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Client Action in the Negotiated Order of Madness

par
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Résumé

Les études existantes sur l'organisation des champs d'activité professionnalisés tendent à expliquer les frontières juridictionnelles établies comme résultant des luttes inter-occupationnelles pour le contrôle exclusif de domaines d'activité. Dans l'ensemble, cette littérature tend à ignorer la participation des clients dans ce processus de structuration juridictionnelle. Pourtant, une diversité d'études empiriques de mouvements de clients démontre que les clients tentent, de différentes manières, de façonner les frontières juridictionnelles dans les champs professionnalisés. En m'appuyant sur ce constat, je vise à contribuer aux connaissances existantes sur la structuration des frontières juridictionnelles dans les champs professionnalisés en posant la question suivante : *Comment les clients tentent-ils de façonner les frontières juridictionnelles dans les champs professionnalisés?*

Adoptant un cadre conceptuel inspiré de la théorie de l'ordre négocié, je présente une analyse comparative de trois différents mouvements de clients présents dans le champ des soins de santé mentale. Deux de ces mouvements, ceux des « pairs aidants » et des « entendeurs de voix, » sont étudiés par le biais d'une étude ethnographique multisite complétée au Québec entre 2016 et 2018. Le troisième, celui des « écrivains fous, » est abordé par le biais du récit personnel de mon engagement dans ce mouvement durant la même période. Au total, ces études se basent sur l'analyse de matériel empirique comprenant 183 notes d'observation participante, 43 entrevues d'acteurs impliqués et 32 documents secondaires retenus en lien avec ce terrain.

À la lumière d'une revue de la littérature existante sur le sujet, l'analyse de ces matériaux empiriques m'a permis de développer une typologie dynamique composée de six scripts guidant l'action cliente vers la réalisation de différents projets frontières participant à la structuration juridictionnelle des champs professionnalisés. Parmi les mouvements étudiés, trois tendances se dégagent : (1) l'action des pairs aidants semble être guidée par le script de l'*accommodation* et orientée vers la réalisation d'un projet frontière de *professionnalisation cliente*; (2) l'action des entendeurs de voix semble être guidée par le script de l'*échappement* et orienté vers la réalisation d'un projet frontière de *mutualisation*

cliente; et (3) l'action des écrivains fous semble être guidée par le script de l'*opposition* et orientée vers la réalisation d'un projet frontière de *délégitimation professionnelle*.

Mes résultats suggèrent qu'un travail émotionnel constitué de trois étapes successives—*conscientiser*, *problématiser*, et *projeter*—permet de réinscrire l'action cliente vers la réalisation d'un projet frontière différent. La participation soutenue dans un collectif local d'entraide semble conscientiser les clients à une insatisfaction face aux arrangements juridictionnels présents. Cela amène ces clients à problématiser leur insatisfaction de manière à pouvoir partager celle-ci avec leurs pairs expérientiels. Ensuite, les clients s'engagent à projeter avec leurs pairs expérientiels la réalisation d'arrangements juridictionnels alternatifs envisagés comme une solution organisationnelle à leur insatisfaction. Ce cadre conceptuel original explique comment les clients tentent de façonner les frontières juridictionnelles dans les champs professionnalisés. Il pointe aussi vers plusieurs avenues de recherche future dont la réalisation apparaît utile pour mieux comprendre l'action cliente et son influence sur la structuration juridictionnelle des champs d'activité professionnalisés.

Mots clés : Champ professionnalisé, frontière juridictionnelle, action cliente, réinscription, projet frontière, travail émotionnel, savoir expert, savoir expérientiel.

Méthodes de recherche : Ethnographie, entrevue, observation participante, récit personnel, étude comparative de cas dissimilaires, recherche processuelle.

Abstract

Existing organizational studies of professionalized fields tend to explain established jurisdictional boundaries as resulting from interoccupational struggles for exclusive control over domains of activity. Overall, this literature tends to ignore client participation in the structuration of jurisdictional boundaries. Yet, a diversity of empirical studies of client movements shows that clients do attempt, in various ways, to shape jurisdictional boundaries in professionalized fields. Based on this apparent mismatch between studies of professions and studies of client movements, and with the aim of contributing to the existing knowledge on jurisdictional structuration, I ask the following research question: *How do clients seek to shape jurisdictional boundaries in professionalized fields?*

Adopting a conceptual framework inspired by negotiated order theory, I present a comparative analysis of three different client movements present in the field of mental health care. Two of these movement, those of the "peer workers" and the "voice hearers," are studied through a multisite ethnography conducted in Quebec between 2016 and 2018. The third, that of the "mad writers," is approached through the first-person account of my engagement in this movement over that period. These studies are based on the analysis of empirical materials including 183 notes of participant observation, 43 interviews with involved actors and 32 secondary documents selected in relation to this fieldwork.

In light of a literature review conducted on the topic, my analysis of these empirical materials has enabled the development of a dynamic typology composed of six scripts guiding client action toward the realization of different boundary projects contributing to the jurisdictional structuration of professionalized fields. Across the movements studied, three tendencies emerged: (1) the action of peer workers appears guided by the script of *accommodation* and oriented toward the realization of a boundary project of *client professionalization*; (2) the action of voice hearers appears guided by the script of *escape* and oriented toward the realization of a boundary project of *client mutualization*; and (3) the action of mad writers appears guided by the script of *opposition* and oriented toward the realization of a boundary project of *professional delegitimation*.

My results suggest that an emotion work process composed of three successive stages—*consciousness-raising*, *problematizing*, and *projecting*—enables the rescripting of client action toward the realization of different boundary projects. Sustained participation in mutual aid groups seems to raise clients' consciousness to a perceived dissatisfaction with present jurisdictional arrangements. This motivates clients to problematize present arrangements in ways that they can share with experiential peers. Then, clients become engaged to project with their peers the realization of alternative arrangements envisioned as an organizational solution to their dissatisfaction. This novel conceptual framework explains how clients seek to shape jurisdictional boundaries in professionalized fields. It also points toward several research avenues that need to be pursued in order to better understand client action and its influence on the structuration of professionalized fields.

Keywords: Professionalized field, jurisdictional boundary, client action, rescripting, emotion work, expert knowledge, experiential knowledge.

Research Methods: Ethnography, interview, participant observation, first-person account, comparative analysis of dissimilar cases, process research.

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To the women of my life

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Introduction

Inspired by earlier works in negotiated order theory (Goffman, 1961a; Bucher & Strauss, 1961; Strauss, Schatzman, Bucher, Ehrlich, & Sabshin, 1964; Maines, 1982), a large and growing body of studies has considered the field-level division of professional labor as shaped by ongoing struggles for jurisdictional control between occupational communities—guided by diverging meanings, values, and commitments—interacting in a shared field of activity (Freidson, 1976; Barley, 1986; Abbott, 1988; Bechky, 2011; Langley, et al., 2019). These studies typically consider boundary work—"purposeful individual and collective effort to influence the social, symbolic, material and temporal boundaries, demarcations and distinctions affecting groups, occupations and organizations" (Langley, et al., 2019, p. 4)—as the endogenous mechanism underpinning jurisdictional structuration (Abbott, 1988; DiMaggio, 1991; Barley & Tolbert, 1997). Studies of jurisdictional structuration focus on the boundary work performed by occupational communities to control domains of practice. However, within this body of work, clients are rarely treated as agents of jurisdictional structuration. Overall, client action is remarkably absent from the conceptual apparatus used in studies of jurisdictional structuration. Yet, empirical studies of client movements show multiple ways in which clients exercise agency to perform boundary work aimed at shaping service arrangements in professional fields (Epstein, 1996; 2008; Rhoads, Saenz, & Carducci, 2005; Gutierrez, Howard-Grenville, & Scully, 2010). To reconcile this apparent mismatch between studies of professions and studies of clienteles, I asked the following research question: *How do clients seek to shape jurisdictional boundaries in professionalized fields?*

To address this question, I designed a comparative analysis of dissimilar cases (Becker, 1963; McAdam, Tarrow, & Tilly, 2001) of clients movements in the field of mental health care. As part of a 3-year, multi-site ethnography of "peer workers" and "voice hearers" in Quebec, I gathered and interpreted empirical material including recorded interviews, participant observation notes, and secondary documents. I also wrote a first-person account of my engagement in the activist community of "mad writers" covering a similar time span. Through an everyday interplay with fieldwork experience, I wandered around a variety of literatures with presumed potential to shed light on the observed phenomena.

Over time, my theoretical commitments converged around the sociological perspective known as *negotiated order theory*. Through a theory building process which I refer to as "abductive bricolage," I combine insights drawn from expert and experiential forms of knowledge. Following this epistemic approach, I answer my research question by proposing a dynamic typology of client action scripts in professional fields. Then, I mobilize this typology of scripts to interpret my empirical findings in relation to peer workers, voice hearers, and mad writers, taken together as components of a broader ecosystem of client action in professionalized fields.

This thesis unfolds in three parts. In Part One, I review the emergence of negotiated order theory within symbolic interactionist studies of occupations (Chapter 1) and its contemporary migration toward the organizational institutionalist literature (Chapter 2). Combining theoretical notions reviewed in earlier chapters with fieldwork interpretations made in later chapters, I present a dynamic typology of client action scripts to address my research question by theorizing clients' emotional engagement in different types of jurisdictional boundary work shaping professionalized fields (Chapter 3). In Part Two, I explain my epistemological views (Chapter 4) and describe the empirical methods used in my fieldwork (Chapter 5). In Part Three, I present ethnographic studies of peer workers (Chapter 6) and voice hearers (Chapter 7), followed by a first-person account of how I became a mad writer (Chapter 8). Then, I look at the three change-oriented scripts enacted among these client communities—*accommodation*, *opposition*, *escape*—as components of a broader ecosystem of client action in professionalized fields (Chapter 9). To conclude, I discuss the theoretical and practical contributions of this dissertation and suggest several promising directions for further research on client action in professionalized fields.

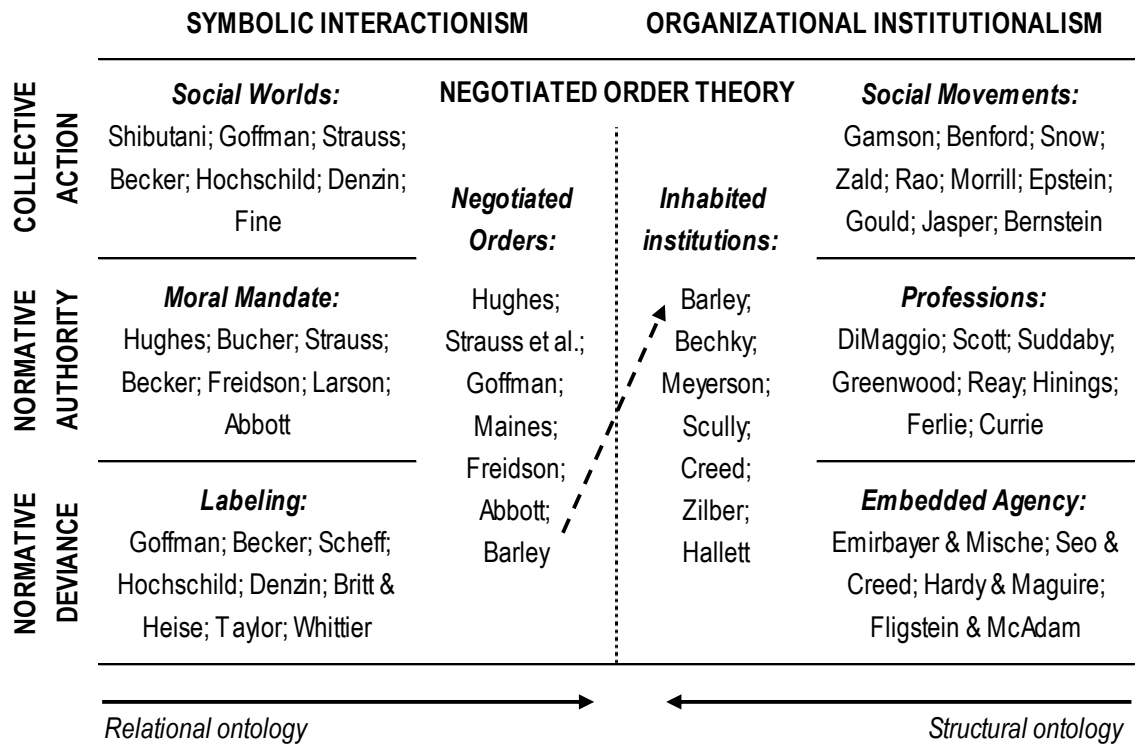
Part One:
Literature and Model

My literature review is made of three chapters. Chapter 1 synthesizes four segments of work within the Chicago School of symbolic interactionist literature, referred to as the "social worlds," "moral mandate," "labeling," and "negotiated order" strands. It then discusses how these strands connect to each other. The interactionist tradition postulates a *relational ontology* according to which social structures emerge out of the everyday interactions of actors identifying with overlapping social worlds in shared arenas of activity (Goffman, 1961a; 1983; Strauss, Schatzman, Bucher, Ehrlich, & Sabshin, 1963; Maines, 1982). Studies in this tradition present professionals as agents of social control exercising a "moral mandate" through which they define the boundaries of normalcy (Hughes, 1958; Freidson, 1970a; 1986) and enforce them by labeling as deviants those who behave outside those boundaries (Goffman, 1963; Becker, 1963; Scheff, 1966b).

In contrast, Chapter 2 synthesizes four segments of work related to the organizational institutionalist literature, referred to as the "social movements", "professions", "embedded agency", and "inhabited institutions" strands. It then discusses how these strands connect to each other. The organizational institutionalist literature suggests a *structural ontology* according to which taken-for-granted understandings constrain the behavior of dominant actors as much as that of the subordinates (Meyer & Rowan, 1977; Zucker, 1977; DiMaggio & Powell, 1983; Scott W. R., 2008a, pp. 19-46). This view has been criticized for its "metaphysical pathos" which de-emphasizes interest and agency (DiMaggio, 1988) by locating social control in established structures rather than in the actors who inhabitate them. Seeking to address this critique, the inhabited institutions perspective taps into the symbolic interactionist tradition to bring back actors at the forefront of institutional explanations of social control (Hallett & Ventresca, 2006; Barley, 2008; Bechky, 2011).

The integrative framework presented in Figure 1 connects Chapter 1 with Chapter 2 by mapping the migration of negotiated order theory from symbolic interactionism to organizational institutionalism. This figure highlights the convergence of insights rooted in the relational ontology of symbolic interactionism with insights rooted in the structural ontology of organizational institutionalism toward an understanding of mesolevel social orders as negotiated through the everyday interactions of participants to communities with diverging values, meanings, and commitments inhabiting a shared field of activity.

Figure 1—The Migration of Negotiated Order Theory



Combining key concepts developed in this literature review with empirical insights emerging from the fieldwork case studies, I address my research question in Chapter 3 by proposing a dynamic typology of scripts theorizing client's emotional engagement in different types of jurisdictional boundary work shaping the field-level organization of professional services.

Chapter 1
Symbolic Interactionism

Negotiated order theory initially emerged from symbolic interactionist studies of occupations (Maines, 1982). Boundary work is a relational activity that aims to shape social structure (Langley, et al., 2019). Exploring the symbolic interactionist insights from which negotiated order theory emerged offers important relational concepts to study client engagement in different forms of jurisdictional boundary work shaping the organization of professional services. In this chapter, I review four key strands of "Chicago School" (Reynolds, 1993) symbolic interactionist studies, which I refer to as *social worlds*, *moral mandate*, *labeling*, and *negotiated order*.

Based on insights drawn from early sociological works rooted in the pragmatic and phenomenological traditions, *social worlds* are understood as reference groups providing people with specific perspectives derived from their social position. Studies of marginalized communities have shown that deviance is not an intrinsic quality of behavior but rather the outcome of the *labeling* activity of professionals exercising a *moral mandate* of social control to define and enforce the boundaries of normalcy. Integrating these notions, symbolic interactionist ethnographic studies have looked at professionalized fields of activity as *negotiated orders* in which behavioral norms are shaped through the everyday situated interactions of professional and client groups with diverging values, beliefs, and commitments. This needs unpacking.

First, the "social worlds" strand proposes a subjectivist view of social groups inspired by the pragmatist and phenomenological philosophical traditions (Schütz, 1944; Shibutani, 1955; Goffman, 1974). It provides symbolic interactionism with a theoretical foundation for important later developments such as the ecological analysis of professional segments as social movements (Bucher & Strauss, 1961) and the notion of occupational communities (Van Maanen & Barley, 1984; Bechky, 2003a). Social worlds are understood as communities of collective action whose members connect with each other on the basis of common activities, discourses, norms and infrastructures; social worlds subdivide into sub-worlds and intersect with other social worlds, resulting in collaboration

and conflict relationships (Strauss, 1978a; Clarke & Star, 2008). The notion of social worlds is helpful to analyze interactions between professional and client groups. Both can be conceived as occupational communities, providing a common denominator to analyze them relationally.

Second, the "moral mandate" strand focuses on the normative authority attributed by mainstream society to professional groups on the basis of an exclusive base of applied knowledge which they are presumed to hold (Hughes, 1958; Freidson, 1970a). This concept of knowledge-based moral authority is central to much of the later developments in interactionist and institutionalist studies of work, occupations and professions. It is the core theoretical thrust around which the "boundary work" strand of the inhabited institutions perspective is articulated (Nelsen & Barley, 1997; Bechky, 2003b; Fayard, Stigliani, & Bechky, 2017).[1]

Third, the "labeling" strand builds on the notion of moral mandate. However, here the normative authority of professions is problematized from the perspective of the marginalized groups on which this authority is exercised. Looked at from that standpoint, the moral mandate of the professions becomes a device of social control which serves to define and enforce the boundaries of normal behavior by labeling as deviant those whose ways of being disturb the established arrangement of role relations (Goffman, 1963; Becker, 1963; Scheff, 1966b). It provides the interactionist imagery with the underpinning for the concepts of injustice frame (Gamson, 1992, pp. 31-58) and identity marginalization (Britt & Heise, 2000) used in later research on social movements in organizations such as found in the "identity work" strand of the inhabited institutions perspective (Creed & Scully, 2000; Scully & Segal, 2002; Creed, DeJordy, & Lok, 2010).

Finally, the "negotiated orders" strand of symbolic interactionism brings together the concepts of social worlds, moral mandate, and labeling into a mesolevel polity model (Maines, 1982) within which occupational communities negotiate the division labor. This negotiation proceeds through interactional meaning making within (Strauss, Schatzman, Bucher, Ehrlich, & Sabshin, 1963) and across organizations (Strauss, 1978b). The concept

[1] See Chapter 2, Section 2.4, "Inhabited Institutions" for more on this.

of negotiated order has been used in studies focused on various analytical levels, from individual encounters (Goffman, 1983), to workplace struggles (Barley, 1986) to occupational population ecologies (Abbott, 1988). This understanding of occupational fields as negotiated orders is inspiring a new body of work within the inhabited institutions perspective in organization studies (Barley, 2008; Bechky, 2011; Hallett & Ventresca, 2006).

1.1. Social Worlds

Within the symbolic interactionist literature, social worlds are understood as communities of collective action whose members connect with each other on the basis of common activities, discourses, norms and infrastructures; social worlds subdivide into sub-worlds and intersect with other social worlds, resulting in collaboration and conflict relationships (Strauss, 1978a; Clarke & Star, 2008). In a retrospective interview, Becker, a major proponent of the social world perspective, explained that throughout his work ran a constant concern with seeing work as people "doing things together" (Plummer, 2003). At their core, the combined notions of social worlds and negotiated orders shape the interactionist theory of collective action in contested arenas of activities.

Combining his earlier work in social phenomenology with insights from the pragmatist tradition, Schütz published in 1944 a seminal essay in social psychology titled *The Stranger*. In this essay (1944), Schütz builds on his earlier studies of lived experience (Schütz, 1932) to explicate social orders as shaped through the everyday interactions of people committed to diverse communities gathered around distinct frames of references. Based on these notions, he makes a key distinction between "expert" and "lay" knowledge, observing that, contrary to scientists, laypeople are interested in practical rather than theoretical knowledge. According to Schütz (1944, p. 500), lay knowledge proceeds from the perspective of the onlooker and applies to one's needs and aspirations in the conduct of everyday life:

> The actor within the social world . . . experiences it primarily as a field of his actual and possible acts and only secondarily as an object of his thinking. In so far

> as he is interested in knowledge of his social world, he organizes this knowledge not in terms of a scientific system, but in terms of relevance to his actions.

Inspired by Schütz's work, Shibutani (1955) notes that "[e]ach perceives, thinks, forms judgments, and controls himself according to the frame of reference of the group in which he is participating" (p. 564). Shibutani thus conceives a social world as a nexus of activities, outlooks and institutions shared by members of a "reference group," which he defines as "that group whose perspective is assumed by the actor as the frame of reference for the organization of his perceptual experience" (1955, p. 569). Goffman's "Asylums" and Becker's "Outsiders" offer well-known exemplars of this perspective.

In "Asylums," Goffman (1961a) describes the repressive functioning of "total institutions" which he analyzes as negotiated orders. He first looks at total institutions from the standpoint of the inmates' social world and describes their "moral career" as mental patients; how they learn to both comply with their sick role and deviate from it so as to preserve a sense of self. Then, he shifts the focus to describe the social world of the staff, their stratified occupational structure, and their interactions with mental patients. In Becker's "Outsiders" (1963), the focus is on collective action within the social worlds of two deviant communities: marijuana users and dance musicians. He first describes how one gets socialized into the techniques and rituals of marijuana smoking. Then, he explores the deviant ethos of dance musicians and explains how they set themselves apart from the "squares" (non-musicians) through the marginal norms and values embedded into their everyday practices. Both Goffman and Becker show the ontological interdependency of social worlds in a shared social arena. In the medical treatment relationship, for instance, the meaning and the very existence of therapists is derived from there being patients under their treatment, and vice versa, one becomes a patient by receiving treatment. Similarly, the marginal identity of dance musicians is defined in contrast to the mainstream behavioral norms embodied by their patrons, the "squares." In both studies, the respective meanings of social worlds and their distinctive natures come into being through everyday interaction with other social worlds in shared arenas of activity.

The conceptual synthesis of this earlier strand of works contained in Goffman's *Frame Analysis* (1974), at the intersection of pragmatism and phenomenology,[2] formalizes the situated meaning theory of social worlds. In arguing for the adoption of frame analysis in organization studies, Creed, Langstraat and Scully (2002, p. 36) explain that Goffman saw "framing as a day-to-day sense-making technique; individuals create and rely on frames to make sense of daily interactions, conventional rituals, discourse, advertising, and other elements of social experience." Cornelissen and Werner (2014) highlight that in its later use in social movement and organization studies, the concept of framing takes on a more agentic meaning where "collective action frames" (Benford & Snow, 2000) are conceived as cognitive resources that are mobilized by individuals and groups engaged in "framing contests" over contentious social issues (Ryan, 1991; Kaplan, 2008).

In studies of work, occupations and professions, the social worlds perspective provides a theoretical foundation for Van Maanen and Barley's (1984) "occupational communities" construct. "To know what dentistry, firefighting, accounting, or photography consists of and means to those who pursue it is to know the cognitive, social, and moral contours of the occupation," in which "people bound together by common values, interests, and a sense of tradition, share bonds of solidarity or mutual regard and partake of a communal way of life," write Van Maanen and Barley (1984, p. 8). The internal cohesion of an occupational community thus relies on the maintenance of a sense of intracommunity loyalty felt by its peer members for each other and for the group as a whole.

In a given field of activity, occupational communities interact as movements and partake in the everyday negotiation of the situated meanings of the expertise that legitimizes their action as part of the jurisdictional mandate on which is founded their status and work autonomy (Bechky, 2003a). Within organizations and in fieldwide divisions of labor, occupational communities distinguish and carve out a space for themselves through their exclusive knowledge claims (Freidson, 1976; Abbott, 1988), but also through their distinctive "ethos" understood as "their values enacted through material practices" (Fayard, Stigliani, & Bechky, 2017, p. 280). In arenas of activity conceived as negotiated

[2] Goffman cites seminal authors in both traditions in his elaboration of the concept of frames.

orders, social worlds subdivide into subworlds and intersect with other social worlds and sub-worlds, explain Clarke and Star (2008, p. 113):

> If and when the number of social worlds becomes large and crisscrossed with conflicts, different sorts of careers, viewpoints, funding sources, and so on, the whole is analyzed as an arena. An arena, then, is composed of multiple worlds organized ecologically around issues of mutual concern and commitment to action.

The intersections of social worlds are disputed territories where occupational communities relate in terms of collaboration and conflict. "Thus," writes Strauss (1978a, p. 123), "a major analytic task is to discover such intersecting and to trace the associated processes, strategies and consequences." The interactionist concepts of social worlds and negotiated orders offer an enlightening conceptual theoretical apparatus to analyze how client movements engage in the negotiation of jurisdictional arrangements in professionalized fields of activity.

1.2. Moral Mandate

Everett Hughes had a foundational influence for a group of scholars of work, occupations and professions including Goffman, Becker, Strauss and Freidson (Chapoulie, 1996, p. 2), often referred to as the "Second Chicago School" (Abbott, 1997).[3] "Sociologists of occupations still retain Hughes's Chicago emphasis on temporal process, as students of social movements retain Robert Park's," writes Abbott (1997, p. 1153).[4] Negotiated order theory (Strauss, Schatzman, Bucher, Ehrlich, & Sabshin, 1963; 1964; Strauss, 1978b) brings Park's social movement and Hughes' occupation focus together into a process-oriented model of the division of labor in which occupational segments are interpreted as

[3] Although the authors cited are widely considered as major figures of the "Second Chicago School" of symbolic interactionist sociology, one should keep in mind that neither Becker nor Goffman self-identified as a symbolic interactionist. Goffman claimed to be a Durkheimian structuralist (Scheff, 2005, pp. 147-48) while Becker saw symbolic interactionism as a meaningless label grouping together a heterogeneous body of works most of which was unrepresentative of his (Plummer, 2003, p. 23).

[4] Robert Park was a major figure of the "First Chicago School" interested in urban delinquency, social disorganization and intergroup conflict (Faris, 1970).

akin to social movements competing for jurisdictional control through knowledge claims (Bucher & Strauss, 1961; Freidson, 1976).

Hughes' collection of essays on work, occupations and professions offered many pragmatic analytical concepts that anticipated later theoretical developments. Within a negotiated order understanding of professionalized fields, Hughes' (1959, p. 26) concept of the "moral mandate" of professions (which he explains as follows) establishes the foundation for an interactionist theory of compliance and deviance:

> Some people seek and get special responsibility for defining values and for establishing and enforcing sanctions over a certain aspect of life; the differentiation of moral and social functions involves both the area of social behavior in question and the degree of responsibility and power.

Highlighting the relational nature and the conflict potential implied in the professional' exercise of normative authority over clients, Hughes (1958, p. 54) argues that "the nature of the bargain between those who receive a service and those who give it" can be challenged. "Social unrest often shows itself precisely in questioning of the prerogatives of the leading professions," he adds. This interactional view of compliance and deviance is of major importance to the study of professionalized fields as negotiated orders, as it allows to conceive the negotiation of behavioral norms as part of the client—professional relationship. Key insights underpinning this interactionist theory of moral mandate and labeling were developed by Goffman, Becker, Strauss and Freidson, all of whom were students of Hughes at University of Chicago (Chapoulie, 1996; Abbott, 1997).

