy)

The strategy of deep acting involved embodying a professional discourse that bridged the personal and professional and offered a means of coping with emotional burdens of the job. However, sometimes this was not sufficient and additional personal creative strategies were also crucial.

Creating Caring Spaces

The availability of caring spaces both within work and in personal life was crucial in sustaining the emotional labour of workers, by offering a means of switching from a professional to a personal identity. Developing creative self-care techniques was vital. Jim emphasised, 'it's hugely important that you find some way to do that because if you don't you'll be eaten alive.' They engage in creative activities like playing a musical instrument or writing (Jim, Kate), they do sports (Jim, Ron), invest energies in their social lives (Aisling, Eoin).

Wendy, on the other hand, has developed an 'aversion' to negative messages available from the media and she consciously uses 'blackout' technique in choosing what movie she is going to watch. Eoin made a decision to stop going to clients' funerals as a way of 'holding [his] own sanity' and be able to work in 'the chaotic lifestyle world'.

Jim and Aisling thought that it is important to have an awareness of when work experiences start affecting them:

I've learned how to cope and how to see when things are affecting me. When to turn around to team leaders and say 'listen I need a couple of days' (...) I think once you have that awareness about you which is something that I think you need here...You need to recognise in this type of work when you're reaching the top, it's very important. (Jim)

Aisling and Mary felt that their ability to reflect on their performance was hampered by the structure of their working day:

But if you're not even getting the time to reflect how can you even have self-awareness? That's what I do think sometimes, you know, if we're not even getting time to stop to reflect on what we're actually doing you're going to have a chaotic project working with chaotic people and that alone is just going to cause more chaos. (Mary)

Jim and Eoin both recognised that leaving work behind is 'a harder' part of the job (Jim). Eoin credited this to the fact that as a worker in a HR project the pressure to manage his boundaries professionally is especially high.

This is aggravated by the fact that he has a personal experience of drug addiction:

I'm going home to try and detox for myself from where I'm after coming from but that's the challenging part of the work because without blowing my own horn, I know I'm good frontline but I feel sometimes the disadvantages of being a very good frontline is that its, you need to stay on top of your boundaries because (...) you may become what it is you're trying to change because you're stepping in so much into that kind of world, and for me I have a background in that world which works for and works against me, you know. (Eoin)

The world drug users live in often revolves around the continuum described by Brian: 'So, it's a case where, you know, people get clean, they relapse, get clean, they relapse, they overdose, they're dead.' Working along this continuum leaves workers in a state of exasperation when they do not have training around the issues of, for instance, bereavement as this impedes their ability to understand and process difficult emotions in themselves:

So, one of the courses I asked for was that we do some training with a counsellor around deaths and around (...) bereavement counselling. But especially... not so much to deal with it, some of it was to deal with it ... But, for me... like we are the person in the middle. (...) So, how do we deal with going into somebody's house – someone who's overdosed and died? And we got them into treatment... telling their families we're gonna look after them now... we're gonna help... we're gonna support... and so, they're there... their son or daughter is dead. So, how do you work with those feelings? How do you work with those emotions? How do you work with those issues and...? (Brian)

The understanding of difficult emotions and psychological processes for professional and personal reflective needs is 'paramount' not only to Brian but also to Wendy in whose opinion continuing education is a must:

If we have a supervisor, we take a chance and your line manager if they're understanding they might...(provide guidance as to how to improve performance). But I mean I would go off and get most of my questions, I would get the book or try to read something. I would try to find out a little bit of it because we don't know everything about everything but you do need to know a little bit about a lot of things. So you're constantly a student. (Wendy)

However, educating herself may become a source of pressure at times as she does it in her own time, she admitted.

Yet creative self-care was not sufficient and workers looked to the organisation for care and support. Adequate support was perceived when there was space for deep acting to be relaxed by creating spaces for wind-downs at the end of the working day, and also when there is the possibility of negotiating time off when the worker feels s/he needs it, and through good teamwork and appropriate supervision:

The big thing here is the supervision that we get and I think as well the personal friendships that we build, or you know, that grows between the staff members that you always feel as though if I need to talk to somebody, you know, you could say at the end of the day 'listen I need to talk to you.' (...) Every evening there's a little wind down when we vent... if you're frustrated in front of everybody else and if you feel as though you need to say something and get out there; that's a perfect opportunity for us. (Jim)

However, internal supervision usually provided by line management was found to be insufficient to meet the workers' need for reflective practice. The workers would like that during supervision their practice was evaluated in a 'person centred' environment rather than one outcome oriented (Aisling), similar to the support they give to their clients:

It annoys me that the only people who get supervised are the counsellors. That, to me, is just detrimental to our services. Everyone that works in this field is affected by the people they work with. (...) If you're an Outreach worker, working in somebody's house... working in a shooting gallery looking at people injecting themselves and craps all over the place and you're trying to do brief interventions... you know... or if you're a nurse and you're working with somebody who has an abscess on their leg so big and you have to clean it out. I think every discipline should have some sort of supervision and it should be done monthly (...) It's only when you attend the supervision and you engage with it, you get the value of it back. You know? (Brian)

Conclusion

Our findings show that emotions are an instrument of labour in HR social care. Management of emotions is necessary and often a desired part of social care worker's performance. The study has found that emotion management while on duty is closely linked to the notion of professional boundaries. While a useful tool in harm reduction social care, professional boundaries can become a source of strain especially among workers in senior positions who are likely to engage in surface acting more often. The study was permeated by the ambiguous status of HR social care coupled with workers' feelings of under appreciation. Whilst the values of workers may be a motivating factor in harm

reduction work, the research suggests that the emotional demands of harm reduction need to be more appreciated and better supported.

The research study highlights the workers' need for creating caring spaces while on the job and during their time off. . Regular provision of quality person centred supervision was seen as a desired and valued form of caring structure in the workplace. The participants of the study saw it as essential to ensuring their work performance and maintaining their personal wellbeing. Caring spaces enable workers to engage in reflective practice and it seems to be closely linked in workers' opinion to the issue. Workers' feel that the current standard of training provided does not equip them with a sufficient skill set and knowledge base to perform their job well and ensure their wellbeing.

The article is based on a small study with an explorative purpose. It is consequently subjected to a number of limitations and its findings require further study. Hochschild's concept of emotional labour was useful in illuminating the process of negotiating and managing a sense of professionalism and professional identity whilst at the same time an attempt to nurture a sense of personal identity and 'personal space.' Personal and professional identity in social care is also constructed within the context of increasing regulation, professionalization, and credentialization affecting workers, the privatization and diversification of service delivery as well as the general retrenchment in social services.

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