Freidson applied Hughes' notion of moral mandate in his studies of the medical profession to shed light on the reification of the concept of illness, based on which the medical profession legitimizes the exercise of a normative authority over the clientele. "It is part of being a profession," writes Freidson (1970a, p. 206), "to be given the official power to define and therefore create the shape of problematic segments of social behavior: the judge determines what is legal and who is guilty, the priest what is holy and who is profane, the physician what is normal and who is sick." Freidson views this "moral mandate" as a social control function exercised by professionals over social segments

whose behavior challenges the social order. In this view, professionals act as agents of social control by enforcing the boundaries of normalcy.

But in the interactionist perspective, the social power of professionals does not end there. Not only do professionals determine the boundaries of normal behavior; they also wield the epistemic power to define the very terms on the basis of which a domain of activity is to be understood, typically with state support. Freidson (1970a, p. 206) illustrates this idea with the case of medicine: "It is true that the layman may have his own "unscientific" view of illness diverging from that of medicine, but in the modern world it is medicine's view of illness that is officially sanctioned and, on occasion, administratively imposed on the layman." To exercise normative authority over a domain of activity—that is, to control a jurisdiction—professions actively construct its reality by claiming exclusive expert knowledge over that domain.

For Abbott, the moral mandate of professionals translates in the case of psychiatric practice into the doctrine of "personal adjustment." As a result of profound social changes affecting the labor market in the late 19th century, writes Abbott (1988, p. 283), "[t]here resulted an extensive social and individual interest in the adjustment of individuals to the new working conditions. Since there was little likelihood that conditions would change, the men must be changed to fit them." This view was shared by other important social analysts of psychiatry and is consonant with Goffman's studies of asylums (1961a) and stigma (1963), Scheff's writings on labeling (1966a), as well as, in a different intellectual lineage, with Foucault's (1961) view of psychiatry as a "monologue of reason *over* madness" (Rose, 2006, p. 114). However, this view of psychiatry as an social control agency has been most bluntly articulated by Szasz (1961), a dissident psychiatrist who viewed "mental illness" as a myth legitimizing the curtailment of individual liberties to enforce societal elites' conception of normalcy.

1.3. Labeling

Core ideas of what came to be known as "labeling theory" were derived by Becker from Hughes' notion of moral mandate. Considering professionals' exercise of moral mandate

from the standpoint of social segments defined as deviant, Becker (1963, p. 9) argues that "deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an 'offender.' The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label." In short, for Becker, deviance is the reified outcome of professionals' exercise of moral mandate as experienced by those on whom it is exercised.

However, following Hughes' insight that the nature of the professional—client bargain can be contested through client-based collective action, some interactionist students of moral mandate and labeling highlight that the normative authority of professionals is not absolute and that clients in fact do many things on an everyday basis to exercise "agency" (Seo & Creed, 2002) and "voice" (Hirschman, 1970) in professionalized fields of activity. Goffman (1961a, pp. 171-320) describes how, through a broad array of seemingly trivial everyday acts, inmates subvert the formal order of functioning in mental hospitals to preserve a sense of self. Studying the dialogue between a psychiatrist and a patient over the individual versus social attribution of the patients' problems during therapeutic encounters, Scheff (1966b, pp. 120-31) highlights the give-and-take process through which cause attribution is negotiated. Likewise, Strauss and colleagues (1963, p. 160) underscore the participation of laypeople, including patients, in the mental hospital's negotiation process:

> Most visibly they can be seen bargaining, with the nurses and with their psychiatrists, for more extensive privileges (such as freedom to roam the grounds); but they may also seek to affect the course and kind of treatment—including placement on given wards, amounts of drugs, and even choice of psychiatrist, along with the length of stay in the hospital itself.

Along similar lines, Denzin (1968) examines different forms of collective action in "total institutions" such as mental hospitals and prisons, ranging from informal systems of communication and coordination that covertly alter the formal normative order and division of labor of the institution, to the formation of rival factions within the inmates' population, and at times to the mobilization of inmates in overt riot against the staff.

These studies share an analytical concern for the influence of client agency—both individual and collective—in the everyday negotiation of the normative order in

professionalized fields of activity. Activist client literatures and historical studies of client movements in the field of mental health care offer rich empirical material to study and illustrate different forms of client participation in the everyday negotiation of jurisdictional arrangements in professionalized fields. Like professionals, clients organize into collective action in professionalized fields on the basis of knowledge claims. However, unlike professionals whose knowledge claims are typically founded on expertise, the knowledge claims of clients are typically founded on lived experience.

1.4. Negotiated Order

Drawing on symbolic interactionism, negotiated order theory represents a drift toward an organizational framework geared to analyze micropolitical struggles in the division of labor among occupational groups. Barley (1990) summarizes the concept of negotiated order as "the idea that social structures sediment out of a stream of ongoing actions, interactions, and interpretations that gradually define the contours of tasks, roles, and relationships" (p. 223) Negotiated order studies have focused on four distinct levels of analysis, which, based on Day and Day (1977), I list here from micro to macro:

1. the careers of occupational group members;
2. relationships between members within occupational groups;
3. jurisdictional struggles among occupational groups in organizational fields; and
4. relationships of occupational groups to the broader society.

Hughes (1959, pp. 27-28), whose work anticipated negotiated order theory, was an early and rare author to consider cases in which dissatisfied clients organize to challenge the jurisdictional arrangement of a professionalized field—for instance, he writes:

> Of course there are people who believe that they have suffered injury from incompetent or careless work or that they have been exploited by being acted upon more for the professional's increase of knowledge or income than for their own wellbeing. Herein lies the whole question of what the bargain is between those who receive a service and those who give it, and of the circumstances in which it is protested by either party. Social unrest often shows itself precisely in such questioning of the prerogatives of the leading professions. In time of crisis, there

> may arise a general demand for more conformity to lay modes of thought and discourse.

With their analysis of structure as process (Bucher & Strauss, 1961; Bucher & Schatzman, 1962) and their extensive ethnographic study of occupational struggles in psychiatric institutions, Strauss and colleagues (Strauss, Schatzman, Bucher, Ehrlich, & Sabshin, 1963; 1964) formally brought the symbolic interactionist concepts of social worlds, moral mandate and labeling together into a mesolevel polity model of negotiated occupational order. Early insights into this process view of professionalized fields were formulated in Bucher and Strauss's (1961, p. 325) analysis of competition among professional segments in occupational fields:

> A process approach to professions focuses upon diversity and conflict of interest within a profession and their implications for change. The model posits the existence of a number of groups, called segments, within a profession, which tend to take on the character of social movements.

Early negotiated order studies were closely tied to the notion of "total institutions" developed in Goffman's (1961a) *Asylums*. Inspired by Goffman, Scheff (1961) studied the influence of subordinate employees and patients on organizational policies and practices in mental hospitals. Similarly, Mechanic (1962) sought to theorize of the sources of power of "lower participants" in hospitals and prisons.

Based on their multi-year comparative ethnography of state mental hospitals in the Chicago area during the period of the psychiatric "deinstitutionalization" (late 1950s and early 1960s) Strauss and colleagues (1963; 1964) coined the term "negotiated order" which was used from there on to refer to this process-oriented relational view of institutions as shaped by their inhabitants. Scheff's (1966b) study of the negotiation of reality in the patient-psychiatrist relationship and Denzin's (1968) study of collective behavior among inmates in mental hospitals are illustrative of this early body of work in negotiated order theory. Freidson's (1976, p. 310) paper on the division of labor as social interaction also clearly reflects this perspective:

> Individuals and groups are engaged in a continuous process of conspiracy, evasion, negotiation and conflict in the course of coping with the varying circumstances and situations of their work, in some sense shaping the terms,

> conditions and content of their work no matter what the formal mode of organization being used to justify, control or conceptualize their activities.

Maines (1977, p. 243) argues that Anselm Strauss, also a Hughes' trainee, although not the originator of the ideas underpinning the perspective, provided the formal statement of negotiated order theory which specified its contours and enabled the growth of a distinct and internally coherent sociological perspective:

> Although predated by Bucher & Strauss's (1961) analysis of professional segmentation, the perspective existed without a title until the early 1960s, when Strauss et al published "The Hospital and its Negotiated Order" (1963). The thrust of that paper was conceptually oriented to Mead's quest for an answer to the question of how order and change can occur simultaneously, and on the basis of empirical studies of hospital organization, established the general framework of the perspective. It pointed to disjunctive careers, occupational segmentation, an incomplete rule structure, and differential professional training as factors that create situations in which negotiations take place. In order to obtain certain desired outcomes, hospital personnel develop various negotiation strategies in response to problematic situations.

In an attempt to synthesize the core insights of negotiated order theory which is quoted approvingly by Strauss (1978b, pp. 234-35) himself, Day and Day (1977, p. 132) note that

> negotiated order theory downplays the notion of organizations as fixed, rather rigid systems which are highly constrained by strict rules, regulations, goals, and hierarchical chains of command. Instead, it emphasizes the fluid, continuously emerging qualities of the organization, the changing web of interactions woven among its members, and it suggests that order is something at which the members of the organization must constantly work. Consequently, conflict and change are just as much a part of organizational life as consensus and stability. Organizations are thus viewed as complex and highly fragile social constructions of reality which are subject to the numerous temporal, spatial, and situational events occurring both internally and externally. The portrayal of the division of labor involves the historical development of the organization and its occupational and professional groups, as well as those relevant changes taking place within the broader social, political, and economic spectrum of the organization. Similarly, power is not viewed in an absolute sense but rather in its relationship to other factors which create coalitions and partnerships varying with time and circumstances.

This quote highlights the focus of negotiated order theory on intergroup collaboration and conflict relationships in political arenas structured by overlapping and somewhat fluid organizational and occupational boundaries. Tapping into this perspective, Barley's work

(1986; 1989; 2008) had—I argue—a key importance in structuring the conceptual bridge that enabled the migration of negotiated order theory from symbolic interactionism to organizational institutionalist studies of occupations. Discussing the legacy of Strauss's work and its influence on his own, Barley (2008, p. 506) writes:

> Strauss (1982) argued that actors use five strategies for building for what Hughes . . . would have called a mandate and license: (1) discovering, claiming and promoting the worth of their agenda, belief or stance, (2) developing theories that bolster their interests or perspectives with a veneer of rational, moral and even scientific respectability, (3) distancing themselves from rival and alternate ideas, (4) setting standards of practice or belief that can be employed in evaluative accounts, and (5) establishing the boundaries of the jurisdiction. As actors struggle over legitimacy, they employ a wide range of resources ranging from court rulings, prophecies, scientific theories, and high status allies to books, editorials, films and even the occasional payoff.

In a well-known presidential address to the American Sociological Association, Goffman (1983) extends Strauss's notion of negotiated order as he speaks of an "interaction order" conceived as an entangled set of interactionally emergent role relations that are both durable and fragile. On the one hand, Goffman (1983, p. 6) observes, actors tend to comply with established arrangements—however flawed they may be—contributing to the maintenance of the existing social order:

> over the short historic run at least, even the most disadvantaged categories continue to cooperate—a fact hidden by the manifest ill will their members may display in regard to a few norms while sustaining all the rest. . . . Whatever, there is no doubt that categories of individuals in every time and place have exhibited a disheartening capacity for overtly accepting miserable interactional arrangements.

But on the other hand, Goffman (1983, p. 13) adds:

> one can appreciate the vulnerability of features of the interaction order to direct political intervention, both from below and above, in either case bypassing socioeconomic relationships. Thus, in recent times blacks and women have concertedly breached segregated public places, in many cases with lasting consequence for access arrangements . . .

Fine (1984, p. 243) makes similar points as Goffman in discussing the distinct contribution of negotiated order theory to organization studies:

> Negotiated order theorists have made a signal contribution to sociological understanding of organizations because of their attention to the details of how structures are constructed. In observing organizations from a distance, we may believe we see a stable, unchanging system of relationships. Yet, the negotiated order approach has sensitized researchers to the fact that these relations are ultimately dependent upon the agreement of their parties and that they are constructed through a social, rather than entirely policy driven, process. Finally, this perspective reminds us that the ultimate organizational variable is the meaning that the environment has for the organizational member.

Soon after, in the *System of Professions*, Abbott (1988) shifted the focus of negotiated order theory to the population ecology analytical level to propose his now widely influential model explaining jurisdictional structuration as the ongoing outcome of interoccupational struggles. He adopts a historical perspective to analyze maintenance and change over time in occupational jurisdictions in and across professionalized fields. Abbott (1988, pp. 112-13) does this by looking at professional groups and segments as akin to social movements engaged in an ongoing process of the promotion and defense of jurisdictional claims:

> The present model arises, essentially, by extending the Hughes logic to its limit and focusing on jurisdictional interactions themselves. Interactionist students of professions have continued to treat the profession as the unit of analysis, although they have treated it quite flexibly and have investigated its interactions in the work environment. I have gone one step further. Moreover, by treating jurisdiction not only in the work environment but also in the much more formal public and legal environments I have tried to handle . . . the evident stability of many interactions over time. My solution, and again it is a familiar one, is to demonstrate several layers of interaction, each operating at a different speed, such that the slower ones afford stability to the elements that are negotiated in the faster ones.

Abbott's view of occupational groups as akin to social movements echoes Bucher and Strauss's (1961) *Professions in Process,* an early formal statement of the framework which came to be known as negotiated order theory. As he analyzes the ethnographic data collected during his comparative longitudinal fieldwork in the radiology departments of two hospitals in Massachusetts, Barley (1990) draws extensively on the symbolic interactionist tradition for both his methodological approach and conceptual interpretation of fieldwork material, both significantly rooted in Strauss's statement of negotiated order theory. "While it is difficult to see how social structure can arise except out of the actions

of people," writes Barley (1986, p. 79), "people's actions are also surely shaped by forces beyond their control and outside their immediate present. A full account of structural change therefore appears to require a synthetic view of structure as both a product of and a constraint on human endeavor." To perform this analytical task, Barley (2008, p. 79) sees much use in negotiated order theory, which he feels the need to complements with notions taken from Giddens' structuration theory:

> Negotiated-order theory and structuration theory represent two recent attempts to forge such a synthesis. As articulated by Strauss (1978, 1982), negotiated-order theory derives from symbolic interactionism and takes as its point of departure the events of everyday life. In contrast structuration theory attempts to broach functionalist and phenomenological notions of social order at the level of social theory (Giddens, 1976, 1979). But while the two approaches differ substantially in scope and detail, both share the premise that adequate theories must treat structure as both process and form.

In many ways, Barley furthers Strauss's drift from the occupational and microlevel focus of symbolic interactionism toward an organizational and more structure-oriented focus of analysis. By bringing Giddens into the fold, Barley constructs a bridge from the structure-oriented symbolic interactionist developments of the late 1970s and the 80s (Strauss, 1978b; 1982; Freidson, 1986; Abbott, 1988) to early organizational institutionalist studies of professions (Scott W. R., 1982; DiMaggio & Powell, 1983; 1988). Barley persevered with his work at the intersection of occupations and organizations over the following decades, laying the groundwork for the revival of interest in negotiated order theory within the emerging "inhabited institutions" perspective in organization studies.

1.5. Conceptual Synthesis

In this chapter, I have presented a review of Chicago School symbolic interactionist studies of occupation focused on the interrelated concepts of social worlds, moral mandates, labeling, and negotiated order. The concept of social worlds refers to communities of experience who share a common perceptual frame orienting their everyday action. Professionals are understood as exercising a "moral mandate" to define the boundaries of normal behavior, which they enforce by labeling as deviant those actors

who challenge the social order by behaving outside the established boundaries of normalcy. Through their everyday interactions, members of different social worlds interact in shared arenas of activity. In these interactions where social worlds overlap, actors with diverging norms, values, and commitments covertly accommodate a negotiated order made of implicitly defined role relations underpinning the division of labor. In professionalized fields of activity, professionals and clients structure jurisdictional arrangements through interactions over service provision. Table 1 presents key elements for a comparative analysis of the social worlds, moral mandate, labeling, and negotiated order strands of symbolic interactionist studies of occupations.

Table 1—Symbolic Interactionism: A Conceptual Synthesis

	Social worlds	Moral mandate	Labeling	Negotiated order
Analytical focus	Intracommunity meaning-making	Social control as practice	Social control as lived experience	Interactional structuration of role relations
Knowledge	Lived experience as criterion of belonging	Expert knowledge as behavioral authority	Experiential knowledge as a social flaw	Everyday struggle over situated meaning
Power relations	Consensual (experiential peerness)	Dialectical (professional domination)	Dialectical (client marginalization)	Pluralistic (arrangement of role relations)
Exemplary references	Schütz, 1944; Shibutani, 1955; Becker, 1976, 1978 Goffman, 1974; Strauss, 1978a; Van Maanen & Barley, 1984	Hughes, 1958, 1965; Freidson, 1970a, b, 1986; Johnson, 1972; Abbott, 1988	Park, 1928; Shaw, 1930; Goffman, 1963; Becker, 1963; Scheff, 1966a; Hochschild, 1975; 1979, 2012; Britt & Heise, 2000	Wirth, 1928; Hughes, 1956; Goffman, 1961, 1983; Strauss et al., 1963, 1964; Strauss, 1978b; Freidson, 1976; Maines, 1978, 1982; Barley, 1986; Abbott, 1988

In the social worlds strand, the analytical focus is on intracommunity meaning making. This strand explains peer belonging as derived from the cultural understandings, norms, values, and projects shared by the members of a perceptual community—a group of similarly positioned people who share an interpretive frame organizing their experience. Knowledge is understood as a situated experience of reality shaping the boundaries of a

perceptual community. This view suggests an understanding of power relations as consensual between community members, who relate to each other on a voluntary basis and conceive of themselves as each other's peer on the basis of a common interpretation of their shared lived experience of a distinct range of phenomena. The social world strand draws on pragmatic and phenomenological insights to provide the theoretical foundation of the symbolic interactionist understanding of the notion of community.

The topic of social control is treated in two strands which function as each other's conceptual reciprocal: moral mandate and labeling. The moral mandate segment focuses on social control as the practice of elite actors aimed at enforcing the compliance of constituents to the established arrangement role relations and punishing deviance through marginalization, so as to preserve the interaction order and their privileged position within it. The labeling segment looks at the flip side of the coin and examines marginalization in the lived experience of those labeled as deviants. Taken together, these two segments of this literature view social control as practice (moral mandate) and as lived experience (labeling). Knowledge is conceived in terms of the dominance of expertise over experience in the professional structuration of interaction orders. Power relations are viewed as a dialectical tension between the experts (professionals) who are positioned as institutional incumbents, and the deviants (clients) who are marginalized from the power structure of the interaction order. The symbolic interactionist theme of social control thus views power relations in terms of the epistemic domination of professional expertise and the invalidation of client experience which it implies.

The negotiated order strand of the literature can be seen as a theoretical amalgamation of insights from the social worlds, moral mandate, and deviance strands. The analytical focus is on the structuration of the interaction order through the meaning-making process operating in everyday interactions where different social worlds intersect. Knowledge validity is understood as being negotiated among actors of unequal social status and, in turn, as legitimizing the established relations of moral domination exercised by professional over clients. The interaction roles constitutive of the established order are contingent on the relative degrees of legitimacy attributed to different knowledge bases claimed within the interaction order. Power relations are conceived as pluralistic, multiple

groups occupying different positions being engaged in an everyday struggle to shape the arrangement of role relations constitutive of the interaction order.

As the next chapter shows, the negotiated order strand of symbolic interactionist studies of occupations provides a theoretical foundation for the model of jurisdictional competition that later became ubiquitous to contemporary organizational studies of work, occupations, and professions.

Chapter 2
Organizational Institutionalism

While negotiated order theory initially emerged out of symbolic interactionist insights, over recent decades, a growing body studies of jurisdictional structuration has been developing in relation to the organizational institutionalist literature. Exploring elements of theoretical conjunction and disjunction in the migration of negotiated order theory from symbolic interactionism to organizational institutionalism offers important possibilities to study client engagement in different forms of jurisdictional boundary work shaping professionalized fields of activity. This analytical undertaking helps gain a relational entry point to study client participation in the process of jurisdictional structuration. In this chapter, I review a selection of key concepts in four strands of work related to the contemporary field of organizational institutionalism—*social movements*, *professions*, *embedded agency*, and *inhabited institutions*—and I seek to show how these strands build on the symbolic interactionist concept of negotiated order.

In the first strand, studies of social movements have focused on identity and emotion work, exploring the cognitive and material dimensions of social grievances around which marginalized collectives mobilize to challenge established social arrangements. In the second strand, studies of professions have portrayed professionals as collective agents of institutional structuring, maintenance, and change. Most striking in studies of professions is the extent to which clients are ignored and implicitly considered irrelevant to the analysis of jurisdictional struggles. In the third strand, studies of embedded agency have channeled some social movement-related insights into organizational institutionalism to explore positions and projects, identity, emotions and bricolage in the undertakings of dissatisfied actors to create and change institutions. In the fourth strand, studies of inhabited institutions have drawn on symbolic interactionist insights to explore the boundary work performed by subordinate occupational communities and the identity/emotion work performed by marginalized identity communities advocating for inclusion from within organizations. Based on the literature review presented in this chapter, I argue for the analytical importance of studying client action in the jurisdictional structuration process and suggest ways in which notions developed in these four strands

of work related to the organizational institutionalist literature can help advance such research.

2.1. Social Movements

This section reviews the emergence of the reference groups perspective in institutionally oriented social movement theory. Some key insights from the social worlds strand of symbolic interactionism influenced this body of work on social movements. Namely, the notion of situated meaning is central to both the social worlds and the social movement literatures; that is, both strands of work have a phenomenological underpinning. Goffman's (1974) *Frame Analysis* is at the origin of an important body of work in social movement theory on framing (frame alignment/resonance, injustice/collective action frames). The social worlds strand of symbolic interactionism has also influenced or anticipated many constitutive ideas of studies on identity politics and identity work. However, studies of resource mobilization and the political process perspective in social movement theory bring insights that were largely ignored in the social worlds strand of symbolic interactionism. This section reviews key work in three segments of studies located at the intersection of social movements and organizational theory: (2) movement as politics; (1) movement as cognition; and (3) movement as identity/emotion.

Movement as Politics

Resource mobilization has arguably been the dominant approach in social movement theory for the last four decades or so. As described by McCarthy and Zald (1977, p. 1213) who are among the perspective's leading early proponents:

> The resource mobilization approach emphasizes both societal support and constraint of social movement phenomena. It examines the variety of resources that must be mobilized, the linkages of social movements to other groups, the dependence of movements upon external support for success, and the tactics used by authorities to control or incorporate movements.

The resource mobilization perspective draws primarily upon structural sociology and economic theory and makes minimal use of social psychology. By "emphasiz[ing] the

interaction between resource availability, the pre-existing organization of preference structures, and entrepreneurial attempts to meet preference demand," (McCarthy & Zald, 1977, p. 1213) this strand of work explores opportunity structures and political processes through which movements mobilize new adherents, challenge elite establishments and form coalitions with other disenfranchised groups, and sometimes also with elite segments. Depending upon the authors and studies, a polity model with a set of power status positions (elites, subordinates or constituencies, disenfranchised) is either implicitly assumed or explicitly laid out. The strategic adoption of various political processes by collective actors in a polity allows them to mobilize constituents, bridge positions and establish coalitions, and shift to different positions within the polity.

While some studies adopt a strict state-related polity model and limit their study of those social movements which challenge states or state organs (McAdam, Tarrow, & Tilly, 2001), others extend the polity framework to analyze insurgent endeavors in non-state polities such as private work organizations (Zald & Berger, 1978; Morrill, Zald, & Rao, 2003), markets (Davis & Thompson, 1998) and occupational fields that are either professionalized or undergoing professionalization (Rao, Monin, & Durand, 2003; Lounsbury, 2007). In the last few decades, a substantial literature has grown at the intersection of social movement theory and organizational institutionalism (Schneiberg & Lounsbury, 2008), in which the institutionalist concepts of field and logic tend to replace the closely kindred social movement concepts of polity and ideology, respectively. The notion of strategic action underpinning the resource mobilization perspective, social movement polity models and associated conceptions of position, brokering and coalition-building including cross-class coalitions (McAdam, Tarrow, & Tilly, 2001, pp. 224-250) are closely related to the institutional entrepreneurship perspective within neoinstitutionalism and its concepts of field, positions[5] and stakeholder/resource bridging (Maguire, Hardy, & Lawrence, 2004; Battilana, 2006).

The concept of theorization, of major importance to studies of institutional change (Greenwood, Suddaby, & Hinings, 2002; Maguire, Hardy, & Lawrence, 2004), echoes

[5] The conception of social/subject positions in institutional entrepreneurship is most often derived from the work of Pierre Bourdieu (e.g. Julie Battilana) and Michel Foucault (e.g. Steve Maguire and colleagues).

the social movement concept of framing. Both the concepts of framing and theorization are founded on the assumption that reality is socially constructed and thus contingent on the perspective of the onlooker (Schütz, 1944; Berger & Luckmann, 1966). Hardy and Maguire (Hardy & Maguire, 2008, p. 199) highlight the importance of "interpretive struggles, and, specifically, how contests over meaning are associated with processes of institutional entrepreneurship." The dialectical relationship pitting disenfranchised actors against privileged elites, foundational to most social movement studies (incumbent/challenger), similarly constitutes the backbone of most politically oriented studies of institutional change (Brint & Karabel, 1991; Clemens & Cook, 1999).

In elaborating their conception of "strategic action fields" as interlocking political arenas resulting in ever shifting mesolevel social orders, Fligstein and McAdam (2012, p. 13) draw upon insights from both institutional entrepreneurship and social movement theory to organize their field model in terms of the incumbent/challenger dialectical relationship:

> First introduced by Gamson (1975), the incumbent/challenger distinction has long been a conceptual staple of social movement theory. Incumbents are those actors who wield disproportionate influence within a field and whose interests and views tend to be heavily reflected in the dominant organization of the strategic action field. Thus, the purposes and structure of the field are adapted to their interests, and the positions in the field are defined by their claim on the lion's share of material and status rewards. Challengers, on the other hand, occupy less privileged niches within the field and ordinarily wield little influence over its operation. While they recognize the nature of the field and the dominant logic of incumbent actors, they can usually articulate an alternative vision of the field and their position in it. This does not, however, mean that challengers are normally in open revolt against the inequities of the field or aggressive purveyors of oppositional logics.

Within the resource mobilization approach, social movement organizations have long been acknowledged as of major importance for mobilizing movement adherents and for the diffusion of their agendas. McCarthy and Zald (McCarthy & Zald, 1977, p. 1218) define a social movement organization as "a complex, or formal, organization which identifies its goals with the preferences of a social movement or a countermovement and attempts to implement those goals." Researchers interested in social movements and organizations have studied how social movements create new organizational forms. For instance, Rao, Morrill & Zald (2000, p. 248) write:

> Actors may be excluded from access to legal recourse because of laws that favor vested interests, be denied access to media exposure, be deprived of support from agencies of the state, or various combinations of these exclusions. In such cases, new organizational forms can explicitly be created by activists to discredit existing arrangements, and can provide a vehicle for those who feel excluded from access to the existing system.

In a study of workplace subversion, Morrill, Zald and Rao (2003) highlight the overlooked importance of covert political conflict in organizations. "[C]overt political conflict," they write (p. 392), "is a 'vital means' by which subordinated groups express their political grievances against superiors, displaying tacit, if not explicit, coordination and various forms of group solidarity." Their study offers critical insights into the permanent tension between collaboration and conflict inherent in the relationship between elites and subordinates within organization, including dynamics of subversion of elite meanings by subordinate actors (whose voices are often suppressed), and reciprocally, of the cooptation of internal dissidents by organizational elites. Relatedly, Morrill, Zald and Rao (2003, p. 393) discuss the concept of "tempered radicals," who

> are individuals who 'contribute and succeed at their jobs ... but who are considered outsiders because they represent ideals or agendas that are ... at odds with the dominant culture' (Meyerson, 2001: 5). Tempered radicals thus uphold their identities as insiders but push hard to change the system that casts them as outsiders.

This notion of tempered radicals illuminates the tension experienced by intra-organizational activists between the pursuit of collaborative (reformist) and conflictual (radical) institutional change agendas. Extending these authors' work on intra-organizational activism and tempered radicalism, Scully and Creed (2005), reflecting the inhabited institutions perspective, study the case of LGBT rights advocates in private companies to illustrate the tensions experienced by activists in organizations between compliance with the role they are hired to perform, and deviance from established norms aimed at furthering their activist agendas; and thus between the reciprocal dynamics of subversion and cooptation.

Exploring the intersection of organization and social movement studies, McAdam and Scott (2005, p. 9) offer the table reproduced below, which compares general tendencies

of studies in both fields to assess how organizational and social movement studies can be hybridized; and how they can empower and feed each other off. A key distinction made by McAdam and Scott is that while organizational studies tend to focus on structures, social movement studies generally emphasize processes. As a result, organizational studies tend to emphasize collaboration, continuity and the maintenance of established organizational forms, while social movement studies tend to emphasize conflict, disruption, and the emergence of new organizational forms. Table 2 reproduces a table comparing organization and social movement studies presented by McAdam and Scott (2005, p. 9).

Table 2—Organization and Social Movement Studies (McAdam & Scott, 2005, p. 9)

Organization studies	Social movements
Structure	Process
Established organizations	Emergent organizations
Organizational field	Movement-centric
Institutionalized authority	Transgressive contention
Localized regimes (sectors)	Societal regimes

This distinction between the structure/continuity emphasis of organizational studies and the process/disruption emphasis of social movement studies has, however, somewhat faded within the institutionalist literature after DiMaggio's (1988) pivotal call to reintegrate interest and agency into the organizational institutionalist theoretical apparatus. This has led many analysts in the field to adopt political conceptions of organizational fields and to put greater emphasis on change processes and on institutions as shifting arrangements contingent on inter-factional struggles. This development has brought organizational institutionalism closer to social movement theory and encouraged a growing stream of studies at the intersection of these two theoretical traditions. McAdam and Scott (2005, p. 9) also highlight that while organizational studies tend to be field-centric, social movements studies rather tend to adopt a movement-centric perspective; the movement-centric perspective typical to social movements studies echoes the social worlds strand of symbolic interactionism developed by Shibutani, Becker, Strauss and colleagues, which emphasized the situated nature of knowledge, beliefs and interests. Symbolic interactionist students of occupations saw professions and jurisdictional

arrangement through a processual lens as well. Discussing phenomena akin to social movements in organizations and professions, Zald and Berger (1978, p. 627) highlight this early insight of major importance to what would later be known as negotiated order theory:

> Bucher and Strauss (1961) argue quite explicitly that the process of professional segmentation can be described in social movement terms. They suggest that professions are loose amalgamations of "segments," pursuing different objectives, using different means, held together more or less delicately under a common name over a particular period of history. Citing differences within the medical profession between general surgery and urology, for example, the authors argue that differences in terms of mission, work activities, methodology, clients, interests, and associations lead to the formation of "segments" similar to social movements and that since professions occur within institutional arrangements, the dimension of social movement analysis (i.e., ideology, goals, participants, leadership, and tactics) can be used to evaluate the struggle over possession of resources.

Abbott's (1988) *System of Professions* is rooted in the works of symbolic interactionists such as Hughes and Strauss but adopts a population ecology perspective reminiscent of earlier Chicago School urban sociology (Thomas & Znaniecki, 1918; Wirth, 1928; Faris, 1970). It analyzes struggles for jurisdictional control between professional factions acting like social movements in contested arenas of activity. As Greenwood, Suddaby & Hinings (2002, p. 59) observe:

> ever since Abbott's (1988) treatise on the political nature of professional activity, it has been recognized that the jurisdictions of professions (which are communities of organizations) are not absolute but are the outcome of *ongoing* claims and counterclaims. The boundaries of organizational communities are constantly under review and subject to redefinition and defence.

This brief overview suffices to highlight many conceptual similarities between resource mobilization social movement studies and process-oriented studies of professions, both symbolic interactionist and institutionalist.

Movement as Cognition

Ideology, dialectics and framing are important and closely related concepts that lay at the foundation of cognitively oriented social movement studies. These are cognitive concepts

as they relate to how humans intersubjectively elaborate meaning related to their selves and the society in which they interact. The concepts of ideology and dialectics can be traced back to Continental phenomenology (Hegel, Husserl) and were applied to sociological theory in Schütz's (Schütz, 1932; Schütz, 1944) microsociological and in Mannheim's (1936) macrosociological phenomenologies. These insights were then synthesized in Berger and Luckmann's (1966) landmark treatise on the *Social Construction of Reality*. The notion of framing, formulated in Goffman's (1974) *Frame Analysis*, was taken up by social movement analysts and has since become a central concept in cognitively oriented social movement studies, primarily through the works of Benford, Snow and Gamson. Let's first look at dialectics.

Drawing inspiration from the Marxist tradition, Benson (1977) identifies four principles for the dialectical analysis of organizational change: social construction/production, totality, contradiction, and praxis. A processual perspective, dialectical theory looks at how actors construct meanings in relation to their political interests; and how the meaning systems of groups enter in contradiction as a result of their diverging political agendas. Social arrangements and organizational forms are constantly shifting as a result of struggles among groups promoting contradictory sets of interested meanings. Benson defines praxis as "the free and creative reconstruction of social arrangements on the basis of a reasoned analysis of both the limits and the potentials of present social forms" (1977, p. 5). Some participants occupy dominant positions in organizations, "permitting the imposition and enforcement of their conceptions of reality," while "others are in positions of relative weakness and must act in conformity with the definitions of others (p. 7). "Occupational groups, racial groups, social classes, and others may envision alternatives and become actively committed to their achievement. Such mobilization of commitment and resources will greatly enhance their power in the organization," Benson notes (p. 9). Acknowledging his appeal toward negotiated order theory and the general compatibility of this framework with a dialectical perspective, Benson is however concerned that negotiated order theorists may "merely articulate and conceptualize the perspectives of insightful actors in the settings under study" (p. 18) and thereby risk overlooking the perspectives of marginalized and disenfranchised organizational actors. Dialectics thus

refer to contradictions in meaning systems, otherwise known as ideologies. Let's now look at ideology and framing.

Snow and Benford (2000, p. 9) define of ideologies as "cultural resource[s] for framing activity. Specifically, . . . framing process involves, among other things, the articulation and accenting or amplification of elements of events, experiences, and existing beliefs and values, most of which are associated with existing ideologies." Goffman conceptualizes framing as "a day-to-day sense-making technique; individuals create and rely on frames to make sense of everyday interactions, conventional rituals, discourse, advertising, and other elements of social experience" (Creed, Langstraat, & Scully, 2002, p. 36). Ideologies are generally understood by social movement theorists as taken-for-granted sets of beliefs, meanings and values held by specific social groups and that guide their views and actions. Institutional theorists often use the term 'institutional logics' as akin to ideologies. Ideologies, or institutional logics, are situated meaning systems in place and time: they are present in particular groups, in a society over a specific period of history; and are constantly evolving through group interactions and struggles. For instance, discussing the institutional logic of individualism, core to modern Western culture, Friedland and Alford (1991, p. 238) write:

> the emergence of the individual as a category and the content of selfhood and rationality itself have all been historically and institutionally transformed. In the history of nations, Marcel Mauss remarked in his last essay, 'those who have made of the human person a complete entity, independent of all others save God, are rare.'

Understood as meaning systems upheld by social groups situated in space and time, ideologies are conceived as institutionalized and thus largely outside of the realm of agency. Comparatively, framing, as defined by social movement scholars, is a purposeful process using existing ideologies as raw materials in the construction of realities aligned to the pursuit of specific political goals. For Benford and Snow (2000, p. 614), framing

> denotes an active, processual phenomenon that implies agency and contention at the level of reality construction. It is active in the sense that something is being done, and processual in the sense of a dynamic, evolving process. It entails agency in the sense that what is evolving is the work of social movement organizations or movement activists. And it is contentious in the sense that it involves the

> generation of interpretive frames that not only differ from existing ones but that may also challenge them. The resultant products of this framing activity are referred to as 'collective action frames.'

Snow and Benford (1988, p. 199) identify "three core framing tasks: (1) a diagnosis of some event or aspect of social life as problematic and in need of alteration; (2) a proposed solution to the diagnosed problem that specifies what needs to be done; and (3) a call to arms or rationale for engaging in ameliorative or corrective action." This echoes Gamson, Fireman and Rytina's (1982) concept of "injustice frames" which suggests "that rebellion against authorities is partly contingent on the generation and adoption of . . . a mode of interpretation that defines the actions of an authority system as unjust and simultaneously legitimates noncompliance" (Snow, Rochford, Worden, & Benford, 1986, p. 466). The concept of injustice frame implies a social order in which disenfranchised groups oppose institutional arrangements upheld by a privileged elite and attempt to transform them to advance their neglected interests (Gamson, 1992, pp. 31-58). This dialectical conception of a structural inequality at the root of intergroup struggles—in which disenfranchised groups challenge existing institutional arrangements in a field while privileged groups attempt to preserve them—is a core postulate to most if not all strands of social movement theory.

Movement as Identity/Emotion

This segment of the social movements strand is perhaps the one most closely related to the social worlds strand of symbolic interactionism because this body of work is primarily culturally oriented and movement-centric, adopting a phenomenological lens to look at identity and social position from the perspective of marginalized identity groups. But many important parallels must also be drawn between this segment of the social movements strand and the labeling strand of symbolic interactionism as identity movements mobilize against unjust oppression related to the label, or stigma, attached to a common dimension of their identity in their larger society.

Angered by perceived structural injustice, activated members of marginalized communities seek to transform negative emotions attached to their spoiled identity (fear

and shame) into positive emotions (pride and pleasure) generated by the public assertion of a valued collective identity. This literature is articulated around the core principle that members of marginalized identity groups consider that their repressed voice is valid and shall be heard and considered legitimate. They challenge and seek to overturn the social norms that form the basis of what they consider to be unfair discrimination against them. This segment is composed of two intertwined dimensions: identity and emotion.

Identity is a major sociological theme that has been variously theorized in different scholarly traditions. Identity connects to important concepts in occupational symbolic interactionism and organizational institutionalism, such as career, role, mandate, status and position. Adherents to spoiled identity movements—LGBTQ, feminist, racialized, disabled and psychiatrized people, for instance—see themselves as members of a subculture labeled deviant in terms of dominant societal norms. They form a collective to challenge the marginalization that degrades them as a result of such labels being applied to members of their identity group. They seek to shift away from their "spoiled" social identity (Goffman, 1963) toward a self-defined collective identity in which they can assert a shared sense of pride (Britt & Heise, 2000). On identity and mobilization in social movements, Bernstein (2005, p. 59) writes:

> the concept of 'identity' as it relates to social movements has at least three distinct analytic levels: First, a shared collective identity is necessary for mobilization of any social movement. . . . Second, expressions of identity can be deployed at the collective level as a political strategy, which can be aimed at what are traditionally thought of as cultural and/or political goals. Third, identity can be a goal of social movement activism, either gaining acceptance for a hitherto stigmatized identity … or deconstructing categories of identities such as 'man,' 'woman,' 'gay,' 'straight' …, 'black,' or 'white.'

Exploring change-oriented agency by viewing role as a resource in activism, Creed, DeJordy and Lok (2010) study the lived experience of institutional contradiction in gay ministers in two mainstream Protestant Christian denominations. The authors show that these ministers, whose identity is being ostracized by the institution in which they found a vocation, go through several stages of identity work, from initially internalizing the institutional contradiction (hating themselves for being gay), to identity reconciliation (accepting and theorizing their identity as positive in relation to the institutional context),

to ultimately role claiming and role use (coming out of the closet and publicly affirming their gay identity as a strategy for challenging the unfair norms of the religious institution they inhabit). Focusing on identity at the micro level, Creed and colleagues articulate the connection between cognition and emotion in identity; they also connect emotion to mobilization by highlighting that "emotions play an important role in the processes by which bystanders become participants in social movements" (2010, p. 1359). Relatedly, Hudson, Okhuysen and Creed (2015, p. 236) argue that "one way to integrate power into institutional analysis is to look at the institutional margins, where marginalized institutional inhabitants attempt to refute definitions of shame or convert stigma into resistance."

This introduces the theme of emotion in identity politics. Again, this segment draws inspiration from symbolic interactionism, especially Scheff and Hochschild. As Britt and Heise (2000, p. 253) explain: "Scheff (1990) argues that shame and pride are social emotions arising from viewing one's self from the standpoint of another. According to Scheff, shame occurs when one feels negatively evaluated by self or others, while pride is evident when one feels positively evaluated by self or others." Additionally, Creed, Hudson, Okhuysen and Smith-Crowe (2014) observe that for "Scheff, a critical implication of Goffman is that a sense of shame is 'especially important for social control ... because although members may only occasionally feel shame, they are constantly anticipating it'" (p. 282). As inspired by Hochschild, the sociological analysis of emotion as socially constructed "looks at the social rules for expressing feelings, the management of emotions by oneself and others, and the social evaluation of emotions" (Goodwin, Jasper, & Polletta, 2000, p. 12). For instance, Jasper (1998, p. 408) reminds us the importance of emotion work in feminist consciousness-raising activity:

> In the late 1960s thousands of consciousness-raising groups helped women learn to feel less guilty about their resentment toward husbands, fathers, employers, and other men. Anger was not only considered positive, it was almost a requirement for membership, argues Hochschild (1975: 298), who continues, 'Social movements for change make 'bad' feelings okay, and they make them useful. Depending on one's point of view, they make bad feelings "rational." They also make them visible.'

Hochschild (1979) defines "emotion work" as "the act of evoking or shaping, as well as suppressing, feeling in oneself . . . . We can speak . . . of two broad types of emotion work: *evocation*, in which the cognitive focus is on a desired feeling which is initially absent, and *suppression*, in which the cognitive focus is on an undesired feeling which is initially present" (p. 561). More recently, continuing her social study of emotion, Hochschild wrote penetrating ethnographic studies of the expansion of the service industry, which commodifies interpersonal bonds by colonizing domains of activity formerly organized in terms of mutual aid (2012); and of the role of anger in the rise of insurgent movements in disenfranchised political constituencies (2016).

There are two types of studies relative to marginalized identity movements: exogenous studies *about* marginalized identity movements (e.g., whites studying the black civil rights movement; men studying feminism; mental health professionals studying mental patients' movements), and endogenous studies *by and for* members of marginalized identity communities (e.g., feminist, gendered, disability, mad people studying themselves). Although some important theoretical insights have grown out of studies about identity movements, I am particularly interested in writings by and for the members of marginalized identity communities. Especially, I treat the mad studies literature (see Chapter 8) as both a source of theoretical insights and empirical material.

Taking the leads extended by interactionists such as Goffman, Scheff and Hochschild, social movement scholars Jasper, Goodwin and Polletta for nearly two decades now have sought to challenge rational-action models by rehabilitating emotion as a key concept in social movement theory. Discussing this quest, Jasper (1998, p. 397) writes:

> Social movements are affected by transitory, context-specific emotions, usually reactions to information and events, as well as by more stable affective bonds and loyalties. Some emotions exist or arise in individuals before they join protest groups; others are formed or reinforced in collective action itself.

Discussing the concept of injustice frames, Jasper (1998, p. 414) cites Gamson (1992, p. 32) for whom "injustice is most closely associated with 'the righteous anger that puts fire in the belly and iron in the soul.'" The political process of radicalization (McAdam, Tarrow, & Tilly, 2001) operates through "[t]he construction of friends and foes . . . crucial

to politics. What could be more emotional? Negative emotions must be aroused against enemies, positive ones toward potential allies" (Goodwin, Jasper, & Polletta, 2000, pp. 23-24).

In one of my favorite papers of this literature review, Britt and Heise (2000) argue that "Anger, a powerful and active emotion, creates pride by booting participants out of hiding and into a public arena of collective action." (p. 259). Their study evocatively exposes the emotional process which accompanies the identity shift of members of spoiled identity groups from a devalued and isolated social identity to a valued identity activated as part of a larger movement of collective affirmation (p. 257):

> As social movements spread the ideological position that particular identities are not inherently defiant or bad but are defined as such by society and therefore may be challenged, stigmatized individuals are likely to replace feelings of fear with feelings of anger. Not only is the system explicitly held accountable for defining specific attributes as 'deviant,' but movement ideology also unambiguously denies the personal focus of socially constructed images of inherent inferiority, immorality, or illness. By modifying the frame from one of innate deviance to one of oppression, individuals may come to feel angry not only because the system is unjust but because they have been made to feel ashamed. . . . The activated feeling of anger propels stigmatized individuals into public space to behave collectively, and feelings of pride emerge. (p. 257)

Later in the paper, Britt and Heise (2000, pp. 265-66) add:

> Hidden stigma is associated with shame. Ideological campaigns by social movements transform the emotion of shame into fear and anger, thereby creating activated and dominant participants disposed to join collective action. ... The collective public display of their stigma develops empathic solidarity and pride.

By now, this identity shift process—a conversion of isolated shame into collective pride in spoiled identity people—has become a familiar pattern displayed by many identity politics movements over the last several decades, such as the Black civil rights, LGBT, feminist, as well as the disability and mad movements. Emotions are not only instrumental to activist mobilization and identity shift: in some movements, as observed by Goodwin, Jasper and Polletta (2000), emotion work is a key strategy of non-violent insurgency:

> For proponents of nonviolent direct action, who became influential in the radical pacifist movement in the 1940s and the civil rights movement in the 1950s, emotion management was crucial. ... Winning over opponents, or at least

> undermining public support for them, depended on conveying an image of calm resolution and serene determination.

Emotion work, as conceived by Hochschild, is the purposeful management and display of emotions. Providing another evocative example of emotion work in activism, Whittier (2001) describes how activated survivors of child abuse, as they meet with peers, encourage each other to experience and express strong emotions such as anger, grief, shame, and pride, as part of a process designed to help them overcome a pervasive sense of victimization.

Extending Scheff's theorization of the role of shame in self-inhibition and social control, Creed, Hudson, Okhuysen and Smith-Crowe (Creed, Hudson, Okhuysen, & Smith-Crowe, 2014, p. 276) propose a multi-level model to understand shame as a social emotion. At the micro level, the authors present *felt shame* as "a person's experience of negative self-evaluation based on anticipated or actual depreciation by others owing to a failure to meet standards of behavior." At the macro level, they conceive *systemic shame* as "an intersubjective form of disciplinary power comprising shared understanding of the conditions that give rise to felt shame." At the level of social interaction, they identify a person's *sense of shame* as "an internal mechanism of intersubjective surveillance and self-regulation" and *episodic shaming* as "a form of juridical power aimed at preventing or extinguishing transgressive enactments by inducing felt shame."

Drawing on the core interactionist insight that people make sense of their world intersubjectively in everyday interactions to contribute to the inhabited institutions perspective, Creed and colleagues (2014) tap into the labeling strand of symbolic interactionism to theorize shame as a mechanism of social control, simultaneously acting at the level of the self, to dissuade people from deviating from established norms (felt shame); at the level of society, by creating a disciplinary environment that enforces conformity (systemic shaming); and at the level of interaction as simultaneous mechanisms of self-regulation (sense of shame) operating within the person; and of punishment (episodic shaming) at the disposal of the "institutional guardians" (2014, p. 284) in order to bring deviants back in line with the prescriptions of the established social order. What makes shame such a powerful intersubjective disciplinary mechanism, the

authors assert, is the ever-present threat that transgressing institutional prescriptions may result in the "sundering of social bonds and loss of community membership" (p. 280).

Yet, as Creed and colleagues (2014) observe, people with membership in multiple communities may be aware of alternative institutional prescriptions and be able to keep a critical distance from episodic shaming attempts from an order's institutional guardians: the threat of sundering social bonds with a community may be less threatening for those with alternative social bonds in other communities. Drawing upon Hirschman's (1970) classic model of individual action in dissatisfied constituencies "exit, voice, and loyalty," Creed and colleagues (2014, p. 287) suggest that in response to shaming attempts, people can have agency by voicing their "grievances and propos[ing] actions to improve working relations or practices" or by exiting the community.

Goodwin, Jasper and Polletta (2000) attempt to identify and sort a list of social emotions on two axes: short term/long term emotions (that are felt temporarily or over a lengthier time horizon), and general/specific emotions (that have or do not have a specific object). At this point, their effort appears preliminary and mostly intuitive. This reflects the embryonic stage at which the social movement study of emotions was at the time of publication, and largely still is in my opinion. Table 3 reproduces the typology of social emotions Goodwin, Jasper and Polletta (2000, p. 11).

Table 3—A Tentative Typology of Social Emotions (Goodwin et al., 2000, p. 11)

Time scale	*Scope*	
	Has specific object	*General*
Longer term	Hate, love Compassion, sympathy Respect, trust, loyalty Moral outrage Some forms of fear (dread)	Resignation, cynicism Shame Paranoia, suspicion, optimism Pride, enthusiasm
Shorter term	Other fears (fright, startle) Surprise, shock Anger Grief, sorrow	Anxiety Joy, euphoria Depression

The overview at this point shows that many analysts interested in the role of emotion in social movements validate the connection made in Gamson's concept of injustice frame

between the attribution of blame and the activation of spoiled identity people into larger movements that challenge those blamed for upholding the injustice. Building on this body of work on emotion and injustice frames, Goodwin and Jasper (2006, p. 629) write:

> Disadvantaged people become indignant when they perceive outcomes or procedures as unfair . . . This is the righteous anger that so often leads to collective action (Gamson et al. 1982). The construction of blame, fusing emotion and cognition, is a central activity of movement groups. Here is a potentially rich engagement between research on emotions and on politics.

Instead of cultivating a dichotomy between cognition and emotion, Goodwin and Jasper show that cognition and emotions are intimately interrelated. Cognitive operations lead to an attribution of blame that generates righteous anger, which in turn fosters the mobilization of spoiled identity people into activist communities through commitments filled with both cognition and emotions. The body of work reviewed above, i.e. the social movement strand of the literature, looks at challenges from marginalized groups to elite settlements. In contrast, the literature reviewed below, i.e. the professions strand of institutionalism, focuses on elite occupational settlements known as professions with a particular interest in the field of health care and the medical and paramedical occupational groups that inhabit it.

2.2. Professions

> More so than any other social category, the professions function as institutional agents — as definers, interpreters, and appliers of institutional elements. Professionals are not the only, but are — I believe — the most influential, contemporary crafters of institutions. In assuming this role, they have displaced earlier claimants to wisdom and moral authority — prophets, sages, intellectuals — and currently exercise supremacy in today's secularized and rationalized world. (Scott, 2008: 223)

As they elaborate their theoretical frameworks, institutionalist analysts of the professions routinely cite heirs of the symbolic interactionist tradition such as Freidson (1970a; 1970b; 1986), Larson (1977) and Abbott (1988; 1997). From Freidson, they retain the epistemic conception of professional privileges (task autonomy and control of resources) as derived from their ability to legitimize their group's claim to exclusive expert

knowledge. From Larson's Marxist outlook, they view professions as occupational groups organized as dominant structural interests to extract rent (material and symbolic privileges) from the exercise of a monopolistic jurisdictional position. And from Abbott's work, institutionalists conceive professions and professional segments as competing elite social movements engaged in a constant struggle for jurisdictional control. Institutionalist students of professions rarely cite, however, these authors' senior colleagues Hughes, Becker and Strauss—despite them having had, it seems to me, a profound influence on their successors' theories and concepts.

If one idea is to be kept in mind as central to institutionalist studies of the professions, it is that of the epistemic power of professions: their ability to legitimize a definition of empirical reality aligned with their group's exclusive occupational base of expertise. As Freidson (1970a, p. 79) observes for the medical profession:

> the process of determining the outcome [of the division of labor in health care] is essentially political and social rather than technical in character—a process in which power and persuasive rhetoric are of greater importance than the objective character of knowledge.

Similarly, Scott (2008b, p. 224) writes: "The primary weapon of many professions is ideas. They exercise control by defining reality—by devising ontological frameworks, proposing distinctions, creating typifications, and fabricating principles and generalizations." Such conceptions, of course, present strong epistemological affinities with Berger and Luckman's (1966) *Social Construction of Reality* and its roots in social phenomenology (Schütz, 1932; Mannheim, 1936). This section reviews three common lines of inquiry in institutional studies of professions: professionals as agents of institutional (1) structuration; (2) maintenance; and (3) change.

Agents of Structuration

Several preeminent institutionalist students of professions have looked at professionalization as a major process in the structuration of organizational fields. Studies along this line tend to highlight power struggles between professions and governmental entities promoting contradictory institutional logics. This is particularly true in the field

of health care, where empirical studies in several Western countries including the United States (Scott W. R., 1982; Scott, Ruef, Mendel, & Caronna, 2000), the United Kingdom (Currie & Suhomlinova, 2006; Waring & Currie, 2009) and Canada (Reay & Hinings, 2005; 2009) have shown governmental attempts to tame the professional incumbent logic and replace it with a managerial logic. These attempts constitute governmental challenges to medical dominance over the health care system that try in various ways to wrest control over resources and processes from an entrenched professional elite in order to shift it toward a state-appointed bureaucratic management control structure. These studies have consistently shown the deeply entrenched nature of the professional logic and the ability of professionals to resist encroachments over their traditional turfs and to preserve their ascendancy and privileges in the face of state-backed managerial challenges.

This power struggle between the tenants of a professional logic and those of a managerial logic is typically seen as a core political process in the structuring of highly professionalized organizational fields. Yet, this contradiction between dominant professions and governmental agencies is somewhat paradoxical, given that, as DiMaggio and Powell (1983, p. 152) highlight, "in many cases, professional power is as much assigned by the state as it is created by the activities of the professions." These studies show that dominant professional groups solidly entrench their authority and field positions over time; and that power can be hard to take back, even with governmental clout. In his (in my view splendid) study of the professionalization of U.S. arts museum administrators, DiMaggio (1991) proposes that organizational fields evolve as a function of the interrelated processes of professionalization (Wilensky, 1964; Larson, 1977) and structuration (Giddens, 1979). In this paper, DiMaggio (1991, pp. 275-79) describes the core elements of professionalization (production of university-trained experts; creation of a body of knowledge; organization of professional associations; consolidation of a professional elite; increasing the organizational salience of professional expertise) and structuration (increases in the density of interorganizational contacts; increases in the flow of information; emergence of a center/periphery structure; collective definition of a field). Several institutional students of the professions including DiMaggio (DiMaggio & Powell, 1983; DiMaggio, 1988; 1991), Scott (Scott, Ruef, Mendel, & Caronna, 2000) and

Barley (1986), draw on Giddens' structuration theory for its recursive processual quality in their attempts to explain the ongoing transformation of organizational fields.

In a paper titled *Managing Professional Work*, Scott (1982), presents three archetypes of control systems for health organizations. The first archetype, which he calls the "autonomous professional organization," is one in which organizational officials delegate to professionals "the responsibility for defining and implementing the goals, for setting performance standards, and for seeing to it that standards are maintained" (p. 214). Later, Scott (1982, pp. 214-15) adds:

> The professional association not only serves as an instrument of internal control but as a political body seeking to advance the interests of its members. These associations, when successful, obtain state backing to defend their monopoly position with respect to the provision of specified services. Thus, physicians are licensed to practice medicine, and all unlicensed persons are specifically prohibited from performing this work.

In his paper, published 35 years ago, Scott classifies the prevailing control model for health organizations squarely into the 'autonomous' model. Using Alford's term, he presents the medical profession as a "dominant structural interest" (1982, pp. 215-16):

> The extraordinary power of this constellation of forces is captured in Alford's description of a dominant structural interest. As Alford (1975: 14) points out, there are many interest groups in a complex social system but they are not all of equal power. The dominant groups are those whose interests are 'served by the structure of social, economic, and political institutions as they exist at any given time.' Their position is sufficiently entrenched and their legitimation so secure that they 'do not continually have to organize and act to defend their interests; other institutions do that for them.' Physicians are viewed by Alford as a classic case of a 'professional monopoly' that has gained the position of a dominant structural interest in our society.

Then, Scott (1982, p. 223) proceeds to describes the "heteronomous professional organization," in which "professional participants are clearly subordinated to an administrative framework, and the amount of autonomy granted them is somewhat circumscribed. Participants in these settings . . . are subject to routine supervision" Among examples of professions organized under the heteronomous archetype, Scott lists librarians, secondary school teachers, engineers, applied researchers, and accountants, as well as nurses and physical therapists in the health care context—typically professional

groups with far lesser statuses than medicine. Finally, Scott (1982, p. 230) describes the "conjoint professional organization" archetype, in which "professional participants and administrators are roughly equal in the power that they command and in the importance of their functions. [They] coexist in a state of interdependence and mutual influence." However, Scott acknowledges that this model is essentially an ideational construction for which he hasn't encountered clear empirical examples—but which could be seen as an ideal for health care organizations to work toward.

Recent studies emphasizing power struggles resulting from governmental attempts to tame professional dominance in North America (Scott, Ruef, Mendel, & Caronna, 2000; Reay & Hinings, 2005; 2009) and Europe (Currie & Suhomlinova, 2006; Waring & Currie, 2009; Currie, Finn, & Martin, 2010; Currie, Lockett, Finn, Martin, & Waring, 2012) tend to support Scott's early insight that peaceful power sharing between dominant professional groups and bureaucratic administrators may often amount to wishful thinking. In the conclusion of their study, Reay and Hinings (2005, p. 375) observe that their

> findings are consistent with DiMaggio's (1983) description of an organizational field as a battlefield, where campaigns are waged using all available sources of power. Actors who resist imposed change respond based on their ability to do so, and may essentially give up the battle, but not the long-term fight.

This stream of recent studies of government challenges to entrenched professional dominance tends to cast the tension between professional and bureaucratic/managerial logics as a deeply-entrenched institutional contradiction in professionalized organizational fields, inevitably leading to a perpetual power struggle between elite professional and governmental actors.

Status, another prominent concept in the interactionist sociology of occupations,[6] has also been imported into their frameworks by several neoinstitutionalist students of work, occupations and the professions. DiMaggio and Powell (1983, p. 153) propose that "Organizational fields that include a large professionally trained labor force will be driven

[6] See Everett Hughes (1945) for a seminal statement of the concept of status in the occupational symbolic interactionist tradition.

primarily by status competition. Organizational prestige and resources are key elements in attracting professionals." Status competition does not only occur between professions; it also occurs within professions between distinct strata or segments of a professional community vying for dominance (Abbott, 1988, pp. 118-21). Discussing the factionalization of professions, Scott (2008b, p. 229) writes:

> An unexpected consequence of increasing specialization within a profession has been the fragmentation of interests—both professional and political. One or another type of specialist no longer sees him- or herself as sharing the same knowledge base or as holding common interests with other types of physicians.

A large and increasing number of professionals work in organizations, yet professionals remain part of "professional networks that span organizations" (DiMaggio & Powell, 1983, p. 152). These cross-organizational communities, often articulated around professional associations, account for "the capacity of professionals to mobilize in the environment around organizations that employ them," (DiMaggio, 1991, p. 282), creating dynamics comparable to social movement organizations analyzed in the resource mobilization (Rao, Morrill, & Zald, 2000) and institutional entrepreneurship (Maguire, Hardy, & Lawrence, 2004) literatures.

In his study of the professionalization of administrators in U.S. arts museums, DiMaggio (1991) writes that "professionals often come into conflict with organizations that employ them" (p. 287). This statement echoes the work of social movement scholars Morrill, Zald and Rao (2003) on covert political struggles in organizations, in which occupational groups are seen as competing in the workplace for power and status. "Professionals stimulated change less at the intraorganizational level than by mobilizing to construct an environment they could control at the level of the organizational field," concludes DiMaggio (1991, p. 287), observing that much like social movement adherents, professionals mobilize outside and across work organizations (through professional associations, for instance).

Like DiMaggio, Abbott's (1988) "system of professions" model of population ecology, a central influence for most institutional students of professions, construes professional communities and specialized factions as engaged in jurisdictional struggles much like

social movements are analyzed in some historically oriented resource mobilization studies (Zald & Berger, 1978; Rao, Monin, & Durand, 2003). Again, this process-oriented framing of professions as social movement-like organizational entities echoes early insights from negotiated order theory (Bucher & Strauss, 1961; Strauss, Schatzman, Bucher, Ehrlich, & Sabshin, 1963; 1964). Whereas this segment looked at studies interested in the influence of professionals on the structuration of organizational fields, the next segment reviews studies that cast professionals as agents of institutional maintenance.

Agents of Maintenance

An interviewee in Bate's (2000, p. 490) study of organizational change in a U.K. hospital, a healthcare manager, declares:

> We are a tribal organization. We think of ourselves as antagonists and rivals. Tribal relations are there, they're real, they're insidious. I don't know how we are ever going to find a consensus on the best way to move forward. It's all about factions, it's all about turf battles and the politics around people's patch or their territory. And it's never about moving forward as a corporate body for the benefit of *all* the staff and *all* the patients.

Similarly, Ferlie, Fitzgerald, Wood and Hawkins (2005, p. 117) write that complex professionalized organizations "contain many different professional groups, each of which may operate in a distinct community of practice. These conditions retard spread [of innovations] given strong social and cognitive boundaries between local professionals and professional groups." Supporting Bate's interviewee who conceived of professionalized organizations as tribal, these authors add that professions "display different research cultures, agendas, and questions. Barriers have a cognitive as well as a social or identity-based element" (p. 130). While the cognitive element of inter-professional barriers links with the heterogeneous and potentially incommensurable nature of professional groups' distinct knowledge bases, the identity element of professional boundaries relates to intra-factional belonging and inter-factional status competition within and among professional communities. Studying a knowledge management initiative in the U.K. NHS, Currie &

Suhomlinova (2006, p. 23), observe what has been described elsewhere as the 'balkanization' of expertise:

> the rise of professions allied to medicine and the rise in the status of various categories of professionals in the health care field . . . have . . . contributed to the strengthening of normative pressures operating on those groups and thus a further divergence in perspectives between them.

The occupational field of health care is generally described in institutionalist studies of professions as being populated by a diversity of competing interest groups pursuing contradictory knowledge claims. Currie and Suhomlinova (2006, p. 25) conclude that the implementation of the policy has been hindered by its misalignment with the existing power distribution in the field, and as a result, the professional elite remains well entrenched:

> Policy aspirations toward the development of a learning organization are not synchronized with existing power arrangements. A professional logic of specialization and hierarchy is dominant, and this remains essentially paternalistic and authoritarian (Bate, 2000) … This has not been supplanted by the more managerial logic that requires sharing of knowledge across boundaries in pursuit of service development.

This study, like many others in this segment of the literature, describes a clear pattern where an entrenched medical professional elite faced with state-backed managerial challenges to its dominance defends and entrenches its dominant jurisdictional position in the face of governmental attempts to loosen the grip of professional monopoly.

Echoing the emphasis of negotiated order theory (Strauss, 1978b; Barley, 2008; Bechky, 2011) on the processual construction of organizational fields through intergroup struggles, Warring and Currie (2009, p. 755) highlight that "change occurs not through the top-down challenge of management, nor the bottom-up resistance of professionals, but through the dynamic mediation of these influences within a wider institutional context." This study analyzes the introduction of knowledge management systems within the English NHS, which the authors interpret as a significant managerial challenge to professional autonomy because these systems allow managers to gather and codify professional knowledge to "challenge … the underlying content of medical autonomy as medical knowledge becomes increasingly open to evaluation and appropriation by managers" (Waring &

Currie, 2009, p. 765). Like Freidson (1970a; 1970b; 1986) and Larson (1977), Warring and Currie (2009, p. 758) justify their interpretation by conceiving of professionalism as

> a way of controlling knowledge toward occupational advantage and reinforcing claims to autonomous working whether at the institutional level, through specialist education and licensure, or at the organizational level in day-to-day practice. Should this knowledge become uncoupled from professional practice and made amenable to more rigorous codification and sharing, then claims to professional jurisdiction and autonomy may be undermined.

In reaction to this challenge, the authors expose three manners by which doctors resist managerial encroachment into their professional autonomy: by colonizing management structures; by coopting management procedures and systems; and by circumventing management initiatives, that is, through their purposeful nonparticipation. This study, like several others reviewed so far, depicts a context characterized by an institutional contradiction between a professional and a managerial logic within professionally dominated organizations, in which professionals consistently resist or capture management initiatives that challenge their autonomy to preserve the position of their collective as a "dominant structural interest" (Alford, 1975).

In a subsequent study of managerial challenge to professional dominance, Currie, Finn and Martin (2010) study the creation by the English government of a new occupational position for nurses in the delivery of genetics services. Here again, the authors connect professionalism to institutional maintenance, as they find physicians to be chiefly concerned with preserving their dominant hierarchical status: "Medical hegemony in decision-making represents a barrier to interdisciplinary working, with nurses' knowledge and their role devalued, vis-à-vis doctors" (Currie, Finn, & Martin, 2010, p. 947).

Specifically, they observe that the "enactment of a more autonomous role for genetics nursing was particularly constrained by the expectations of mainstream doctors for a more traditional working relationship across the medical-nursing divide" (Currie, Finn, & Martin, 2010, p. 949). However, Currie and colleagues add that the enactment of the new role for genetics nursing was also constrained by status competition within the subordinate nursing profession, as "a specialist role is regarded more highly than that of generalist, with nurses reluctant to 'dilute' their expertise through a hybrid role that encompasses

two clinical areas, such as cardiology and genetics" (2010, p. 953). In summary, the authors find that the introduction of a new nursing role as a challenge to the dominance of the medical profession was constrained by both "inter-professional competition between doctors and nurses, and intra-professional competition within nursing itself" (p. 941).

The originality of this study is twofold: first, rather than focusing on dominant actors, it analyzes nurses, a subordinate occupational group in a field dominated by physicians; and second, it integrates a micro focus by being specifically interested in status competition. Currie and colleagues (2010, p. 956) conclude that "Micro-level studies are important because they ground assertions about renegotiation of boundaries between healthcare professionals in the face of policy change." Interestingly, the integration of micro (role identity) and macro (contradictory logics) levels, the conceptualization of organizational fields as political arenas where occupational groups compete, and the focus on lower-status actors are several features in this study that are well aligned with recent work inspired by the negotiated orders framework within the inhabited institutions perspective (Hallett & Ventresca, 2006; Barley, 2008; Bechky, 2011).

In another study by Currie and colleagues, the authors state that the "creation of new roles commonly threatens the power and status of elite professional through the substitution of their labour" (Currie, Lockett, Finn, Martin, & Waring, 2012, p. 937). To support their argument, they cite Hardy and Maguire (2008, p. 199) who argue that privileged actors are "unlikely to come up with novel ideas or to pursue change, because they are deeply embedded in, and advantaged by, existing institutions." This association of privilege with maintenance-oriented boundary projects can be understood as the flip side of Gamson's notion of "injustice frames" (1992, pp. 31-58) which cognitively and emotionally enable the formation of change-oriented boundary projects in disenfranchised actors. Currie and colleagues (2012, p. 941) add that the "threat or contradiction that elite … professionals seek to repair is one driven by policy aimed at workforce development, which seeks to reconfigure professional roles and relationships, and so enhance the integration of healthcare and reduce costs." Based on this analysis, the authors make the interesting finding that "institutional maintenance, therefore, was not a simple matter of defending

the status quo. Rather, it involved politically aware adaptation and response to the change that ensured the favourable position of the clinical geneticist was protected and furthered within the field" (p. 950). In other words, institutional maintenance is not a passive stance but a purposeful and concerted day-to-day activity. Here again, this view aligns well with recent inhabited institutions work on negotiated order theory, as well as with the resource mobilization approach to social movement studies. On a pessimistic note, Currie and colleagues (2012, p. 959) predict that "change in healthcare is likely to remain inexorably slow or incomplete, and tend toward maintenance of pre-existing arrangement for healthcare delivery that aligns with powerful professional interests."

In one of several papers published on their study of a major state-backed managerial challenge to medical dominance in Alberta, Reay and Hinings (2005, p. 358) write that the "government's actions can be viewed as asserting a new institutional logic for the field — one that conflicted with the previous logic of medical professionalism." Despite this sustained effort, the authors conclude that "[e]ven though the dominant logic for the field changed, the previously dominant logic of medical professionalism remains strongly entrenched for one important actor for the field — physicians" (p. 375). Similarly, Langley and Denis propose that the implementation of quality improvement initiatives will have a better chance to succeed if they are designed to account for the interests, values and power distribution of involved field actors (Langley & Denis, 2005; Denis, Hébert, Langley, Lozeau, & Trottier, 2002).

In this segment of the literature from institutionalist students of professions, medical doctors are consistently described as resisting state-backed managerial challenges, big and small, by protecting and entrenching their dominant position. Studies made on state-backed managerial challenges to professional dominance in the U.K. and Canada both arrive at a similar narrative of professionals as agents of institutional maintenance. However, as the next segment shows, in other institutionalist studies, professionals are rather described as agents of institutional change.

Agents of Change

Many studies have framed professionals as powerful actors of institutional maintenance, yet others have highlighted the contribution of professionals on institutional change in organizational fields, especially through the structuring process of professionalization. In his landmark paper on interest and agency in institutional theory, DiMaggio (1988, p. 147) asserts that

> the institutionalization of expertise in professionally dominated organizational fields causes changes to field-wide administrative and rule-making mechanisms that effect local changes in organizational structures and practices. Although professionalization is typically a highly political and conflictual process, once established at the level of the organizational field it is likely to evoke changes in local organizations independent of the interests of local actors.

DiMaggio's observations are echoed by Suddaby and Viale (2011, p. 424), who find that "professional projects carry within them projects of institutionalization." This notion that at the core of a professional project resides a project of institutionalization of a base of knowledge exclusive to an occupational group is arguably the core argument around which is articulated much of the work of institionalist students of professions and their precursors (Freidson, 1970a; 1970b; 1986; Larson, 1977). The project of an occupational group to institutionalize its exclusive expertise over an area of the division of labor is known in this tradition as a jurisdictional claim. Illustratively, Abbott (1988, p. 84) writes that

> [the] central organizing reality of professional life is control of tasks. The tasks themselves are defined in the professions' cultural work. Control over them is established … by competitive [jurisdictional] claims in public media, in legal discourse, and in workplace negotiation. A variety of settlements, none of them permanent, but some more precarious than others, create temporary stabilities in this process of competition.

By extension, a claim to the exclusive application of a formal base of knowledge is also a claim to autonomy in the performance of a task. It is the attempt by an occupational group to legitimize its monopolistic control over a jurisdictional domain. Here again, the concept of professional claim to autonomy was conceptualized several decades earlier by Hughes (1956, p. 45), who quips:

> Perhaps the commonest complaint of people in the professions which perform a service for others, is that they are somehow prevented from doing their work as it should be done. Someone interferes with this basic relation. The teacher could teach better were it not for parents who fail in their duty or school board who interfere. Psychiatrists would do better if it were not for families, stupid public officials, and ill-trained attendants. Nurses would do more nursing if it were not for administrative duties, and the carelessness of aides and maintenance people.

A look back to Hughes and his mentees Larson, Freidson, Strauss and Abbott shows that DiMaggio, although an eloquent one, was far from the first proponent of the concept of jurisdictional claim in the broader scope of the conflict sociology of professions.

Some authors of this type of study show that professions of relatively lower status tend to cultivate professional projects of institutional change. This is consistent with both the processual conception of inter-professional status competition proposed by many institutionalist studies of professions (DiMaggio & Powell, 1983; Abbott, 1988; Ferlie, Fitzgerald, Wood, & Hawkins, 2005; Currie, Finn, & Martin, 2010) and the standard assumption among studies of both social movements and institutional entrepreneurship that institutionally disadvantaged actors are structurally incentivized to engage in change-oriented boundary projects in order to improve their field position (Morrill, Zald, & Rao, 2003; Maguire, Hardy, & Lawrence, 2004; Fligstein & McAdam, 2012). Likewise, Reay, Golden-Biddle and GermAnn (2006) show how nurse practitioners, with governmental support, pursue an incremental strategy of "small wins" to legitimize the expansion of their occupational autonomy in the workplace in the face of existing jurisdictional incumbents; especially the physicians, relative to whom nurses are typically confined to a subordinate status.

In a longitudinal study of the accounting industry in Alberta from 1977 to 1997, Greenwood, Suddaby & Hinings (2002) show how in the organizational field of accounting, an occupational group in control of a relatively safe but narrowly bounded work jurisdiction at the beginning of this period undertook a gradual but ultimately radical and highly successful project of jurisdictional expansion. Through that process, accounting firms shifted from a unidisciplinary to a multidisciplinary practice, encroaching into several neighboring jurisdictions. As explained by Greenwood and colleagues (2002, p. 64):

> One element of the change . . . was a redefinition of the *role* of a professional accountant, expanding it to include a capability to provide business advisory services. The second element of the change was endorsement of a new organizational form, the multidisciplinary practice, which could, in principle, include accountants, lawyers, and consultants.

Both the nurse practitioners and the accountants are illustrative cases in which occupational groups with initially modest status undertake professional projects to institutionalize a claim to greater autonomy and/or broader jurisdictional control. In their study, Greenwood and colleagues (2002) describe how the accountants' main professional associations, the Canadian Institute of Chartered Accountants and the Institute of Chartered Accountants of Alberta, framed the initial situation of the accounting profession to its constituents, the accounting firms and the accountants, as in "need for change … generalized to the profession. The profession was framed as under threat, enveloped by forces of change" (Greenwood, Suddaby, & Hinings, 2002, p. 73).

This framing of the situation by the professional associations was intended as a "call to arms" (Snow & Benford, 1988, p. 199) reminiscent of incumbent/challenger dialectical conceptions underlying most social movement studies. To legitimize their expansionist jurisdictional claim first with their constituents, and then in the public arena (Abbott, 1988, pp. 62-64), the accounting professional associations framed the profession as under threat and in need of actively defending itself. This framing of the accountants' professional project seems quite close to Gamson's (1992, pp. 31-58) concept of injustice frame. Accordingly, Greenwood and colleagues (2002, p. 70) explain:

> The point is that the language used to justify the proposed changes was not that of market positioning, but the rhetoric of service. The debate, in other words, was conducted in the language of the professional, not that of the businessperson. The legitimacy sought was moral, not pragmatic.

In short, to mobilize the accountants around the expansionist project, the professional associations framed the professional project as an act of legitimate defense and of high moral standing, emphasizing the profession's values of "objectivity, service, and expertise" (Greenwood, Suddaby, & Hinings, 2002, p. 72). The framing tactic laid out by the accounting professional associations to mobilize their constituents around the expansionist professional project and to legitimize this project in the public arena is

comparable to the role, as described by Benford and Snow (2000), of social movement organizations in the conception and diffusion of "collective action frames" (p. 614)

Greenwood and colleagues (2002, p. 68) also describe a dynamic within the accounting industry where, while the Big Five were supportive of the expansionist project, smaller firms tended to advocate for a more conservative stance and against the Big Five's expansionist ambitions. Yet, due to the prominent position of the Big Five to their constituencies, the professional associations had no choice but to promote the Big Five's expansionist project, and the small firms were forced to yield to this agenda. This description fits the element of Gidden's field structuration process identified as the "emergence of a center-periphery structure" by DiMaggio (1991, p. 277), which he sees as integral to the professionalization process of an organizational field.

A study of the French nouvelle cuisine movement by Rao, Monin and Durand (2003), covering the period from 1970 to 1997, makes a discordant finding. Contrary to the typical assumption according to which peripheral actors in organizational fields—relatively disadvantaged actors—tend to cultivate change-oriented boundary projects, the nouvelle cuisine movement was framed and led by elite chefs. These elite chefs initially occupying dominant positions in the field of French cuisine tapped into the ideological environment following the general upheaval of May 1968 in which students, workers and broad segments of the population were questioning the legitimacy and attempting to overthrow a variety of cultural traditions and social structures now seen by the French masses as outmoded and oppressive. In this ideological context, the proponents of nouvelle cuisine framed their movement as a legitimate effort to overturn the rigid and outdated standards of traditional cuisine to inject a dose of freshness and creativity into French cuisine. According to Rao and colleagues (2003, p. 805):

> nouvelle cuisine was a bid to enhance the professional control of restaurants by chefs. Under classical cuisine, chefs possessed the freedom to establish their own restaurants in classical cuisine and design their menus, and celebrity chefs with three Michelin stars could also control financial promoters ... Chefs under classical cuisine lacked the freedom to create and invent dishes, and the nouvelle cuisine movement sought to make chefs into inventors rather than mere technicians.

In contrast to the Albertan accountants who sought to portray themselves as peripheral actors engaged in defensive jurisdictional work (although their professional project was expansionist and ended up in major jurisdictional gains), the French chefs leading the nouvelle cuisine movement were—and celebrated their status as—central elite actors who sought to increase their autonomy through this professional project of profound institutional change in the field of French cuisine. Rao and colleagues' study of nouvelle cuisine chefs describes the archetype of an elite professional movement.

Similar to Rao and colleagues (2003) but in a different field, Ferlie and colleagues (2005) analyze the "evidence-based medicine movement" in healthcare research and practice as an elite professional movement. This movement promotes the adoption of medical practices based on higher levels of scientific evidence, of which randomized controlled trials are considered the 'gold standard.' It is a movement led by central elite actors in the healthcare field, the research physicians, who seek to further strengthen the hegemony of their knowledge base by institutionalizing a hierarchy of knowledge in which findings based on research methodologies they control are positioned as the most legitimate forms of evidence.[7] The nouvelle cuisine movement and the evidence-based medicine movement have the common feature of being professional projects led by central elite actors in their respective fields, aimed at further strengthening their already dominant field position.

The body of work reviewed above in the epistemic power strand of the literature looks at the elite occupational settlements commonly known as professions, with a particular interest in the field of health care including the medical profession and paramedical occupational groups that inhabit it. In comparison, the literature reviewed below in the embedded agency strand of institutionalist studies focuses on institutional entrepreneurship, ideational bricolage, and the tension between volition and social structure known as the paradox of embedded agency.

[7] Mad researchers Jon Glasby and Peter Beresford (2006) analyze the evidence-based movement from the perspective of psychiatric patients and similarly interpret the claim of this movement as an ideological device by the medical research elite to assert its epistemological hegemony and, reciprocally, to invalidate the experiential knowledge of patients and professoinals.

2.3. Embedded Agency

In this section, I explore a strand of organizational institutionalism that focuses on the question of how actors exercise agency under institutional constraints, often referred to as the paradox of embedded agency. My review focuses on two sets of concepts: (1) positions and projects, and (2) identities and boundaries. I observe the conceptual commonalities and areas of compatibility as well as some of the distinctions between the embedded agency and the social movement strands of the literature. Especially, the review highlights that embedded agency studies tend to focus on reformist constituent action while social movement studies tend to focus on radical constituent action, offering a helpful set of complementary insights into the change-oriented projects pursued by dissatisfied constituencies.

Positions and Projects

At the core of the 'embedded agency' segment is the concept of *project*. In their influential theoretical paper minimally titled *What is Agency?*, Emirbayer & Mische (1998) consider the critical importance of temporality to understand human agency. Drawing from the American pragmatism and European phenomenology, the authors conceive of agency as the temporal ability, rooted in *past* experience, to conceive of purposeful actions to be taken in the *present*, based on their anticipation of how the *future* might play out. They explain (1998, pp. 967-68) that

> pragmatist thinkers such as John Dewey and George Herbert Mead, as well as social phenomenologists such as Alfred Schütz, insist that action not be perceived as the pursuit of preestablished ends, abstracted from concrete situations, but rather that ends and means develop coterminously within contexts that are themselves ever changing and thus always subject to reevaluation and reconstruction on the part of the reflective intelligence.

Behind this conception is the idea of empathy: the ability to approximate the other's perspective and act accordingly. Building on the work of Emirbayer and Mische (1998), Kisfalvi and Maguire (2011, p. 170) theorize the action of institutional entrepreneurs as both reflexive and projective:

> actors who initiate transformative projects, it follows, are those actors whose reflections are more likely to result in 'problematizations' of experience and thus 'projectivity,' that is, the 'the imaginative generation by actors of possible future trajectories of action, in which received structures of thought and action may be creatively reconfigured in relation to actors' hopes, fears, and desires for the future' (Emirbayer & Mische, 1998: 971).

The notion of institutional entrepreneur was introduced twenty-some years before Kisfalvi and Maguire's paper by Paul DiMaggio, who put the notion of 'institutionalization project' at the core of his argument. In his call for his fellow institutionalists to rehabilitate interest and agency and to shift from an outcome to a process view of institutionalization, DiMaggio (1988, p. 154) writes:

> New institutions arise when organized actors with sufficient resources (*institutional entrepreneurs*) see in them an opportunity to realize the interests that they value highly. The creation of new legitimate organizational forms—such as the corporation, savings and loan associations, advertising agencies, universities, hospitals, or art museums—requires an *institutionalization project*.

Based on their review of the literature on the concept, Hardy and Maguire, (2008, p. 206) describe institutional entrepreneurship as "the mobilization of resources; the construction of rationales for institutional change … and the forging of new inter-actor relations to bring about collective action." Implicitly or explicitly, most students of institutional entrepreneurship adopt a dialectical conception of actors as divided between incumbent and challengers (Seo & Creed, 2002; Fligstein & McAdam, 2012). In parallel, they typically propose a pluralistic understanding of organizational fields, inspired by Bourdieu, as political arenas in which institutional arrangements are constantly evolving as a result of struggles among unequal social factions for control of material and symbolic resources. For instance, Battilana (2006, p. 655) writes:

> According to Bourdieu (1990), fields are structured systems of social positions within which struggles take place over resources, stakes, and access ... Depending on their social position in the field, agents have both a different 'point of view' about the field and a different access to resources in the field (Bourdieu, 1988).

The assumption that actors occupying relatively lower social positions are more likely to conceive of possible alternative arrangements and mobilize around projects of institutional change to improve their situation runs across the institutional

entrepreneurship literature. Studies of institutional entrepreneurship often focus on subordinate or marginalized actors, such as HIV/AIDS treatment advocates (Maguire, Hardy, & Lawrence, 2004) or members of lower-status professions and organizations (Battilana, 2011). Although they tend to use distinct vocabularies and imageries, and appear reluctant to cite them, many concepts developed in studies of institutional entrepreneurship bear uncanny resemblance to differently named staple concepts of social movement theory.

For instance, "problematization" (Kisfalvi & Maguire, 2011, p. 170) and "the construction of rationales for institutional change" (Hardy & Maguire, 2008, p. 206) are reminiscent of "injustice frames" (Gamson, 1992, pp. 31-58) and "collective action frames" (Benford & Snow, 2000). Both institutional entrepreneurship and social movement studies theorize social position as a dialectical process through which lower-status actors engage in collective action to challenge higher-status incumbents privileged by established institutional settlements, both at the micro (Kisfalvi & Maguire, 2011; Polletta, 1998) and macro (Greenwood & Suddaby, 2006; McAdam, Tarrow, & Tilly, 2001) analytical levels.

Also, studies in both literatures employ a resource lens (Bourdieu, 1986; McCarthy & Zald, 1977) to analyze movement organizations and the emergence of new organizational forms (Rao, Morrill, & Zald, 2000; Maguire, Hardy, & Lawrence, 2004). Finally, both institutional entrepreneurship and the social movement studies consider identity as a key to understanding the motivation of individuals who engage in collective action (Britt & Heise, 2000; Fligstein & McAdam, 2012). However, each literature has its specific strengths and distinct focuses. Arguably, while the institutional entrepreneurship framework has a stronger conception of fields, political processes and institutional challengers have been more comprehensively theorized in social movement studies.

Since DiMaggio's (1988) landmark call to rehabilitate interest and agency in institutionalist studies and to shift to a process approach to institutionalization, a continued discussion within the literature that followed his call has revolved around the duality of agency and structure. The quest has been framed around the need to solve the so-called

paradox of embedded agency' which Seo and Creed (2002, p. 223)[8], put this way: "How can actors change institutions if their actions, intentions, and rationality are all conditioned by the very institution they wish to change?" In other words, the question is how can actors who are the products of existing institutions (as early institutioal theory has it) deviate from established institutional prescriptions to pursue projects of social change?

While the paradox of embedded agency makes for a fortunate rhetorical formulation and has generated fertile discussions among institutionalist scholars, this 'paradox' may be a by-product of the "oversocialized" (Granovetter, 1985) and thus predominantly determinist conception of society laid out in foundational institutionalist works (Meyer & Rowan, 1977; Zucker, 1977; DiMaggio & Powell, 1983). In these early iterations of institutional theory, purposive action was indeed all but ignored in a move by these scholars to distance their apparatuses from rational action models. That is, the paradox of embedded agency is arguably an unintended rhetorical consequence of the founding orthodoxy of institutionalism. Yet, it still makes for interesting theoretical developments.

As Seo and Creed (2002) highlight, the paradox of embedded agency echoes the dialectics of elite hegemony and constituent consciousness-raising proposed by subjectivist Marxists (Gramsci, 1971; Marcuse, 1964; Lukacs, 1971; Mann, 1973; Ricoeur, 1988). In institutionalist terms, the elaboration and pursuit of an institutional challenge by lower-status actors requires that they (1) construct present arrangements as problematic and (2) imagine alternative arrangements that inspire their commitments to action. This temporal process of engagement in action to transform the present is referred to as 'praxis' (Freire, 1968; Ricoeur, 1984; Seo & Creed, 2002, p. 225). In this segment, I have shown that institutional entrepreneurship and social movement studies present significant conceptual similarities and areas of compatibility. The next segment shows how dissatisfied actors use identity work to bridge social boundaries in the pursuit of reformist projects of institutional change.

[8] Citing Holm (1995, p. 398)

Identities and Boundaries

Maguire and colleagues' (2004) study of HIV/AIDS treatment advocacy analyzes the negotiation of a "boundary organization" (O'Mahony & Bechky, 2008) to enable collaborative work between people living with AIDS (PWA) and the pharmaceutical industry. The study shows how this boundary organization acts as a bridge across the PWA/industry "social boundary" (Gieryn, 1983; Lamont & Molnár, 2002; Epstein, 1995; Langley, et al., 2019). Activism as conflictual, yet here Maguire and colleagues focus mainly on collaborative forms of activism while acknowledging the field presence of PWA organizations and coalitions engaged in more contentious forms of politics.

The continuum between reformist and radical activism is alluded to, but the analytical spotlight is kept on reformist projects pursuing collaborative agendas between PWA and industry experts to face the HIV/AIDS treatment crisis. The structure of CTAC was negotiated by PWA and industry actors. It was agreed in 1996 that 75% of the voting members would be PWAs representing a diversity of constituent groups (gay men, aboriginals, hemophiliacs, women) (Maguire, Hardy, & Lawrence, 2004, p. 665). That 3-to-1 majority of voting seats attributed to PWAs shows that PWA organizations had significant negotiating clout. The authors briefly allude as well to the importance of emotions in activism. For instance, without theorizing it further, Maguire and colleagues (2004, p. 665) connect anger to mobilization in peer-to-peer and radical PWA movement factions:

> Explicitly political organizations also emerged as—fueled by anger at what they perceived as indifference, inaction, and ineptitude on the part of governments, research institutions, and pharmaceutical companies—individuals living with HIV/AIDSs came together to found coalitions (PWA organizations). Even more radical activist organizations were also formed; these engaged in direct action, demonstrations, and civil disobedience.

Overall, this paper by Maguire and colleagues describes inter-factional processes of power sharing in an emerging private polity in which there is a constant tension between collaboration and conflict (although the authors' main focus is on collaborative processes). These authors, like some others in this segment of studies, use the metaphor of 'bricolage' to describe the institutional-entrepreneurial process of collaboration

building, as formulated in this proposition: "Institutional entrepreneurs in emerging fields will theorize new practices by assembling a wide array of arguments that translate the interests of diverse stakeholders" (2004, p. 669). Similarly, an important element in Fligstein and McAdam's (2012, p. 51) "strategic action fields" model of mesolevel social order is the "social skill" of actors, which the authors describe as the ability to perform bricolage:

> Skilled actors understand the ambiguities and uncertainties of the field and work off of them. They have a sense of what is possible and impossible. If the situation provides opportunities that are unplanned but might result in some gain, skilled actors will grab them, even if they are not certain as to the usefulness of the gain. This is a pragmatic, open-ended approach to strategic action that is akin to what Lévi-Strauss calls 'bricolage' . . . It follows that skilled actors will take what the system will give at any moment, even if it is not exactly what they or others might ideally want.

Describing scholars as institutional entrepreneurs in the field of knowledge production, Boxenbaum and Rouleau (2011, p. 281) also draw on Lévi-Strauss's (1962) structuralist anthropology to elaborate the conception of an "epistemic script" of "bricolage":

> Applied to conception, the script of bricolage invites scholars to produce new knowledge through improvisation rather than through adherence to a specific theory, method, or paradigm … The script of bricolage casts the researcher as a 'bricoleur'—a 'flexible and responsive' agent willing 'to deploy whatever research strategies, methods or empirical materials are at hand, to get the job done' (Denzin & Lincoln, 1994: 2). The researcher acts as a handyperson who, rather than inventing a new theory or new paradigm, repairs or remodels existing theories by combining various theoretical concepts, ideas, and observations at his or her immediate disposal. Components are selected based on contextual factors, such as local constraints on knowledge production, practical value, and their potential for generating novel insights.

This notion of "bricolage" finds the source of collective meaning making in the quest of individual actors to bridge the meaning systems of heterogeneous and often contradictory social worlds. Maguire and colleagues (2004) show how this symbolic bricolage enables stakeholder and resource bridging by institutional entrepreneurs at the level of an organizational field:

> Together, these dynamics show how institutional entrepreneurship in emerging fields is a form of institutional bricolage. Emerging fields present … relatively

> unconstrained spaces in which to work and a wide range of disparate materials from which they might fashion new institutions. However, these spaces need to be structured and materials assembled in ways that appeal to and bridge disparate groups of actors.

Bricolage can be understood as a negotiated synthesis of elements pertaining to heterogeneous meaning systems in a field-level struggle for meaning making (Maguire, Hardy, & Lawrence, 2004; Boxenbaum & Rouleau, 2011; Fligstein & McAdam, 2012). Bricolage is thus a form of ideational accommodation performed to build bridges across social boundaries. Bricolage allows inhabitants of different belief communities to accommodate a negotiated ideational order at the intersections of social worlds to enable collaborative interaction across boundaries (Schütz, 1944; Shibutani, 1955; Strauss, 1978a). McAdam, Tarrow and Tilly refer to collaborations across challenger/incumbent boundaries as "cross-class coalitions" (McAdam, Tarrow, & Tilly, 2001, pp. 224-250) and see them as a key political process in the dynamics of revolutionary change. The negotiation of an accommodative ideational order allows diverse actors to reconcile contradictory collective understandings. It simultaneously enables people to reconcile their sense of self-identity with environments and sets of collaborators that promote values and beliefs that are contradictory to their own. Drawing on Goffman's (1963) dramaturgical perspective, Fligstein and McAdam (2012, p. 56) describe "humans as possessing both the capacity and the need to engage in collective meaning making" and specify that they "are asserting a much more active, agentic view of social life than would appear common in sociology." They theorize in humans the presence of an existential need to engage in collective meaning making to cultivate the social bonds with communities, from which they derive a sense of both individual purpose and collective belonging. Based on this intertwined understanding of self-concept and collective identity, Fligstein and McAdam (Fligstein & McAdam, 2012, p. 42) describe the "collective as an existential refuge" and conceive of the collective elaboration of self-meaning as the "existential function of the social." Importantly, this tension between social and collective identity casts bricolage in institutional entrepreneurship as an interplay of identity work and emotion work through which marginalized actors reconcile experienced contradictions between their social role and their self-concept through the

everyday management of their interactional commitments (Goffman, 1961b; 1983; Hochschild, 1979; Britt & Heise, 2000; Creed, DeJordy, & Lok, 2010).

Adopting a psychodynamic perspective to study the life story of celebrated environmental activist Rachel Carson, Kisfalvi and Maguire (2011, p. 153) similarly see in this human need for elaboration of self-meaning through social interaction a source

> of institutional entrepreneurs' problematizations of existing institutional arrangements as well as their visions of alternative ones and their determination to implement these in the face of counterattacks—to illustrate the important role of personal meanings in explaining who becomes an institutional entrepreneur and why.

Kisfalvi and Maguire (2011, p. 162) seem to locate Carson's motivation to challenge incumbent institutional settlements with her writings in her need to engage in identity work in order to convert the shame connected to her spoiled identity as a homosexual woman of modest social origins into the pride of becoming an influential environmental activist:

> Rachel remained intensely proud of her success and the honors that writing conferred on her; a number of her letters to Dorothy Freeman [her lover] express deep satisfaction from the prizes and distinctions her writing garnered, as well as from the more personal letters she received from her readers…

This human need to reconcile their personal meanings and build positively charged self-identities in relation to collective understandings is stressed by Creed and colleagues (2010) in their study of the various stages of identity work eventually leading to mobilization into activist institutional projects, through which gay pastors of Protestant religious denominations (in which discrimination against homosexuality is deeply institutionalized) pass. This process of 'identity shift' converting a person's isolated sense of shame into a collectively shared sense of pride through activist mobilization is best theorized by Britt and Heise (2000) in the context of mental patients and other marginalized identity groups. In these studies of emotion-driven identity shift, first-person accounts are used as prime empirical material, echoing the works of symbolic interactionists on autoethnography and first-person accounts (Ellis, 2004; Denzin, 2014). In *Stigma*, Goffman (1963) also made predominant use of first-person accounts as

empirical material in support of his analysis. Similarly, autoethnography is extensively adopted in the emergent mad studies literature by-and-for psychiatric survivors to reclaim ownership of their personal meanings and self-identities through engagement in an activist collective (Chamberlin, 1977; Coleman R. , 2004; Lee, 2013).

Social and collective identities are shaped by social and symbolic boundaries (Lamont & Molnár, 2002). The conceptual relationship between identities and boundaries is bidirectional: boundary work shapes social and collective identities (Langley, et al., 2019) while identity work shapes social and symbolic boundaries (Chreim, Langley, Reay, Comeau-Lavallée, & Huq, 2019). This segment on embedded agency has explained how actors use identity work to bridge social boundaries in the pursuit of reformist projects of institutional change.

2.4. Inhabited Institutions

Tapping into symbolic interactionist insights, the "inhabited institutions" perspective has been growing over the last two decades or so within organization studies. Focusing on interactions between members of occupational groups in the workplace, the inhabited institutions perspective builds on the negotiated order framework to study how situated meaning making processes operating through everyday activities shape role relations in and across organizations. This body of work is primarily interested how actors shape institutions, rather than the other way around, promoting a bottom-up view of institutional structuration. I explore two relatively separate strands of work that have developed within the inhabited institutions perspective; one strand focuses on jurisdictional boundary work, and the other strand focuses on identity/emotion work. I argue for the analytical importance of connecting identity and emotions with the analysis of occupational boundaries and suggest ways in which this might be helpful to study the participation of clients in the negotiation of service arrangements. Hallett and Ventresca (2006, p. 215) offer this compelling problematization of institutionalist studies of organizations to justify the inhabited institutions project:

> The decoupling of institutions from social interactions is problematic for two related reasons. First, "institutions" become reified abstractions . . . They are cut

> loose from their moorings in social interaction. Although institutions penetrate organizations, it is through social interaction that institutions are interpreted and modified as people coordinate the activities that propel institutions forward. Second, though institutional logics carry meaning, it is also true that meaning arises through social interaction . . . These interactions are the beating heart of institutions. Institutions are not inert containers of meaning; rather they are "inhabited" by people and their doings . . .

By focusing on the situated micropolitics of meaning making, studies adopting a negotiated orders framework cast occupational communities (Van Maanen & Barley, 1984) as heterogeneous amalgamations of segments akin to social movements engaged in the pursuit of loosely related, and often diverging, jurisdictional claims (Bucher & Strauss, 1961). This micropolitical process of meaning making operates through the everyday covert negotiation of practices, norms and rules (Gouldner, 1954). Seeking to develop macro-foundations for microsociology (Fine, 1991), negotiated order theory combines the occupational focus of symbolic interactionism with an organizational understanding of social systems to look at how interoccupational relations shape organizations and fields of activity (Strauss, 1978b; Maines, 1977; 1982).

Compared to structurally-oriented theories in which individual action is seen as primarily determined by the organizations and institutions in which they evolve, the originality of negotiated order theory resides in its bottom-up understanding of social structures as constantly shifting through the ongoing interactions of institutional inhabitants (Hallett & Ventresca, 2006). Inspired by this view of social structures as negotiated orders, the inhabited institutions perspective on organizations focuses on the situated meaning struggles proceeding through the everyday interactions between members of occupational communities (Barley, 2008; Bechky, 2011) and social movements (Scully & Segal, 2002; Creed, DeJordy, & Lok, 2010) in the workplace.

Using ethnography and grounded theorization (Glaser & Strauss, 1967; Strauss & Corbin, 1990), inhabited institutionalists observe occupational struggles as they unfold through informal workplace interactions (Hallett & Ventresca, 2006). They often display a characteristically symbolic interactionist sympathy with underdogs (Becker, 1967; Denzin, 1992), preferring to study social phenomena as they are experienced by subordinate actors (Bechky, 2003a; Bechky, 2003b; Reay, Golden-Biddle, & GermAnn,

2006; Hallett, 2010), as well as studying temporary occupations (Bechky, 2006), nascent occupational groups (Nelsen & Barley, 1997; Fayard, Stigliani, & Bechky, 2017), and diversity advocates in the workplace (Meyerson & Scully, 1995; Scully & Segal, 2002). With their focus on the micropolitics of meaning making in negotiated mesolevel orders, inhabited institutionalists refreshingly subvert the moral mandate exercised by the mainstream organizational institutionalist community, its orthodoxy, ethos, and often conservative leanings, with interactionist meanings, methods and sympathies.

Two relatively distinct bodies of work, both inspired by symbolic interactionism, have developed as part of the inhabited institutions movement. I refer to the first segment as the "boundary work" strand. It is exemplified by Barley, Bechky and collaborators—and more closely associated with the sociology of work, occupations and professions—uses a pluralistic view of power relations to focus on jurisdictional struggles among occupational groups in organizations. I refer to the second segment as the "identity/emotion work" strand. It is exemplified by the works of Scully, Creed, and Zilber—and more influenced by social movement theory—uses a dialectical view of power relations to focus on advocacy undertaken by actors identified with subordinate and marginalized social groups in the workplace. From those studies arises an interest in emotion, micromobilization and workplace advocacy. I begin by reviewing studies representative of the boundary work strand of the inhabited institutions literature to highlight its distinctive features. Then, I review studies representative of the identity/emotion work strand to highlight its distinctive features.

Boundary Work

Over the last two decades or so, the growing line of research on inhabited institutions is reviving the symbolic interactionist view of social structures as negotiated orders (Barley, 2008; Bechky, 2011). It challenges the siloed occupation/social movement division of labor in organizational institutionalism by bringing occupations and social movements into a unified field model of collective action. The process-oriented view of organizational fields promoted by the inhabited institutionalists shifts the analytical focus toward the workplace negotiation of situated meaning among interacting members of different

occupational communities (Zilber, 2002; Leibel, Hallett, & Bechky, 2018) viewed as akin to social movements (Fayard, Stigliani, & Bechky, 2017).

The pluralistic framework adopted in the boundary work strand of the inhabited institutions perspective (diverse occupational segments competing for jurisdiction in some field of activity) draws on the "moral mandate" strand of symbolic interactionism. It is especially reminiscent of Freidson's (1970a; 1986) analysis of professions as occupational groups organized around monopolistic claims to applied knowledge and of Abbott's *System of Professions* (1988), which represents a macro-focused model of occupational fields building on negotiated order theory. Studies by Barley, Bechky and collaborators similarly conceptualize a pluralistic labor division model which they, however, tend to analyze at the intraorganizational level, in alignment with pre-Abbott approaches. Discussing occupational divisions of labor, Barley (1996, p. 437) writes:

> An increasingly horizontal distribution of expertise not only undermines hierarchy as a coordinating mechanism, it undercuts management's source of legitimacy. When those in authority no longer comprehend the work of their subordinates, hierarchical position alone is an insufficient justification for authority, especially in technical matters.

Advocating for the merits of adopting an occupational perspective to study organizations, Barley and Kunda (2001) argue that given the increasingly "balkanized" division of labor in social sciences, organizational scholars have come to ignore the sociology of work and, as a result, have stuck to an outdated conception of work which neglects the increasingly important organizational implications of the multiplication of occupational communities mobilizing across organizations at the field level. For organization scholars to develop a better collective understanding of jurisdictional arenas as bidimensional matrices structured across overlapping organizational and occupational boundaries, the authors argue that bringing an analytical focus on work and occupations back into organizational studies is needed. Barley and Kunda (2001) argue that a renewed focus on work has methodological implications for organizational students in that "[g]rounded empiricism is required because developing new languages and images of work, new occupational archetypes, and new occupational classifications are primarily inductive, comparative tasks" (p. 84). The empirical works of Bechky (2003a; 2003b; 2006) appear to espouse

Barley's theoretical and methodological guidance for the situated ethnographic study jurisdictional structuration processes by focusing on the interoccupational negotiation occurring in everyday workplace interactions (Barley & Tolbert, 1991; Barley, 1996; Barley & Kunda, 2001).

Based on her year-long ethnography of a Silicon Valley semiconductor equipment manufacturing company, Bechky (2003a, p. 312) shows how colleagues of different occupational groups construct a symbolic middle-ground for collaboration by negotiating shared meanings though everyday interactions:

> I link the misunderstanding between engineers, technicians, and assemblers on a production floor to their work contexts, and demonstrate how members of these communities overcome such problems by cocreating common ground that transform their understanding of the product and the production process. . . . When communication problems arise, if members of these communities provide solutions which invoke the differences in the work contexts and create common ground between the communities, they can transform the understandings of others and generate a richer understanding of the product and the problems they face.

In a second paper based on the same fieldwork, Bechky (2003b, p. 720) explains how organizational artifacts are used in the intraorganizational negotiation of jurisdictional domains between different occupational groups—she finds that

> two artifacts—engineering drawings and machines—mediate the relations of engineers, technicians, and assemblers in a manufacturing firm. These artifacts are useful in problem solving across boundaries. At the same time, authority over these objects can reinforce or redistribute task area boundaries, and by symbolizing the work of occupational groups, the objects also represent and strengthen beliefs about the legitimacy of a group's work.

Both papers by Bechky focus on the negotiation of meanings among members of distinct occupational communities interacting within the same organization. In a chapter titled *Coalface Institutionalism* that provided a key impulse to my thesis, Barley (2008) summarizes the symbolic interactionist concepts of "social worlds" and "negotiated order" to forcefully invite organizational institutionalists to draw conceptual insights from this tradition. On the idea of social worlds, Barley (2008, pp. 503-04) reflects:

> Strauss held that interpretive and political phenomena are integral to the organization of social worlds. Ideologies, perspectives, theories, agendas, points of

> view, interests, and languages differentiated the participants who are bound together by networks and their joint contribution to a social activity. Interpretive differences—which are rooted in the social world's division of labor—engender conflicts, tensions, alliances, movements, and disputes.

Explaining the function of the notion of social worlds in Strauss's broader negotiated order framework, Barley (2008, p. 506) stresses the importance of legitimacy that is also a core concept in the institutionalist understanding of field structuration:

> Histories of how a motus operandi, a law, a practice, or even an organizational form acquired legitimacy are ultimately tales of how people deploy ideas, ideologies, frames, and arguments in negotiations, persuasions, and political contests that unfold over time, often across multiple places and arenas. From this perspective meaning and action are both crucial for constructing legitimacy. Legitimacy hinges not only on the substance of ideas and claims, but also on where, when, how, and why people wield ideas and lodge claims.

Barley's synthesis of Strauss's notions of social worlds and negotiated order contain the key elements of the inhabited institutions perspective: a symbolic interactionist focus on situated meaning making in everyday activities, an 'old' institutionalist concern for micropolitical struggles among embodied actors in inhabited social arenas; and an interest in professions and social movements as contradictory social forces engaged in the institutional politics of jurisdictional structuration.

Identity/Emotion Work

Building on Cooley's concept of the "looking-glass self," (Scheff, 2005), Goffman's notion of identity work as impression management attributed an important function to emotional avoidance in self-monitoring, which he saw as an internalized social control process operating in lived experience—that is, Goffman saw self-monitoring as an internalized micro-device suppressing deviance. Scheff (2005, p. 150) explains that Goffman's analysis of impression management in encounters shows how actors comply with social norms to avoid uncomfortable feelings of embarrassment, shame and humiliation resulting from others' negative judgments of their behavior. Building on those insights, Creed and colleagues (2014) theorize "felt shame" as "a discrete emotion

experienced by a person based on negative self-evaluations stemming from the perceived or actual depreciation by others owing to a failure to meet standards of behavior" (p. 280).

Depending on whether one lives "in the minds" of the "institutional guardians" (Creed, Hudson, Okhuysen, & Smith-Crowe, 2014) or engages in a community challenging institutionalized arrangements, this intersubjective process of self-regulation described by Goffman, Sheff and Creed and colleagues may be guided by contradictory sets of normative expectations. These notions of identification and belonging typical of a social worlds perspective open a theoretical space to explore the dynamics of consciousness-raising and identity shift situated at the intersection of the notions of identity and emotion work, and micromobilization in framing contests.[9]

Identity work and challenger framing efforts in the workplace have been studied by inhabited institutionalists. Based on observations of feminist and diversity activism in the workplace, Meyerson and Scully (1995, p. 586) theorized the action of "tempered radicals . . . who identify with and are committed to their organizations, and are also committed to a cause, community, or ideology that is fundamentally different from, and possibly at odds with the dominant culture of their organization." The ambivalent identity work of tempered radicals in the workplace who are torn between diversity rights advocacy and a felt need to fit within the dominant corporate culture to preserve the social bonds with colleagues that are essential to their intraorganizational career progression, also echoes Cooley's "looking-glass self" and its subsequent developments by Goffman, Sheff and Creed. In Meyerson and Scully's (1995) initial study, however, workplace micromobilization is not analyzed, with the discussion focusing on the interactions of tempered radicals with mainstream colleagues in the workplace.

Building on Meyerson and Scully's notion of tempered radicals, Creed and Scully (2000) studied how the selective display of marginalized identity in everyday workplace encounters by activist gay, lesbian, bisexual and transgendered (GLBT) employees enabled their micromobilization in seeking to advocate diversity rights in the organization. Along similar lines, Creed, DeJordy and Lok (2010) study the lived

[9] In Chapter 3, I make a theoretical development in this vein by proposing a typology of client action scripts guided by the emotional dynamics underlying incumbent, challenger, and ambivalent loyalty.

experience of institutional contradiction in GLBT ministers in Protestant Christian denominations and propose "a theoretical model of the micro processes through which marginalized actors who are committed to the institution in which they are embedded can begin to think and act as agents of institutional change" (p. 1336). Their study articulates the connection between cognition and emotion in identity work; they also connect emotion to mobilization dynamics by highlighting that "emotions play an important role in the processes by which bystanders become participants in social movements" (p. 1359).

Studying the situated meaning making in an Israeli rape crisis center, Zilber (2002) analyzes a struggle between the center's founders, who initially framed the center as a feminist emancipatory project, and the care professionals that progressively colonized the organization and sought to downplay the feminist mutual aid frame to replace it with a therapeutic frame of professionalized care. Zilber (2002, p. 235) summarizes her aim:

> I concentrate here . . . on the micro level and, specifically, on the role of meanings and of actors in this interplay. On the one hand, meanings link (passive) actors to actions. Meanings are what attracts actors to action. In such cases, meaning govern actors and action. On the other hand, actors might become active in choosing and infusing actions with meanings through interpretive acts, which are part of political processes. In such cases, actors govern meanings. Hence, I will show that actors are carriers of institutional meanings, that their interpretations can be considered as expressions of agency, and that the politics of institutionalization involves not only actions, but meanings as well.

To show how Zilber constructs her analysis of the dialectical struggle between occupational groups promoting/defending the contradictory meaning systems of mutual aid and professionalism, I present in Table 4 a synthesis of some key features of the study.

Table 4—Mutual Aid/Professionalism Dialectical Struggle in Zilber (2002)

	Mutual aid	Professionalism
Collective project	Emancipation	Therapy
Institutional position	Challenger at the societal level Incumbent at the intraorganizational level	Incumbent at the societal level Challenger the intraorganizational level
Meaning system	Utopian (transformation of societal-level role relations)	Ideological (maintenance of societal-level role relations)
Power status in society	Marginalized	Dominant

Power status in the organization	Dominant at inception Marginalized at conclusion	Excluded at inception Dominant at conclusion
Relational structure	Giver-receiver reciprocity (egalitarian organizing)	Giver/receiver segregation (authoritarian organizing)

A interesting feature in Zilber's (2002) study is that while at the level of the Israeli society feminists are institutionally marginalized and thus positioned as institutional challengers, the rape crisis center was founded by feminists who are therefore occupying an incumbent position in the organization at the beginning of the period studied (1978–1996). Reciprocally, while in the larger Israeli society the logic of professional therapy was dominant, care professionals increasingly populating the rape crisis center were in a challenger position within the organization in the early days of the period under study. However, Zilber finds that over time, the therapeutic logic takes precedence in the crisis center while the feminist logic fades into the background. Some of the practices initially associated with feminism remain, but those practices become increasingly infused with professional meanings and stripped from their initial activist intents.

A similarly covert normative negotiation process operating through everyday workplace interactions—occurring here between workers and management—is highlighted in Hallett and Ventresca's (2006) rereading of Gouldner's *Patterns of Industrial Bureaucracy*, as well as in Hallett's (2010) study of "turmoil" in an elementary school. However, in these studies, the actors engaged in workplace activism—workers resisting the formal rule enforcement attempted by the new management in order to preserve the initially prevailing, informally negotiated rules of functioning—are primarily characterized not by a marginalized social identity but rather by their subordinate organizational status.

Like their symbolic interactionists predecessors, the inhabited institutionalists explain knowledge construction as a situated meaning making process (Fine & Hallett, 2014). Drawing from Goffman's *Frame Analysis* (Creed, Langstraat, & Scully, 2002; Cornelissen & Werner, 2014, p. 219), these researchers study identity work under institutional pressures (Creed & Scully, 2000; Creed, DeJordy, & Lok, 2010) and shed light on the social function of emotions in interactional processes of institutional structuration (Creed, Hudson, Okhuysen, & Smith-Crowe, 2014; Voronov & Weber,

2016). They do so by adopting epistemological views rooted in pragmatism and phenomenology conceiving lived experience in everyday interactions as the empirical locus of an intersubjective meaning making process from which lay knowledges originate. These studies display a common conceptualization of social orders as resulting from an ongoing process of informal negotiation of meaning supporting the covert construction of an implicit established set of norms of behaviors and rules of functioning and occurring through everyday interactions among members of different social worlds in a shared organizational arena.

2.5. Conceptual Synthesis

In this chapter, I have reviewed four strands of studies related to the organizational institutionalist literature, which I refer to as the social movements, professions, embedded agency, and inhabited institutions strands. The social movement strand is analyzed in three segments, respectively highlighting political, cognitive, and identity/emotional processes playing out within social movements. The professions strand is sorted into three segments, respectively analyzing professionals as agents of institutional structuration, maintenance, and change. The embedded agency strand is composed of two segments, the fist segment focusing on positions and projects, and the second on identities and boundaries. And the inhabited institutions strand is divided in two segments, exploring the boundary work performed by subordinate occupational communities, and the identity/emotion work performed by members of marginalized identity groups in organizations. In reviewing these strands of the literature, I have sought to highlight some continuities and disjunctures between the symbolic interactionist and organizational institutionalist literatures in the aim of tracking the journey negotiated order theory from its origin in symbolic interactionism to its contemporary migration to organizational institutionalism (as illustrated earlier in Figure 1).

Continuities are found between social worlds and social movement studies as both focus on *collective action*. Continuities are found between moral mandate and professional jurisdiction studies as both focus on *normative authority*. And continuities are also found between labeling and embedded agency studies as well as both focus on *normative*

deviance. A key element of continuity is found in the use of negotiated order theory made in the inhabited institutions perspective.

While my review highlights significant elements of continuity between the symbolic interactionist and the organizational institutionalist literatures, it also points to important elements of disjuncture, contributing to the heterogeneity of these bodies of work with respect to each other. First, while the symbolic interactionist literature promoted a *relational ontology* according to which social structures emerge out of everyday interactions where social worlds intersect, the organizational institutionalist literature suggests a *structural ontology* according to which actors' behaviors are constrained by taken-for-granted norms and understandings seen as pliable yet fairly resilient. Table 5 presents key elements for a comparative analysis of the social movements, professions, embedded agency, and inhabited institutions strands of the organizational institutionalist literature.

Table 5—Organizational Institutionalism: A Conceptual Synthesis

	Social movements	Professions	Embedded agency	Inhabited institutions
Analytical focus	Intracommunity organizing of institutional challenges	Interoccupational epistemic struggle to establish monopolistic control over specific domains of practice	Participation of disadvantaged actors in the field-level structuring of role relations	Inclusion advocacy by subordinate occupational and marginalized identity communities
Knowledge	Lived experience as criterion of belonging	Apparatus of epistemic dominance	Experiential challenges to incumbent expertise	Intersubjective negotiation of boundaries
Power relations	Dialectical (challenger/ incumbent)	Pluralistic (division of labor)	Dialectical (challenger/ incumbent)	Pluralistic in boundary work; dialectical in identity/emotion work
Exemplary references	*Resource mobilization:* Morrill, Zald & Rao, 2003; Rao, Monin & Durand, 2003; McAdam & Scott, 2005;	*Agents of structuration:* Alford, 1975; Larson, 1975; Abbott, 1988; Scott, 1982; Scott et al., 2000; DiMaggio, 1991; Brint & Karabel,	*Positions and projects:* DiMaggio, 1988; Emirbayer & Mische, 1998; Seo & Creed, 2002; Maguire et al.,	*Boundary work:* Barley, 1986, 1989, 1996, 2008; Nelsen & Barley, 1997; Barley and Kunda, 2001; Bechky, 2003a, 2003b,

Schneiberg & Lounsbury, 2008 *Ideology and framing:* Gamson, 1992; Benford & Snow, 2000; Creed et al., 2002; Epstein, 2008 *Identity and emotion:* Goodwin, Jasper and Polletta, 2000; Britt & Heise, 2001; Whittier, 2001; Bernstein, 2005; Gould, 2009;	1991; Reay & Hinings, 2005, 2009 *Agents of maintenance:* Bate, 2000; Ferlie et al., 2005; Currie et al., 2006, 2012; Waring & Currie, 2009; Denis et al., 2002; Langley & Denis, 2005 *Agents of change:* DiMaggio, 1988; Rao, Monin & Durand, 2003; Reay, Golden-Biddle and GermAnn, 2006; Suddaby & Viale, 2011	2004; Battilana, 2006; Kisfalvi & Maguire, 2011; Fligstein & McAdam, 2012 *Identity and boundaries:* Epstein, 1995; Lamont & Molnár, 2002; Maguire et al., 2001, 2005; Levy & Scully, 2007; O'Mahony & Bechky, 2008; Creed et al., 2010; Kisfalvi & Maguire, 2011;	2006, 2011; Zilber, 2002; Reay et al., 2006; Fayard et al., 2017; Leibel et al., 2018 *Identity/emotion work:* Meyerson & Scully, 1995; Creed & Scully, 2000; Creed et al., 2002, 2010, 2014; Scully & Segal, 2002; Creed, 2003; Gutierrez et al., 2010; Voronov & Weber, 2016; Chreim et al., 2019

In the social movements strand, the analytical focus is on the intracommunity organizing of institutional challenges. Knowledge is understood in terms of the lived experience of marginalization and disenfranchisement providing the criterion for belonging in a challenger constituent community. This view suggests an understanding of power relations as a dialectical tension between unequal actors looked at from the perspective of disenfranchised actors mobilizing around a shared problematizing of social arrangements as oppressive—legitimizing the pursuit of radical institutional change projects.

In the professions strand, the analytical focus is on the interoccupational struggle for monopolistic control over domains of activity through competing claims to exclusive applied knowledge. Knowledge is understood in terms of the legitimation of exclusive expertise through which occupational groups gain professional status. This view suggests an understanding of power relations as a pluralistic competition over the legitimation of applied knowledge claims between multiple occupational groups vying for jurisdictional control over particular domains in a contested organizational arena.

In the embedded agency strand, the analytical focus is on the function of constituent action in the interactional structuration of role relations at the level of organizational fields. Knowledge is understood in terms of experiential challenges to incumbent expertise.

Power relations tend to be conceived in dialectical terms looked at from the perspective of disadvantaged actors mobilizing around a common problematizing of present arrangements as insufficiently inclusive, justifying the pursuit of reformist institutional change projects through stakeholder bridging efforts.

Finally, in the inhabited institutions strand, the analytical focus is on the advocacy for voice and resource access performed by members of subordinate occupational and marginalized identity communities within organizations. Knowledge is understood in terms of the intersubjective negotiation of jurisdictional boundaries. Power relations tend to be conceived pluralistically in studies of boundary work, where multiple occupations are seen as competing for jurisdiction, and dialectically in studies of identity/emotion work, where marginalized communities challenge the institutionalized prejudice enacted by mainstream colleagues to their detriment.

Chapter 3
Shifting Loyalties: A Model of How Emotion Work Rescripts Client Action[10]

In various contexts and in many ways, dissatisfied clients engage in action aimed at shaping jurisdictional boundaries in professionalized fields. Some client communities seek to gain voice and inclusion in the governance of professionalized fields, while others aspire to participate in service delivery, to redesign services based on different principles, or to end practices which they perceive as harmful and illegitimate. Client action may contribute to incremental or transformative change in the jurisdictional boundaries of professionalized fields. For instance, in the field of mental health care, public protests from gay liberationists forced the American Psychiatric Association in 1973 to abolish homosexuality from its official list of mental illnesses (Bayer, 1987). In child education, parents who saw traditional schooling institutions as inadequate have been organizing local homeschooling communities (Neuman & Guterman, 2017). And in the religious field, following scandals of sexual abuse of minors by priests, faithful adherents to the Catholic Church have been engaging in advocacy campaigns to change the Church's governance structure and gain lay voice within it (Gutierrez, Howard-Grenville, & Scully, 2010). Yet, despite being documented in a broad array of empirical studies, client action is remarkably absent from contemporary studies of jurisdictional structuration (Anteby, Chan, & DiBenigno, 2016; Langley, et al., 2019) which focus almost exclusively on interoccupational struggles for jurisdictional control while overlooking the multiple forms of boundary work in which clients engage.

To address this blind spot in contemporary studies of professions, we move the analytical focus away from interoccupational negotiation and toward purposive client action aimed at reshaping the boundaries of professional jurisdiction. Adopting a microsociological approach, we theorize how the interplay of cognition and emotion in lived experience fosters client engagement in various jurisdictional boundary projects—the aspirational

[10] I am writing this chapter at the first person plural and referring to it as an article to reflect the involvement of Luciano Barin Cruz and Steve Maguire as co-authors of this manuscript which we aim to submit to the Academy of Management Review journal.

vision of different jurisdictional arrangements—orienting their action in professionalized fields. For instance, in mental health care, peer workers are attempting to move closer to the professional sector (Rose D. , 2003; Repper & Carter, 2011) while voice hearers and mad folks are moving toward the community sector (Starkman, 2013; Baker, 1996). Using the notion of *script* (Barley, 1986; Benford & Hunt, 1992; Barley & Tolbert, 1997), we connect client action with the jurisdictional structuration of professionalized fields. In the aim of explaining how clients seek to shape jurisdictional boundaries in professionalized fields, we propose a typology of six scripts guiding client action toward the realization of distinct boundary projects.

Following the works of Barley (1986; 2008; Barley & Tolbert, 1997) and Bechky (2011), we conceive occupational fields as "interaction orders" (Goffman, 1983), arenas of activity shaped by a set of overlapping commitments to role relations negotiated through daily interactions between professionals and clients. Goffman described the interaction order as a "working consensus" of actors based on their moral commitments to role relations (Gamson, 1985; Rawls, 1987). Thus, we conceive the relation of the interaction order to scripts as a recursive one in which the interaction order scripts action which, in turn, shapes the interaction order through everyday encounters. Specifically, we explore how emotion work rescripts client action away from submission to professional jurisdictional by orienting client action toward a variety of boundary projects that are aimed at purposefully reshaping jurisdictional boundaries. In so doing, we draw on the classics of Albert Hirschman (1970) and Karl Mannheim (1936) to construct a dialectical and shifting understanding of client loyalty in professionalized fields.

With this article, we contribute to the ongoing efforts to integrate emotion into the study of institutional work (Voronov & Vince, 2012; Creed, Hudson, Okhuysen, & Smith-Crowe, 2014; Moisander, Hirsto, & Fahy, 2016; Gill & Burrow, 2018; Farny, Kibler, & Down, 2019; Barberá-Tomás, Castelló, de Bakker, & Zietsma, 2019) by explaining how emotion work is deployed as part of a framing contest between professional and client communities to rescript client action toward different boundary projects. We also contribute to organizational studies of work, occupations, and professions (Barley, 2008; Barley & Kunda, 2001; Bechky, 2011; Anteby, Chan, & DiBenigno, 2016; Langley, et

al., 2019) by pointing to client engagement in several forms of boundary work shaping professionalized fields of activity.

The article proceeds as follows. First, we construct a trimodal conception of client loyalty—*incumbent loyalty* (primary loyalty of clients to professional incumbents), *challenger loyalty* (primary loyalty of clients to a community of clients challenging professional jurisdiction), and *ambivalent loyalty* (partial loyalty of clients to both professional incumbents and client challengers)—as composed of different configurations of client trust in expert knowledge and confidence in theirs and their peers' experiential knowledge. Second, we build on this conception of client loyalty to present a typology of six client action scripts, which we refer to as the scripts of submission, conservation, acquiescence, accommodation, opposition, and escape. And third, we propose a model to explain how professional and client communities use emotion work as part of a framing contest aimed at orienting client action toward the realization of different boundary projects.

This explanatory model makes an important contribution to studies of jurisdictional structuration by theorizing client engagement in different forms of boundary work shaping professionalized fields. Specifically, it explains how experiential framing efforts performed through consciousness-raising activities can rescript client action by bringing clients to problematize present service arrangements and engage in the pursuit of boundary projects oriented toward the realization of different arrangements. Specifically, our rescripting model of client action highlights the importance of emotion work in conditioning the forms of jurisdictional boundary work—purposeful effort by actors to shape the boundaries of jurisdictional domains in a field of activity—in which clients engage in professionalized fields. In so doing, we begin to show the broadly overlooked theoretical importance of treating clients not only as passive service recipients but as purposeful actors who are meaningfully involved in the jurisdictional structuration process. This invites researchers of professionalized fields to shift their analytical focus away from abundantly studied interoccupational relations and toward the understudied relations between professions and their clienteles.

3.1. Incumbent, Challenger, and Ambivalent Loyalty

Any elite group needs a constituency to sustain itself in a dominant field position. A clientele can be conceptualized as a specific case of constituency in the context of a professionalized field. While few existing studies of jurisdictional structuration have considered client action, a broader range of empirical studies are available to conceptualize the generic dynamics of constituent action, from which the specific dynamics of client action can in good part be inferred. A key specific feature of the boundary work performed by clients in professionalized fields in contrast to other types of institutional constituents is its application to the *service boundary*—the social boundary distinguishing between service providers and service recipients; that is, between professionals and clients. In various ways, the jurisdictional boundary work performed by clients in professionalized fields is unique because it aims to reshape the service boundary. Understanding the jurisdictional boundary work performed by clients thus demands an analytical focus on the professional—client relationship from the client perspective.

In this first section, we draw on Hirschman's (1970) *Exit, Voice, and Loyalty* (EVL) framework of decision-making in dissatisfied constituent action, which provides a robust theoretical grounding to conceive individual client action under incumbent loyalty. We then complement Hirschman's framework with insights drawn from Mannheim's (1936) *Ideology and Utopia*, which offers a dialectical understanding of knowledge as orienting action toward institutional maintenance or transformation. Additionally, we draw on Emirbayer and Mische's (1998) conception of agency to conceptualize client consciousness and the temporality of client action. We take complementary cues from studies of emotion work in identity politics (Hochschild, 1975; 1979; Barbalet, 1996; Britt & Heise, 2000; Taylor, 2000; Whittier, 2001) to theorize consciousness-raising as a form of emotion work emerging from client challenger communities. Through consciousness-raising activities, clients encourage each other to problematize professionals' expert knowledge and strengthen their collective confidence in the validity of theirs and their peers' experiential knowledge. Based on this combination of insights, we define loyalty as a social-psychological disposition to act in alignment with the commitments of a specific community.

Barbalet (1996) argues that confidence, trust, and loyalty function respectively as the emotional bases of "the social processes of agency, cooperation and organization" (p. 75). He conceives confidence as "an emotion of assured expectation . . . and self-projection" (p. 76) which "encourages one to go one's own way" (p. 77). He explains that "[a]ssured expectation and self-projection are connected insofar as they are together essential for human agency . . ., the ability to make a difference in the world" (p. 77). Barbalet then associates trust with "the feeling that one can somehow rely upon others" (p. 77). He explains that "[a]n actor who forms an expectation about the future actions of another which positively influences their own actions is operating on trust [which] includes an affective or emotional acceptance of dependence on others." Hirschman describes loyalty as an "attachment to a product or organization" (Hirschman, 1970, p. 77) that incentivizes a dissatisfied constituent to exercise voice from within. Building on Hirschman's conception of loyalty, Barbalet (1998) argues that loyalty is thus "a feeling of the viability of the arrangement of elements in which cooperation takes place" (p. 80).

Both Hirschman and Barbalet define loyalty as an emotional bond to incumbent social arrangements. However, while Barbalet suggests that trust is a necessary condition for constituent loyalty to incumbent arrangements, he also hints that confidence, by unlocking human agency and "encourag[ing] one to go one's own way" (p. 77), constitutes the emotional basis of constituent challenges to incumbent arrangements. Barbalet's combined theorization of confidence, trust and loyalty suggests a dialectical understanding of client loyalty as oriented either toward professional incumbents (high trust in the expert knowledge of professionals and low confidence in theirs and their peers' experiential knowledge as clients), toward client challengers (low trust in expertise and high experiential confidence), or partly toward both (some degree of both trust in expertise and experiential confidence). Mannheim's (1936) classic treatise on ideology and utopia sought to provide phenomenological foundations for the sociology of knowledge by highlighting that knowledge is situated in communities and orients action toward the pursuit of commitments held by the communities in which it is situated. In Mannheim's theory, incumbent actors promote forms of knowledge that are based on ideological beliefs that legitimize institutional maintenance to preserve their privileges; while challengers promote forms of knowledge that are based on utopian beliefs that

problematize the present arrangements as unsatisfactory and invite engagement into action aimed at institutional transformation. In professionalized fields, professional expertise can be understood as the epistemic basis of institutional incumbents' ideological forms of knowledge while client experience forms the epistemic basis of institutional challengers' utopian forms of knowledge. In those terms, we conceptualize clients' *incumbent loyalty* as an orientation to action that is based on their primary experience of trust in the expert knowledge of established professionals and *challenger loyalty* as an orientation to action that is based on their primary experience of confidence in the experiential knowledge of a client community pursuing a boundary project that offers an alternative to professional jurisdiction.

This dialectical conception of professionalized fields echoes recent efforts to theorize institutional fields by drawing upon social movement insights (Seo & Creed, 2002; Fligstein & McAdam, 2012). While this incumbent/challenger understanding of institutional fields offers a theoretical foundation to analyze the maintenance and transformation work of actors, studies of interorganizational collaboration (Hardy & Phillips, 1998; Maguire, Phillips, & Hardy, 2001; Maguire, Hardy, & Lawrence, 2004; Maguire & Hardy, 2005) and of diversity advocacy in the workplace (Meyerson & Scully, 1995; Scully & Segal, 2002; Creed, 2003; Creed, DeJordy, & Lok, 2010) highlight that this polarized understanding of institutional fields as divided between incumbents and challengers is insufficient, as many such actors display *ambivalent loyalty* based on their contradictory experience of some degree of both trust in expertise and experiential confidence. These studies view interaction orders as negotiated not in the pure territories of ideology and utopia but rather in the areas where ideology and utopia intersect. In professionalized fields, expert ideologies and experiential utopias intersect on the service boundary. For the remainder of this section, we unpack and specify, in turn, incumbent loyalty, challenger loyalty, and ambivalent loyalty.

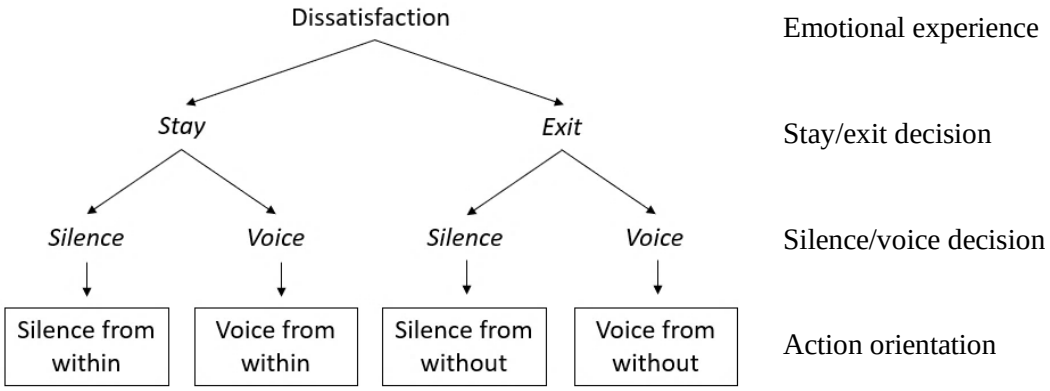
Incumbent Loyalty and Dissatisfaction in Hirschman

Considering a firm's consumers or an organization's employees as constituents, Hirschman's (1970) "exit, voice, and loyalty" framework seeks to explain what

dissatisfied constituents do. He treats dissatisfaction as an emotional experience motivating individual constituents to take action to address it. His framework suggests that dissatisfied constituents make two key decisions: (1) whether to stay within or exit the organization, and (2) whether to remain silent or voice dissatisfaction. He analytically treats those two decisions as binary and sequential; that is, a dissatisfied constituent can either stay or leave, and after that first decision is made, a constituent who chooses to stay can either remain silent or voice dissatisfaction.

Considering the potential combinations of stay/exit and silence/voice decisions leads to four possible dissatisfied constituent action orientations, which we label *silence from within* (stay + silence), *voice from within* (stay + voice), *silence from without* (exit + silence), and *voice from without* (exit + voice). This is illustrated in Figure 2 as a four-stage decision tree: (1) an emotional experience of dissatisfaction with present arrangements motivates constituent engagement with the issue at stake; (2) a first decision to either stay or exit unsatisfactory arrangements; (3) a second decision to either be silent or voice dissatisfaction; and (4) the formation of a commitment to a generic action orientation combining the stay/exit and the silence/voice decisions.

Figure 2—Action Orientations Suggested by Hirschman's Framework



Beyond exit and voice, Hirschman's "exit, voice, and loyalty" framework has a third parameter—loyalty, which, unlike exit and voice, is not a decision (Dowding, John, Mergoupis, & Van Vugt, 2000). Hirschman (1970) understands loyalty as a social-psychological disposition—an "attachment to a product or organization" (p. 77) felt by constituents, which "holds exit at bay and activates voice" (p. 78). Loyalty mediates constituent action toward staying within the organization to either voice dissatisfaction or

stay silent, making exit subjectively more costly. Hirschman's theorization of loyalty thus contains cognitive and emotional components as decisions constituents have to make to address a dissatisfaction are mediated by both a calculation of interests and an affective attachment to incumbent arrangements. Barbalet (1996) highlights the emotional component in Hirschman's concept of loyalty, which he describes as "a feeling of the viability of the arrangement of elements in which cooperation takes place" (p. 80). Hirschman's concept of loyalty corresponds to Barbalet's idea of trust, which connects to our concept of *incumbent loyalty*. As applied to client action in professionalized fields, Hischman's concept of loyalty connects to client as trust in the expert knowledge of professionals.

Morrill, Zald and Rao (2003, p. 402) view Hirschman's framework as possibly the most systematic program of social psychological research relevant to covert political conflict in and around organizations. Zald & Berger (1978) note that the "strength of Hirschman's analysis is that it forces us to think of two modes of expressing discontent (exit and voice) together, whereas most of us have treated these separately" (p. 831). The loyalty variable is key to his framework as it inclines constituent action toward voice and silence from within. However, Hirschman's framework has three major shortcomings. First, by focusing exclusively on individual constituent action, his framework overlooks the collective dimension of constituent action—it asks what dissatisfied constituents do *individually* but not what they do *collectively*. Second, by theorizing loyalty as exclusively applicable to incumbent arrangements, his framework neglects *challenger loyalty*—a constituent's loyalty to a peer community of dissatisfied constituents challenging incumbent arrangements. And third, by overlooking the collective dimension of constituent action and neglecting challenger loyalty, his framework conceives stay/exit and silence/voice as binary decisions and fails to account for *ambivalent loyalty*—constituent action mediated by some degree of both incumbent and challenger loyalty.

In the following two sections, we address these shortcomings in Hirschman's framework of dissatisfied constituent action to theorize client action in professionalized fields. We introduce Mannheim's (1936) theory of ideology and utopia to address the first two shortcomings in Hirschman's framework. Mannheim's treatise on ideology and utopia

provides a theory explaining collective action as founded on a situated conception of knowledge, allowing us to conceptualize a dialectical tension between the expert knowledge claims of professional incumbents and the experiential knowledge claims of client challengers. Mannheim's understanding of social orders as structured by a dialectical tension between incumbent and challenger forms of knowledge supports our concept of challenger loyalty. Then, to complement Hirschman and Mannheim by specifying our concept of ambivalent loyalty, we draw on contemporary studies of interorganizational collaboration (Hardy & Phillips, 1998; Maguire, Phillips, & Hardy, 2001; Maguire, Hardy, & Lawrence, 2004; Maguire & Hardy, 2005) and diversity advocacy in the workplace (Meyerson & Scully, 1995; Scully & Segal, 2002; Creed, 2003; Creed, DeJordy, & Lok, 2010), where collaborative work at the intersection of incumbent and challenger social worlds has been studied from a challenger perspective.

Challenger Loyalty and Knowledge Contradictions in Mannheim

Mannheim's (1936) theory of ideology and utopia complements Hirschman's framework. It allows to conceptualize dissatisfied constituent collective action as rooted in a situated and directional understanding of the collective construction of knowledge (Berger & Luckmann, 1966; Ricoeur, 1988; Levitas, 1990). Mannheim conceives knowledge as a frame of reference derived from actors' situated experience orienting action toward the pursuit of their perceived social class-based commitments. Mannheim sees knowledge as either *ideological*—oriented toward institutional maintenance to preserve elite privileges—or *utopian*—oriented toward institutional transformation to improve the situation of disenfranchised constituents. He understands social orders as structured by an ongoing dialectical tension between the ideological framing efforts of institutional incumbents and the utopian framing efforts of institutional challengers. For Mannheim, the social order is shaped by an ongoing asymmetrical power struggle between incumbents and challengers seeking to construct reality in ways that align with their contradictory commitments.

Mannheim's (1936) writes that utopias are "orientations transcending reality" which, "when they pass over into conduct, tend to shatter, either partially or wholly, the order of

things prevailing at the time" (p. 173). Utopias set reality in motion, allowing dissatisfied constituents to project alternative arrangements motivating their engagement in challenges to the established order. Using Mannheim's lens to interpret professionalized fields allows us to see the expert knowledge of professional incumbents as ideological and the experiential knowledge of client challengers as utopian. The dominant status of scientific criteria of epistemic validity in professionalized fields situates expert knowledge as the foundation of ideological systems of meaning based on which professional incumbents legitimize their dominant institutional position. Conversely, the invalidated status of lived experience as a method of access to truth in professionalized fields situates experiential knowledge at the foundation of the utopian systems of meaning on the basis of which client challengers problematize present service arrangements and project alternative ways to satisfy their needs.

An influential line of thought associated with the "conflict" (Scott, 2008b) strand of the sociology of professions defines professions as occupational groups organized to derive material (money and resource control) and symbolic (status and autonomy) privileges from the monopolistic exercise of an exclusive claim to applied expert knowledge (Hughes, 1958; Freidson, 1970a; 1970b; 1986; Larson, 1977). Building on these insights, Abbott's (1988) landmark "system of professions" explains the division of labor as shaped by the constant competition between occupational groups to control work jurisdictions through such exclusive claims to expert knowledge. Echoing Abbott's view, contemporary organizational studies of jurisdictional structuration tend to focus analysis on interoccupational struggles to define the boundaries of occupational control over work domains (Scott, 2008b; Anteby, Chan, & DiBenigno, 2016; Langley, et al., 2019). To a striking extent, however, this focus on interoccupational struggles for jurisdictional control tends to take expert knowledge for granted as the only form of knowledge on the basis of which claims jurisdictional claims can be made. This results in a near-total absence of analytical consideration for experience-based knowledge claims advanced by client movements to support their jurisdictional challenges.

Yet, studies of multiple varieties of mutual aid communities and client movements highlight the distinct nature of clients' experiential knowledge and the influence of

clients' experience-based boundary projects in shaping jurisdictional arrangements (Borkman, 1976; 1999; Epstein, 1996; 2008). Based on the participant observation of feminist consciousness-raising groups and many other types of mutual aid communities, Borkman (1976; 1999) defined experiential knowledge as composed of two essential components: (1) the "wisdom and know-how gained from personal participation in a phenomenon" which "tend to be concrete, specific, and commonsensical, since they are based on the individual's actual experience, which is unique, limited, and more or less representative of the experience of others who have the same problem" (Borkman, 1976, p. 446), and (2) the "conviction that the insights learned from direct participation in a situation are truth, because the individual has faith in the validity and authority of the knowledge obtained by being part of a phenomenon" (Borkman, 1976, p. 447). Thus, Borkman's studies (1976; 1999) suggest that to be organizationally relevant, experiential knowledge requires both the collection of insights derived from lived experience *and* an epistemic confidence in the value such experiential insights.

Connecting Borkman's understanding of experiential knowledge with our conception of client loyalty as mediated by a dialectical tension between clients' trust in the expert knowledge of professionals and clients' confidence in theirs and their peers' experiential knowledge (Hirschman, 1970; Mannheim, 1936; Barbalet, 1996), we view the experiential knowledge constructed by clients through sustained participation in mutual aid communities as the epistemic foundation of clients' challenger loyalty. Our view of client loyalty as mediated by a dialectical tension between trust in professional incumbent' expert knowledge and confidence in challengers' experience is reflected in several empirical studies of client movements in professionalized fields. For instance, Zilber's (2002) study of a rape crisis center in Israel analyzes a tension between the feminist self-help project pursued by the centers' founders—where experiential confidence is epistemic foundation of challenger loyalty—and the therapeutic project promoted by the professionally trained staff—where trust in expertise is the epistemic foundation of incumbent loyalty—populating the center over time. Also representative of this tension is Taylor's (2000) study of self-help groups for survivors of post-partum depression which seek to transform the identity of their adherents from mentally ill women to survivors of

a challenging life event through sustained participation in consciousness-raising activities that both strengthen their experiential confidence and undermine their trust in expertise.

The ability of clients engage with a service-related dissatisfaction by problematizing present arrangements and projecting an organizational alternative that orients their action requires experiential confidence (Borkman, 1976; 1999). That is, experiential confidence is a precondition for client formation of challenger loyalty. Experiential confidence opens a cognitive space for critical consciousness and expands constituent political horizons (Gould, 2009; Whittier, 2017). Thus, wee argue that sustained participation in mutual aid strengthens client epistemic confidence and rescripts client action away from submission to professional jurisdiction and toward engagement in boundary projects aimed at addressing dissatisfaction through the pursuit of alternative arrangements.

Mannheim's (1936) dialectical theory of knowledge construction helps conceptualize experiential confidence as the epistemic foundation of challenger loyalty. But his theory also has at two important limitations. First, in as he divides actors between ideological incumbents and utopian challengers, Mannheim overlooks the intersection of ideology and utopia, where incumbents and challengers accommodate a middle ground. Yet, it is at the intersection of ideology and utopia—on the service boundary—that professionals deliver and clients receive services. It is on the service boundary that the professional—client relationship operates. Ideology and utopia helps conceive incumbent and challenger loyalty, but not the ambivalent loyalty allowing for the accommodation of a professional—client middle ground on the service boundary. And second, Mannheim's theory of ideology and utopia considers exclusively the cognitive dimension of knowledge and ignores the emotional dynamics underpinning the formation of client action. To address Mannheim's limitations, we draw on contemporary studies that illuminate the ambivalent loyalty in two different contexts—interorganizational collaboration and workplace advocacy, to specify ambivalent loyalty and the emotional dynamics involved in the formation of client action.

Ambivalent Loyalty in Organization Studies

First, we have drawn from Hirschman's EVL framework to specify our concept of incumbent loyalty and connect it to client trust in the professionals' expert knowledge. Second, we have drawn from Mannheim's (1936) theory of ideology and utopia to specify our concept of challenger loyalty and connect it to client confidence in theirs and their peers' experiential knowledge. Combining Hirschman's framework of dissatisfied constituent action with Mannheim's situated knowledge theory of collective action allows to understand jurisdictional arrangements in professionalized fields as shaped by a dialectical struggle between the expert framing efforts of professional incumbents and the experiential framing efforts of client challengers. Organization studies of interorganizational collaboration and workplace advocacy offer complementary insights into ambivalent loyalty and the emotional dynamics underpinning constituent action. These studies take into account both the cognitive and emotional dimensions of ambivalent loyalty in constituent action. And they enable an understanding of stay/exit and silence/voice not as binary and sequential options, but rather as intertwined and simultaneous constituent dispositions toward action.

Sustained interorganizational collaboration requires the formation "cross-class coalitions" between institutional constituents and elites (McAdam, Tarrow, & Tilly, 2001) and stakeholder-bridging organizations with shared governance mechanisms to accommodate a middle ground between challengers and incumbents (Maguire, Hardy, & Lawrence, 2004). Interorganizational collaboration also demands that collaborators balance their dual identifications with constituents and organizational elites (Maguire & Hardy, 2005) and engagement in "a series of conversations in which participants must successfully juggle their ambivalent roles of collaborative partner and organizational representatives" (Hardy, Lawrence, & Phillips, 2006, p. 96). Earlier studies by researchers of interorganizational collaboration explored challengers' ambivalent loyalty from the angle of trust in incumbent collaborators under contexts of unfavorable power imbalance (Hardy & Phillips, 1998; Hardy & Leiba-O'Sullivan, 1998; Lawrence, Phillips, & Hardy, 1999). These studies echo Barbalet's (1996, p. 80) argument by presenting organizational trust as underlying incumbent loyalty (Maguire, Phillips, & Hardy, 2001).

Challengers' experiential confidence, although rarely explicitly theorized, is also hinted at in studies of interorganizational collaboration. For example, in Hardy and Phillips's (1998) study of strategies of engagement in the UK refugee system, the authors observe that the Community Development Team, a stakeholder-bridging unit founded by the British Refugee Council "to help develop and organize the refugee community" (p. 221), seeks to "empower refugee organizations by helping them to develop the confidence, knowledge, and skills needed to take action" (p. 221). Similarly, "institutional entrepreneurs in emerging fields" need experiential confidence to "theorize new practices by assembling a wide array of arguments that translate the interests of diverse stakeholders" (Maguire, Hardy, & Lawrence, 2004, p. 669). Applied to client action in professionalized fields, studies of interorganizational collaboration under power imbalance support our concept of client ambivalent loyalty as founded on a mix of trust in expertise and experiential confidence.

Studies of "tempered radicals"—workplace diversity advocates—provide complementary insights into constituent ambivalent loyalty. The internalized contradiction between incumbent and challenger loyalties experienced by diversity advocates in organization has been explored in studies of "tempered radicalism" (Meyerson & Scully, 1995; Creed & Scully, 2000)—"the process by which organization members on the margins use their differences but also their loyalty to push for change from the inside" (Gutierrez, Howard-Grenville, & Scully, 2010, p. 693). Drawing on Hirschman's EVL framework, Creed (2003) shows that voice and silence are not mutually exclusive options for tempered radicals, but that they are fact necessary complementary and intermingled as workplace advocates juggling with ambivalent loyalty must make strategic use of both silence and voice in their everyday interactions to advance diversity causes while avoiding stigma from their mainstream colleagues. Some clients in professionalized fields act as "tempered radicals" by engaging in selective displays of loyalty to incumbents and challengers (Meyerson & Scully, 1995; Gould, 2001) aimed at reconciling the institutional contradiction between their advocacy commitments and organizational belonging.

Meyerson and Scully (1995) note that ambivalence "stems from the Latin *ambo* (both) and *valere* (to be strong)" and implies the "expression of both sides of a dualism" (p. 588). Applied to client action, this view of ambivalence supports our understanding of client ambivalent loyalties as an ongoing commitment to simultaneously align one's action with professional incumbents and client challengers based on a mix of client trust in expertise and experiential trust. Studying governance reform advocacy in the Catholic Church, Gutierrez, Howard-Grenville and Scully (2010) found that faithful lay adherents cultivate a in "split identification" which "allows [them] to retain their identification with normative aspects of an institution, while disidentifying with, and seeking to change, organizational aspects" (p. 673). Connecting their findings to Hirschman's EVL framework, the authors describe split identification as a particular configuration of loyalty and voice (Gutierrez, Howard-Grenville, & Scully, p. 674).

In summary, literatures on interorganizational collaboration and workplace advocacy provide complementary insights into ambivalent loyalty in constituent action. Studies of interorganizational collaboration tend to adopt a field level of analysis to focus on accommodative practices used by ambivalent actors to bridge social boundaries (Hardy & Phillips, 1998; Maguire, Hardy, & Lawrence, 2004). Comparatively, studies of workplace advocacy tend to focus on intraorganizational dynamics and explore the intersubjective processes of identity work through which ambivalent actors reconcile their assigned social role with a desired sense of self (Meyerson & Scully, 1995; Scully & Segal, 2002; Creed, 2003). Recent studies inspired by this body of work delve into the how embodied emotional experience underpins the institutional work of constituent actors pursuing different boundary projects (Creed, DeJordy, & Lok, 2010; Voronov & Vince, 2012; Creed, Hudson, Okhuysen, & Smith-Crowe, 2014; Hudson, Okhuysen, & Creed, 2015). Taken together, these two literatures provide insights into the cognitive and emotional dynamics underpinning the formation of ambivalent loyalty in constituent action within and across organizations.

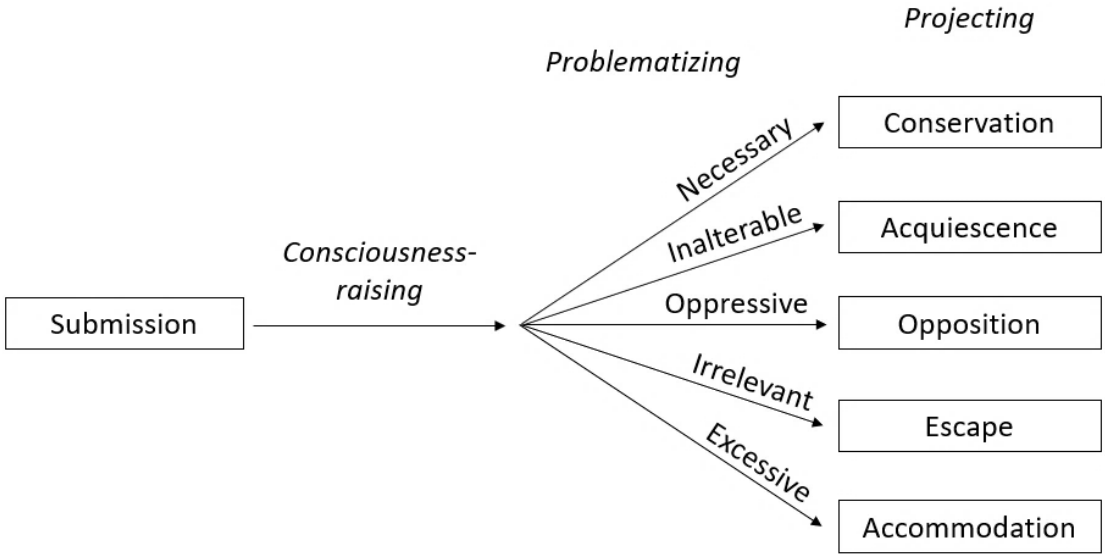
Applied to client action, these insights show ambivalent loyalty as orienting client action toward projects aimed at bridging the professional—client boundary by accommodating a middle ground at the intersection of their social worlds. These bodies of work allow to

see voice and silence as intertwined and strategically played by ambivalent actors to nurture their social bonds with actors on both sides of the service boundary. However their strengths, these bodies of work also have limitations. First, by focusing on voice from within (collaboration and workplace advocacy), they pay relatively little attention to silence from within (inaction in the face of dissatisfaction), voice from without (radical challenges to established arrangements), and to silence from without (desertion of established arrangements toward the realization of envisioned organizational alternatives). In the next section, we build on the notions of *consciousness-raising*, *problematizing*, and *projecting* developed in this section to propose a typology of six client action scripts: submission, conservation, acquiescence, accommodation, opposition, and escape.

3.2. A Typology of Client Action Scripts

In this section, we examine cognition and emotion in client action scripts. We focus on the content of the scripts forming our typology and explain the *consciousness-raising*, *problematizing*, and *projecting* stages of client action rescripting process. Later, we put this typology into action by explaining how professional incumbents and client challengers engage in a framing contest over feeling rules to shape the interaction order in professionalized fields by promoting competing meanings legitimizing the pursuit of their diverging situated commitments. We theorize a three-stage process of client action rescripting in which clients are initially guided by the script of submission because until now, they have only been exposed to expert frames. These clients take professional jurisdiction for granted and thus problematize or project to alter it. As a client becomes exposed to the experiential frames of client challengers that problematize professional jurisdiction, the emergence of a critical consciousness opens new client action scripts oriented toward the realization of different boundary projects. Those include the scripts of *conservation*, *acquiescence*, *accommodation*, *opposition*, and *escape*. This proposed three-stage process of client action rescripting is illustrated in Figure 3.

Figure 3—The Rescripting of Client Action: A Three-Stage Process



Submission is the only unreflexive client action script because it is characterized the absence of critical consciousness. The typology contains two scripts aligned with incumbent loyalty (conservation and acquiescence), two scripts aligned with challenger loyalty (opposition and escape), and one script aligned with ambivalent loyalty (accommodation). Tying back to Hirschman's EVL framework, the scripts of conservation and accommodation pursue different boundary projects aligned with voice from within, conservation being aligned with incumbent loyalty and accommodation with ambivalent loyalty. The scripts of submission and acquiescence represent different forms of silence from within, acquiescence being reflexively and submission unreflexively rooted in incumbent loyalty. And the scripts of opposition and escape pursue different boundary projects rooted in challenger loyalty—opposition being aligned with voice from without and escape with silence from without.

The notion of *script*, related to Goffman's idea of frames as organizing the perception of experience (Goffman, 1974; Creed, Langstraat, & Scully, 2002), locates the microfoundation of collective action in the intersubjective nature of lived experience. Barley's (1986) defines scripts as "outlines of recurrent patterns of interaction that define, in observable and behavioral terms, the essence of actors' roles [and] appear as standard plots of types of encounters whose repetition constitutes the setting's interaction order" (p. 83). Benford and Hunt add to this that scripts are "interactionally emergent guides for

collective consciousness and action, guides that are circumspect enough to provide behavioral cues when unanticipated events arise yet sufficiently flexible to allow for improvisation" (1992, p. 38). They note that "[s]cripts are built upon 'frames' that provide a collective definition of the situation" (Benford & Hunt, 1992, p. 38). Based on these understandings, we define *scripts as pliable yet resilient patterns of action*.

In all client action scripts except submission, a critical consciousness is present that roots the script into a problematization of present service arrangements and orients it toward the aspired realization a boundary project aimed at altering or preserving them. For the analytical purpose of this paper, we define a *boundary projects as clients' imagined outcome of action aimed at altering or preserving aid arrangements in a field of activity* (Lamont & Molnár, 2002, pp. 177-181; Zietsma & Lawrence, 2010; Langley, et al., 2019).[11] Thus, engagement in a boundary project rescripts client action toward the commitments of a community of actors mobilized toward its aspired realization.

We argue that rescripting client action initially requires the arousal of a critical consciousness. This typically occurs through *consciousness-raising, a process through which constituents are socialized into a challenger perspective through sustained participation in a community of experiential peers*. Consciousness-raising operates as marginalized actors engage in sustained peer-to-peer activity during which they collectively problematize present arrangements with their peers while reinforcing each other's experiential confidence (Hochschild, 1975; Taylor, 2000; Whittier, 2001; 2017). Emirbayer and Mische (1998, p. 998) explain that problematizing fosters "the recognition that the concrete particular situation at hand is somehow ambiguous, unsettled, or unresolved." In the context of client action, we refer to *problematizing as the client construction of a theory explaining why and how present service arrangements are unsatisfactory and justifying engagement into action to address this dissatisfaction*. Thus,

[11] Our concept of boundary project is based on Emirbayer and Mische's temporal view of agency which is efficiently synthesised in this element of discussion from Langley and colleagues (2019, p. 58): "Emirbayer and Mische (1998) . . . suggest that human agency as practical and situated engagement always encompasses elements of repetition, projection toward the future and practical evaluation of possible immediate and future consequences. Boundary work is thus always agential, projective and purposeful even when it operates in the background and is not the focal object of individual and collective attention . . . . Agency and reflexivity are ubiquitous in boundary work although they assume different forms and are played out differently."

problematizing leads to the projection of alternative arrangements, "the imaginative generation by actors of possible future trajectories of action, in which received structures of thought and action may be creatively reconfigured in relation to actors' hopes, fears, and desires for the future" (Emirbayer & Mische, 1998, p. 971). Thus, we refer to *projecting as the formation of a boundary project aimed at altering or replacing present service arrangements through the aspired realization of an organizational alternative.* We construct below a typology of six client action scripts by specifying and discussing those scripts in the empirical fields of medicine, education, and religion.

The Script of Submission

Clients who do not problematize present arrangements because they have only been exposed to expert framing efforts take the incumbent ideology legitimizing professional jurisdiction for granted (Lukes, 1974; Hardy & Leiba-O'Sullivan, 1998). In absence of critical consciousness, their action is guided by the script of submission. The script of submission guides client action toward unreflexive acceptance of professional jurisdiction. Submissive clients consider professional incumbent expertise as the only relevant base of knowledge to address their needs. By default given their absence of exposure to alternative framing efforts, clients engaged in the script of submission feel high trust in the expert knowledge of professional incumbents. Considering professional expertise as the only possible base of knowledge to address their needs also implies that submissive clients feel low confidence in their own experiential knowledge, which they do not consider as a valid epistemic basis to address their needs. The script of submission thus aligns client action with incumbent loyalty. Given their unreflexive acceptance of present service arrangements, submissive client unwittingly contribute to the maintenance of professional jurisdiction.

The script of submission echoes much of the literature on jurisdictional negotiation in studies of professions which, by overlooking client challenges to professional jurisdiction, treats them de facto as irrelevant to jurisdictional structuration. Widespread client submission to professional jurisdiction appears so deeply taken-for-granted in existing research that exemplar studies of profession pointedly documenting it are hard to find. It

appears to be treated as a trivial observation unworthy of analytical attention—suggesting that client submission to professional jurisdiction is so pervasive and seemingly obvious that there is no point in studying it. As we consider it the default client action script prior to the emergence of a critical consciousness resulting from exposure to client challenger experiential frames, submission is the only unreflexive script of our typology.

The Script of Conservation

Some clients exposed to competing expert and experiential frames internalize a critical consciousness based on which they problematize professional jurisdiction as insufficient and alterable. This problematization justifies client engagement in the script of conservation. Conservative clients feel high trust in expert knowledge and are thus loyal to professional incumbents. They view the interaction order as a dangerous place in which broader professional jurisdiction will provide them with a greater sense of safety. Thus, conservative clients pursue boundary projects aimed at expanding professional jurisdiction.

We find few examples in empirical studies of client movements to illustrate the script of conservation. We argue that this may signal a blind spot in our review of empirical studies of client action and/or the presence of a relatively understudied area of research rather than the empirical vacuity of the client action script of conservation. One illustrative example the first author of this article found can think of from his empirical fieldwork is Luc Vigneault (2016), a well-known Quebec mental health client advocate, who has been actively promoting the expansion of psychiatrists' legal authority to administer psychiatric treatments against their will to unconsenting people diagnosed as mentally ill by psychiatrists.

The Script of Acquiescence

Some clients exposed to competing expert and experiential frames internalize a critical consciousness based on which they problematize professional jurisdiction as insufficient, excessive, oppressive, yet inalterable. The belief in the futility of client action characterizes script of acquiescence. Acquiescent clients feel low confidence in theirs and

their peers' experiential knowledge, and thus see loyalty to professional incumbents as the only option. They view the interaction order as a place which, whatever their dissatisfaction with it, they will be unable to alter and must therefore resign themselves to cope with and reluctantly support. Thus, acquiescent clients pursue boundary projects aimed at accepting professional jurisdiction.

Although we find few documented examples of acquiescence in empirical studies of client movements, which can be partly explained by the methodological challenge of studying the absence of affirmative client action to address dissatisfaction, acquiescence in the face of oppressive regimes has been extensively explored and written upon in decades following the Second World War. Many thinkers of this period have reflected on the disturbing social phenomenon of widespread constituent obedience to an exercise of authority by elites that would be considered blatantly unjust and unjustified according to any established norms of behavior. Marcuse (1965) called "repressive tolerance" the generalized constituent obedience to the oppressive ruling of the elites of his time; obedience without which such unjust social orders could not sustain itself.

In a famous series of social psychological experiments, Milgram (1971) found that when commanded to do so by figures perceived as occupying positions of expert authority, surprisingly high percentages of people who otherwise "display all signs of normalcy" accepted "to do cruel and unusual things to other people" (Clegg, Courpasson, & Phillips, 2006, p. 149). In the Milgram studies, obedience was found to be particularly high when the expertise on which orders were based was unchallenged (absence of challenger frames), and when social distance was large between participants and subjects. Along those lines, Goffman observes that "over the short historic run at least, even the most disadvantaged categories continue to cooperate—a fact hidden by the manifest ill will their members may display in regard to a few norms while sustaining all the rest" (1983, p. 6). Further speculating on this seemingly widespread phenomenon, Goffman adds:

> Perhaps behind a willingness to accept the way things are ordered is the brutal fact of one's place in the social structure and the real or imagined cost of allowing oneself to be singled out as a malcontent. Whatever, there is no doubt that categories of individual in every time and place have exhibited a disheartening capacity for overtly accepting miserable interactional arrangements.

The Script of Accommodation

Some clients exposed to competing expert and experiential frames internalize a critical consciousness based on which they problematize professional jurisdiction as excessive and alterable. This problematization justifies client engagement in the script of accommodation. Clients engaged in the script of accommodation experience a partial degree of both experiential confidence and trust in expertise and thus have ambivalent loyalty to professional incumbents and client challengers. They view the interaction order as a place in which professional jurisdiction looms slightly too large and leaves too little voice to client experience. They seek to alter service arrangements by advocating for greater client inclusion in decision-making sites and processes controlled by professionals. Thus, accommodative clients pursue boundary projects aimed at reducing professional jurisdiction and gaining client inclusion into and control over service arrangements in a minor way.

Empirical studies of interorganizational collaboration and workplace advocacy offer several examples to illustrate the client action script of accommodation. For instance, in the religious field, Gutierrez and colleagues (2010, p. 684) illustrate accommodative client action in the Voice of the Faithful (VOTF) movement of Catholic believers: "By problematizing what they labeled as a passive way of identifying with the Church, and specifically with its leadership and governance, and articulating an alternative, founders and early members of VOTF could portray themselves as helpful insiders." This example combines a problematization of present arrangements ("a passive way of identifying with the Church") with the aspired realization of a boundary project ("articulating an alternative") aimed at reducing professional jurisdiction and gaining client inclusion/control in a minor way ("portray themselves as helpful insiders"). In the field of education, client movements pursuing greater admission of racialized people into higher education institutions have advocated for affirmative action policies aimed at correcting entrenched access inequalities (Rhoads, Saenz, & Carducci, 2005).

Accommodative client action can be associated with client pursuit of professionalization projects legitimized on the basis of experiential knowledge claims. This is the case for instance with people with HIV/AIDS have combined their experiential knowledge with

efforts to familiarize themselves with relevant medical expertise to act as advisors and consultants for the development of medical practices and pharmaceutical products that would help address their condition (Epstein, 1996). A comparable professionalization project is found in the occupational community of mental health peer support workers, people who have received mental health services and aid for social distress in the past and have received a training to become certified members of mental health intervention teams on the basis of their experiential knowledge (Repper & Carter, 2011; Asad & Chreim, 2016). Patient partners across healthcare services are also pursuing a form of professionalization as, through their collaborative work with professionals, they develop and bring to the table a complementary perspective founded on their experiential knowledge of living with, and receiving care for, particular health-related conditions (Canfield, 2018).

The Script of Opposition

Some clients exposed to competing expert and experiential frames internalize a critical consciousness based on which they problematize professional jurisdiction as oppressive and alterable. This problematization justifies client engagement in the script of opposition. Oppositional clients feel low trust in expert knowledge, which motivates their loyalty to client challengers. They view the interaction order as a place in which professional domination alienates clients and illegitimately maintains them in a state of dependence and inferiority. They seek to alter service arrangements by denouncing the oppressive nature of present service arrangements and advocate for the emancipatory transformation of professional—client role relations. Thus, oppositional clients pursue boundary projects aimed at reducing professional jurisdiction and gaining client inclusion into and control over service arrangements in a major way.

Many examples across professionalized fields illustrate the client action script of opposition. For instance, in the field of medicine, public protests and direct action campaigns by gay liberation activists to denounce the medicalization their sexual preferences, which led the American Psychiatric Association in 1973 to remove homosexuality from its list of mental illnesses (Bayer, 1987), provides a clear example of

oppositional client action. Other examples are found in "crippled," "fat," and "mad" client movements who reject the medicalization of their physical or behavioral differences (Epstein, 2008; Wallcraft & Hopper, 2015; Starkman, 2013). In the field of religion, the religious skepticks movement attacks the epistemic foundations of religious claims, thereby seeking to delegitimize the professional—client relationship tying ministers to the faithful (Penner, 2014).

The Script of Escape

Some clients exposed to competing expert and experiential frames internalize a critical consciousness based on which they problematize professional jurisdiction as irrelevant and thus not worth altering. This problematization justifies client engagement in the script of escape. Escapist clients feel high confidence in theirs and their peers experiential knowledge, which motivates their loyalty to client challengers. They view the interaction order as a place in which professional jurisdiction is uncalled for and fundamentally misaligned with their needs. Clients engaged in the script of escape do not seek to alter service arrangements but rather advocate for deserting them by organizing to address their own needs among peer experiential knowers, in the absence of professionals. In so doing, escapist clients seek to deprofessionalize the assistance they receive to meet their needs by becoming each others' service providers and recipients—thereby dissolving the service boundary. Thus, escapist clients pursue boundary projects aimed at replacing professional jurisdiction with alternative arrangements that are based on a principle of mutual aid among peer experiential knowers.

Many empirical examples illustrating the client action script of escape can be found across professionalized fields. For instance, in the field of medicine, people with a variety of common needs treated as medical conditions engage in self-help groups in their local communities. By organizing into mutual aid communities with peer experiential knowers, these people reconstruct their identity away from the expert knowledge of medical professionals and gain confidence in the validity of their experiential knowledge, sharing tips and developing practices that help them better address their needs and reduce or eliminate their dependence on professional services (Borkman, 1976; 1999). A well-

known self-help movement is the Alcoholics Anonymous, an approach by and for experiential peers to addressing the issue of alcohol abuse through a program developed and operated on the basis of the experiential knowledge of its members (Denzin, 1987). In postwar America, women began gathering in local circles to promote and share experiential knowledge of breastfeeding and proximal mothering (a movement known as La Leche League which is still active to this day and has a large number of local groups internationally) as the transfer of traditional knowledge surrounding those practices from one generation of women to the next had been disrupted by the generalization of bottle-feeding with commercial infant feeding preparations and the broad medicalization of birth and infant care (Weiner, 1994).

In the field of education, the unschooling movement promotes a decentralized approach to children learning coordinated locally through autonomous learning centers and informal gatherings managed by children and their parents, outside of traditional schooling institutions (Neuman & Guterman, 2017). Being less visible than oppositional agendas because they typically occur in private settings among experiential peers, escapist client action has been much less studied and may deserve further empirical and theoretical attention. In the field of religion, an ethnographic study by Bainbridge (2002) of the Endtime Family shows how this millenarian movement formed out of the initiative of a disaffected Christian pastor attracted people disenchanted with established religions as well as various hippies and marginalized people of all stripes looking for answers to their existential dissatisfaction in an alternative communitarian way of life.

In this section, we have built on out trimodal conception of client loyalty to construct a typology of six client action scripts underpinning the pursuit of various client boundary projects in professional fields. We have proposed a three-stage process composed of consciousness-raising, problematizing, and projecting which rescripts client action away from submission and toward different reflexive client action scripts. We have thus far focused on the function of client loyalty and its emotional components—client trust in the expert knowledge of professionals versus client confidence in theirs and their peers' experiential knowledge—in the process of client action rescripting. In the next section, we propose a dynamic model of how emotion work rescripts client action in

professionalized fields, focusing on the discrete emotional experiences of shame, fear, anger, and pride which, we argue, condition client loyalty by mediating trust in expertise and experiential confidence. We do so by focusing on the epistemic framing contest taking place between the competing frames of reference promoted by professional incumbents and client challengers with the aim of rescripting client action toward the aspired realization of their respective situated commitments.

3.3. A Model of How Emotion Work Rescripts Client Action

In this third section, we theorize the emotion work performed as part of a "framing contest" (Ryan, 1991; Gamson, 1992; Kaplan, 2008) where the expert framing efforts of professional incumbents compete with the experiential framing efforts of client challengers to rescript client action toward the aspired realization of their contradictory situated commitments. We view *framing efforts* as a collective work aimed at evoking felt emotions in clients to strengthen or undermine client trust in expertise and client experiential confidence. We argue that to nurture client incumbent loyalty, professional incumbents engage in framing efforts aimed at evoking *fear* to strengthen client trust in expertise and *shame* to undermine client experiential confidence. Meanwhile, to nurture client challenger loyalty, client challengers evoke *anger* to undermine client trust in expertise and *pride* to strengthen client experiential confidence. Given their varying exposure to competing frames and disposition to respond to framing efforts, the resonance of such framing contests is felt differently by each client, orienting client perception toward the adoption of one frame over another. We theorize the felt resonance of framing contests in a given client as a recursive process of client engagement in the social construction of reality made of four moments: problematizing, engaging, projecting, and evaluating.

The Emotional Resonance of Framing Contests

A framing contest is a struggle between actors pursuing diverging commitments who are "engaged in highly political framing practices to make their frames resonate and to mobilize action in their favor" (Kaplan, 2008, p. 729; Gray, Purdy & Ansari, 2015). We

theorize the presence of a contest between the expert framing efforts of professional incumbent communities and the experiential framing efforts of client challenger communities to shape client loyalty by evoking discrete felt emotions in clients. Studies of emotion in constituent action point to four discrete emotions that appear particularly relevant to the framing contest: fear, shame, anger, and pride.

Fear is a felt emotion signaling the potential presence of danger and motivating a flight to safety (Gill and Burrow, 2018, p. 451). Fear is evoked by incumbents to dissuade challenges to the present order and to enforce conformity with established norms of behavior (Gill & Burrow, 2018, p. 451). Challengers seek suppress felt fear in constituents to nurture constituent support for and engagement in institutional creation and change projects (Moisander, Hirsto, & Fahy, 2016). Shame has been found to motivate the commitment to and compliance of constituent actors with institutional prescriptions (Creed, Hudson, Okhuysen, & Smith-Crowe, 2014). Shame dissuades constituent actors from engaging in institutional challenges by signaling a threat to the social bond (Scheff, 2000) and engendering a sense that others have an unflattering view of oneself (Scheff, 2005). Shame leads to social isolation and motivates obedience to authority. Thus, we associate feelings of fear and shame in clients with the formation of incumbent loyalty. This argument leads to our first and second propositions:

> *Proposition 1: Professional incumbents engage in expert framing efforts to evoke client fear of a dangerous and unpredictable world out there in the absence of professional services—fear of illness in the absence of medicine; fear precarity in the absence of formal education; fear of damnation in the absence of religious practice—in the aim of strengthening client trust in professional incumbents' expert knowledge to nurture incumbent loyalty.*

> *Proposition 2: Professional incumbents engage in expert framing efforts to evoke client shame of mutual aid among experiential peers as an unreliable and irresponsible approach to address their needs in the aim of undermining client confidence in theirs and their peers' experiential knowledge to nurture client incumbent loyalty.*

Studies of consciousness-raising in marginalized-identity communities (Hochschild, 1975; Whittier, 2001; 2017) have found that the emotional experience of anger strengthens the resonance of "injustice frames" (Gamson, 1992, pp. 31-58) and creates a sense of moral outrage that motivates challenges to present arrangements. Anger may also foster "disinvestment from the current institutional order" (Voronov & Vince, 2012, pp. 66-68) and thus motivate a shift from incumbent to challenger loyalty. The emotional experience of pride is associated with a valued sense of belonging to a peer-defined collective identity—one that casts deviance from generally accepted standards of normality as a positive attribute (Taylor, 2000; Chreim, Langley, Reay, Comeau-Lavallée, & Huq, 2019). Anger may function as an emotional bridge enabling the conversion of shame in an unknowledgeable incumbent-defined social identity into a sense of pride in an assertively deviant peer-defined collective identity (Britt & Heise, 2000; Gould, 2009; Whittier, 2017). Thus, we associate feelings of anger and pride in clients with the formation of challenger loyalty. These arguments lead to our third and fourth propositions:

> *Proposition 3: Client challengers engage in experiential framing efforts to evoke client anger at inappropriate and unjust professional service arrangements in the aim of undermining client trust in professional incumbents' expert knowledge to nurture client challenger loyalty.*
>
> *Proposition 4: Client challengers engage in experiential framing efforts to evoke client pride in their collective ability to address their needs through mutual aid to strengthen client confidence in theirs and their peers' experiential knowledge to nurture client challenger loyalty.*

While fear, shame, anger and pride are viewed as discrete emotions underpinning incumbent and challenger loyalty, ambivalence appears as the embodied experience of a confluence of contradictory emotions including fear, shame, anger, and pride (Meyerson & Scully, 1995; Gould, 2009). Ambivalence relates to ambivalent loyalty as it is experienced by people who attempt to reconcile contradictory commitments while preserving bonds with both incumbents and challengers (Creed, 2003; Creed, DeJordy, & Lok, 2010). For example, in her study of lesbian and gay politics in the HIV/AIDS movement, Gould (2009) describes ambivalence as a "constellation of contradictory

feeling states, including shame about homosexuality along with gay pride, as well as a desire for social acceptance along with repulsion from a society that oppresses sexual minorities" (p. 24). In professionalized fields, ambivalence thus functions as the emotional basis of a bridging posture across the client/professional service boundary. This argument leads to our fifth proposition:

> *Proposition 5: The felt resonance in clients of a contradictory confluence of fear, shame, anger, and pride, simultaneously strengthens and undermines both trust in expert knowledge and confidence in experiential knowledge, which nurtures client ambivalent loyalty.*

In the emotional experience of some clients, emotions primarily evoked by the framing contest will tend to rescript action toward incumbent loyalty scripts. In clients only exposed to expert framing efforts, the resonance of those framing efforts will evoke both the fear of insecurity, strengthening their trust in expertise, and the shame of incumbent-defined social identity, weakening their experiential confidence. Absence of exposure to experiential framing efforts will result in taking professional jurisdiction for granted (no problematizing). In this case, client action will by default be guided by the script of submission. In some clients exposed to both expert and experiential framing efforts, the primary resonance of the framing will evoke the fear of a dangerous and unpredictable world in the absence of professional services, strengthening their trust in expertise. This will suggest a problematization of professional jurisdiction as insufficient and alterable, rescripting client action toward conservation. In some clients, the primary resonance of the framing contest will evoke the shame of mutual aid as an unreliable and irresponsible approach to address their needs, weakening their experiential confidence. This will suggest a problematization of professional jurisdiction as excessive or oppressive yet inalterable, rescripting client action toward acquiescence.

In other clients, felt emotions primarily evoked by the framing contest will tend to rescript action toward challenger loyalty scripts. In some clients exposed to both expert and experiential framing efforts, the primary resonance of the framing contest will evoke anger at unjust service arrangements, weakening their trust in expertise. This will suggest a problematization of professional jurisdiction as oppressive and alterable, rescripting

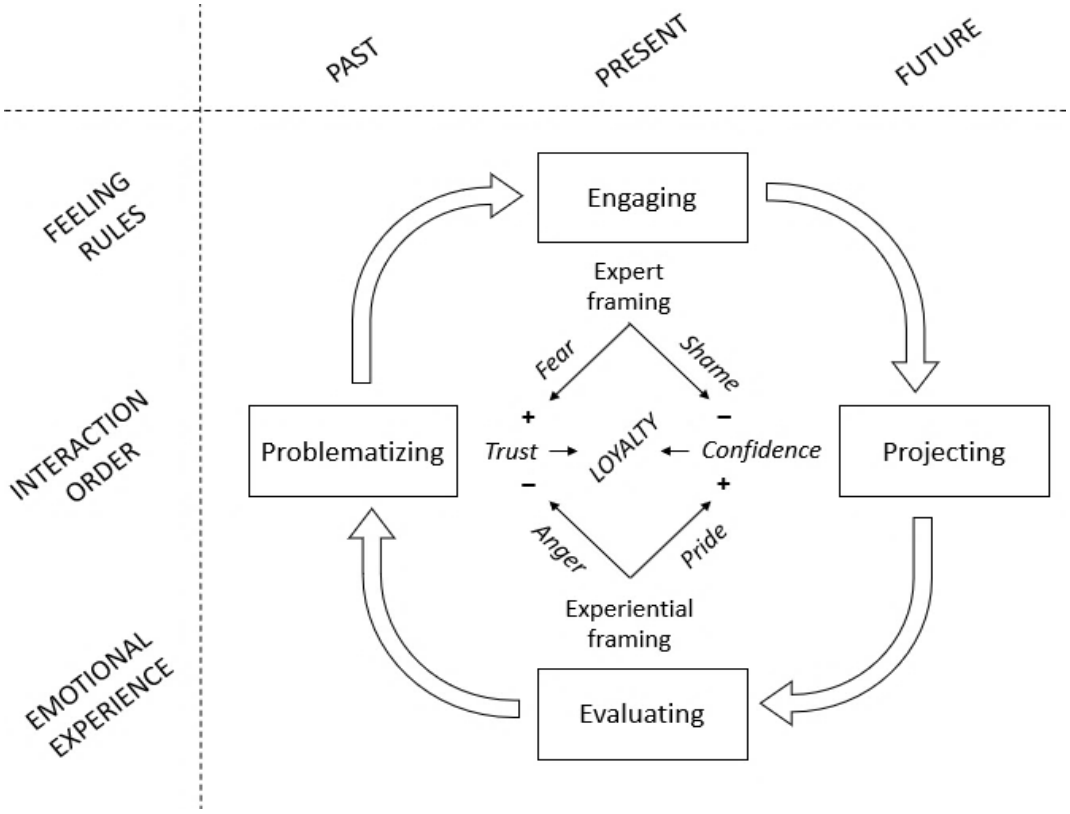
client action toward opposition. In other clients, the primary resonance of the framing contest will evoke the pride in their collective ability to address their needs through mutual aid, strengthening their experiential confidence. This will suggest a problematization of professional jurisdiction as irrelevant and thus not worth altering, rescripting client action toward escape. Both the scripts of opposition and escape guide client action toward boundary projects aligned with challenger loyalty.

Finally, in some clients, the primary resonance of the framing contest will evoke an ambivalent confluence of contradictory emotions including fear, shame, anger, and pride, resulting in a relative balance of trust in expertise and experiential confidence. This may suggest a problematizing of professional jurisdiction as excessive yet alterable, rescripting client action toward accommodation. This script guides client action toward boundary projects aligned with challenger loyalty.

The Rescripting Process in Four Moments

We theorize rescripting as a recursive process in which client boundary projects change as their ongoing experience of feeling rules shapes their emotional experience in an interaction order. More specifically, we theorize rescripting as a recursive process involving four consecutive moments: problematizing, engaging, projecting, and evaluating. As illustrated in Figure 4, each moment in the rescripting process leads to the next, and the fourth moment leads back to the first, beginning a new rescripting iteration.

Figure 4—Rescripting Client Action Through Emotion Work



In the first moment of the client action rescripting process, clients problematize present arrangements in light of their "practical and normative judgments" (Emirbayer & Mische, 1998, p. 971) of unfolding events. Problematizing nourishes a relative sentiment of dissatisfaction (Hirschman, 1970) that justifies client engagement in corrective action. The resonance of the epistemic framing contest can evoke different configurations of fear, shame, anger, and pride in individual client experience which resonate with distinct forms of client prog of professional jurisdiction. This first moment of the rescripting process, problematizing, leads to the second moment, engaging.

In the second moment of the rescripting process, clients engage in action by adopting a modality of loyalty determined by their different experience of trust in expertise and confidence in experience (Barbalet, 1996). We have proposed that client trust in expertise is strengthened by fear and weakened by anger; while client confidence in experience is weakened by shame and strengthened by pride. The framing contest shapes role relations constitutive of the interaction order and invites clients to engage in a role by adopting a script justified by a way to problematize that resonates the most in their emotional

experience. Engaging implies a sustained participation of clients in collaborative or conflictual interactions characterized by power imbalance between incumbents and challengers (Hardy & Phillips, 1998). This second moment in the rescripting process, engaging, leads to the third moment, projecting.

In the third moment of the rescripting process, clients project " possible future trajectories of action, in which received structures of thought and action may be creatively reconfigured" (Emirbayer & Mische, p. 971), which leads to the formation of boundary projects orienting client action (Mannheim, 1936; Ricoeur, 1984; 1988). Scripts in which clients engage are guided by boundary projects constructed collectively within communities of actors sharing a common problematizing. This third moment in the rescripting process, projecting, leads to the fourth moment, evaluating.

In the fourth moment of the rescripting process, clients evaluate their current trajectory of action and "make practical and normative judgments among alternative possible trajectories of action, in response to the emerging demands, dilemmas, and ambiguities of presently evolving situations" (Emirbayer & Mische, p. 971). This moment in the rescripting process is often referred to as reflexivity (Fan & Zietsma, 2017; Zietsma & Toubiana, 2018). The fourth moment in the rescripting process, evaluating, leads back to the first moment, problematizing, beginning a new iteration in the recursive process of rescripting.

This quote from Judi Chamberlin (1977, p. xiii), an early influential leader of the mental patients' liberation movement efficiently illustrates how the sustained participation of clients in consciousness-raising activity leads to the iterative process of client action rescripting:

> In the mental patients' liberation movement, we have examined the ways in which we were treated when we 'went crazy.' . . . We came together to express our anger and despair at the way we were treated. Out of that process has grown the conviction that we must set up our own alternatives, because nothing that currently exists or is proposed, fundamentally alters the unequal power relationships that are at the heart of the present mental health system.

Chamberlin's short yet conceptually charged quote—in both cognitive and emotional terms—provides an effective illustration of each of the four moments of the rescripting

process: problematizing ("nothing that currently exists or is proposed, fundamentally alters the unequal power relationships"), engaging ("we came together to express our anger and despair"), projecting ("the conviction that we must set up our own alternatives"), and evaluating ("we have examined the ways in which we were treated"). The reference to "anger and despair" also illustrates the resonance of the epistemic framing contest in adherents to the mental patients' liberation movement. This model, which needs to be further elaborated upon, provides an understanding of client action rescripting rooted in pragmatist and phenomenological insights into the temporality and situated directionality of perspective.

3.4. Conceptual Synthesis

In this article, we have constructed a model to explain how emotion work rescripts client action in professionalized fields. The key conceptual elements of our proposed typology of client action scripts are synthesized in Table 6.

Table 6—A Typology of Client Action Scripts in Professionalized Fields

Client action scripts	Emotional experience (resonance of framing contest)	Loyalty (alignment of client action)	Problematizing professional jurisdiction	Boundary project (imagined outcome of client action)
Submission	Fear of insecurity strengthens trust in expertise (flight to safety) and shame of ignorant layperson incumbent-defined social identity undermines experiential confidence	Incumbent	Unproblematized (taken-for-granted)	Unreflexively maintaining professional jurisdiction
Conservation	Fear of insecurity strengthens trust in expertise (flight to safety)	Incumbent	Problematized as insufficient and alterable	Expanding professional jurisdiction
Acquiescence	Shame of incumbent-defined social identity undermines experiential confidence	Incumbent	Problematized as excessive and inalterable	Accepting and reflexively maintaining professional jurisdiction

Accommodation	Ambivalence balances trust in expertise and experiential confidence	Ambivalent	Problematized as excessive and alterable	Reducing professional jurisdiction and gaining client inclusion/control in a minor way
Opposition	Anger at injustice undermines trust in expertise	Challenger	Problematized as oppressive and alterable	Reducing professional jurisdiction and gaining client inclusion/control in a major way
Escape	Pride of peer-defined collective identity strengthens experiential confidence	Challenger	Problematized as irrelevant and thus not worth altering	Replacing professional jurisdiction with alternative arrangements based on mutual aid among peers

We argue that emotional experience mediates client engagement in action relative to professional jurisdiction. Professional incumbents and client challengers engage in a framing challenge to shape the emotional experience of clients and thus their engagement in action. The expert framing efforts of professional incumbents invoke the fear of insecurity to strengthen client trust in expertise (searching for safety) and invoke the shame of lay ignorance to weaken client experiential confidence. Client experience of fear enables the formation of incumbent loyalty while client experience shame constrains the formation of challenger loyalty. Conversely, the experiential framing efforts of client challengers evoke anger at unjust service arrangements to weaken client trust in expertise and pride in an assertive peer-defined collective identity to strengthen client experiential confidence. Client experience of anger constrains the formation of incumbent loyalty while client experience of pride enables the formation of challenger loyalty.

Our model conceives *submission* to professional jurisdiction as the default client action script in clients unexposed to experiential framing efforts. The combined embodied experience of fear and shame resulting from exclusive exposure to expert framing efforts strengthens client trust in expertise (in a flight to safety) and weakens client experiential confidence. This enables the formation of incumbent loyalty and dissuades client

engagement in change-oriented action and thus client action toward the maintenance of professional jurisdiction. Client exposure to alternative problematizing of professional jurisdiction promoted by client challenger communities (consciousness-raising) creates a contest between expert and experiential framing efforts which resonates differently in the emotional experience of each client, rescripting client action toward different boundary projects.

In some clients, the epistemic framing contest will primarily resonate as felt fear. This will strengthen client trust in expertise in a search for safety while preserving some degree of experiential confidence, rescripting client action toward the incumbent loyalty script of *conservation*. Clients situated in this segment will problematize professional jurisdiction as insufficient and alterable; and will thus pursue boundary projects aimed at expanding professional jurisdiction.

In some clients, the expert/experiential framing contest will primarily resonate in felt shame. This will weaken client experiential confidence, dissuading engagement in change-oriented action despite the presence of dissatisfaction with present service arrangements, rescripting client action toward the incumbent loyalty script of *acquiescence*. Clients situated in this segment will problematize professional jurisdiction as excessive yet inalterable; and will thus pursue boundary projects aimed at accepting professional jurisdiction.

In some clients, the expert/experiential framing contest will resonate as a contradictory confluence of felt fear, shame, anger, and pride. This will balance client trust in expertise and experiential confidence, rescripting client action toward the ambivalent loyalty script of *accommodation*. Clients in this segment will problematize professional jurisdiction as excessive and alterable; and will thus pursue boundary projects aimed at reducing professional jurisdiction while gaining client inclusion/control in a minor way.

In some clients, the expert/experiential framing contest will primarily resonate in the embodied experience of anger. This will weaken client trust in expertise while preserving some degree of experiential confidence, rescripting client action toward the challenger loyalty script of *opposition*. Clients situated in this segment will problematize professional

jurisdiction as oppressive and alterable; and will thus pursue boundary projects aimed at reducing professional jurisdiction and gaining client inclusion/control in a major way.

Finally, in some clients, the expert/experiential framing contest will primarily resonate in the embodied experience of pride. This will strengthen client experiential confidence, rescripting client action toward the challenger loyalty script of *escape*. Clients situated in this segment will problematize professional jurisdiction as irrelevant to addressing their needs and thus not worth altering; they will therefore pursue boundary projects aimed at replacing professional jurisdiction with alternative social arrangements that seek to address their needs through mutual aid among experiential peers.

Part Two:
On Knowledge

In Part Two, I seek to explain how occupational communities interacting in professionalized fields claim and construct different forms of knowledge. Chapter 4 distinguishes between the expert knowledge claims of professionals legitimized on the basis of exogenous criteria of validity, and the experiential knowledge claims of clients legitimized on the basis of endogenous criteria of validity. I then discuss my approach to theory-building inspired by sociological pragmatism and phenomenology, which I refer to as "abductive bricolage" (Denzin & Lincoln, 2000; Suddaby, 2006). Chapter 5 presents the methods adopted to gather and interpret empirical materials (Alvesson & Kärreman, 2007; 2011); and distinguishes between expert knowledge claims made in ethnographic studies and experiential knowledge claims made in first-person accounts. This epistemological and methodological discussion aims to expose the philosophical posture based on which I approach my empirical studies.

Chapter 4
Epistemology: Claiming Knowledge

In professionalized fields of activity, "knowledge is the currency of competition," writes Abbott (1988, p. 102). Professionals typically gain jurisdiction over domains of practice by legitimizing claims to expert knowledge. Expertise is an exogenous form of knowledge produced from a distance of the studied phenomena. Clients possess an experiential knowledge of the needs for which they seek professional services. Experience is an endogenous form of knowledge constructed within client communities. Through engagement in collectives of mutual aid, clients gain self-confidence in the validity of their experiential knowledge and grow community competence to help each other out, mitigating their dependency on professional knowledge. My distinction between exogenous knowledge gained from expertise and endogenous knowledge gained from experience is drawn from the anthropological concepts of "etic" versus "emic" approaches to studying a community (Geertz, 1973; Barley, 1983). An etic approach aims to gain expert knowledge on a community by studying it as an uninvolved observer situated outside of it, while an emic approach aims to gain experiential knowledge on a community by studying it as a participant observer situated inside the community. In this chapter, I analyze the dialectical tension between expert and experiential knowledge in professionalized fields. Then, I compare the distinct criteria of validity used to legitimize expert and experiential knowledge claims. Finally, I describe my approach to theory building which I call "abductive bricolage" and seek to legitimize this approach through which I have produced the knowledge claims presented later in this thesis.

4.1. Expert Knowledge: An "Etic" Approach

In a first-person account of his experience with intelligence work in the current political context, Michael Hayden, former director of the U.S. National Security Agency, writes that "post-truth" is "a condition where objective facts are less influential in shaping public opinion than appeals to emotion and personal belief" (2018, p. 3). He despairs that the post-truth era is taking over the Enlightenment era, "a mode that until recently valued

experience and expertise, the centrality of facts, humility in the face of complexity, the need for study, and a respect for ideas" (p. 4). Hayden's book begins with an impassioned defense of the professions, including the intelligence profession, as well as other professional "truth tellers—scholars, journalists, scientists, to name a few" (p. 4); the incumbent actors of the Enlightenment era under assault by "post-truth" challengers. I think Hayden gets it right when he writes that emotion and personal belief may have more influence than objective facts in shaping public opinion. But I argue he's wrong when he implies that this is a new phenomenon. As if somehow public opinion used to be shaped primarily through the disinterested pursuit of truth by professionals. As if we used to be enlightened by the "truth tellers." Are professions really in the business of truth-telling?

The view of professions laid out in this thesis is somewhat less romantic than Hayden's. Drawing upon the "Chicago School" symbolic interactionist tradition of occupational studies (Barley, 1989; Abbott, 1997), I adopt the perspective of Hughes (1958; 1959; 1965), Freidson (1970a; 1976; 1986) and Larson (1977) to define *professions as occupational communities organized to monopolize domains of practice on the basis of legitimation of exclusive claims to applied knowledge*. Lamont and Molnár (2002) observe that the literature on professions "illustrates exceptionally well the usefulness of the concept of boundaries as it is used to understand how professions came to be distinguished from one another—experts from laymen, science from nonscience" and "disciplines between themselves" (p. 177). Summarizing the perspective adopted in this thesis, they describe professions as "a particular type of institutional organization giving practitioners control over access, training, credentialing, and evaluation of performance . . . emphasiz[ing] the monopolistic closure (or social boundary drawing) as the defining element of modern professions" (Lamont & Molnár, 2002, p. 177). This perspective implies an understanding of *professionalism as the act of legitimizing exclusive claims to applied knowledge*. The efforts of professionals to legitimize their exclusive claims to applied knowledge are typically based on epistemological arguments that assert the superior validity of *scientific expertise* over *lived experience* as a method for knowing. The specificity of scientific expertise is that it is a knowledge base acquired through *exogenous* methods of knowing; experts know a phenomenon for having studied it from a distance. Expert methods of knowing typically seek to rigorously prevent and neutralize

the "subjective biases" resulting from personal engagement in a phenomenon and consider evidence derived from lived experience as flawed and unreliable (Langley & Denis, 2005; Glasby & Beresford, 2006; Faulkner, 2017).

Expertise thus provides their holders, the professionals, with a socially accepted mandate (Hughes, 1958) to define problems in a field of activity over which they hold sway (their "jurisdictional domain") and prescribe the solutions to be applied by those who experience those problems to address them (Freidson, 1986; Abbott, 1988; Van Maanen & Barley, 1984). This mandate is usually gained through the formal courses of socialization and training, often based in higher education institutions, which is needed to enter a professional community. The mandate of professionals has a "moral" dimension through which they exercise social control by defining the boundaries of normal behavior and labeling the deviants in jurisdictions under their purview (Hughes, 1958; 1959, pp. 25-26; Freidson, 1970a). Organizing into expert communities pursues rent-seeking projects through which professionals derive significant material (resource access and control) and symbolic (status and autonomy) privileges from their operation of their monopolies of practice (Larson, 1977).

Now, one obvious but often overlooked point to make about professional communities is that they exist because there are clientele communities to receive their services. Thus, the relation of a profession to a clientele is structured around the delivery of a service by *those who know* how to perform it to *those who need* its performance. The maintenance of present service arrangements requires client acceptance of the epistemic authority of professionals and their submission or acquiescence to professional jurisdiction. Most contemporary studies of professions in the post-Chicago School lineage—of which Abbott's landmark *System of Professions* (1988) has become the new starting point—assume as unproblematic clients' submission or acquiescence to the epistemic authority of professionals. Having assumed away clients' relevance, they proceed to analyze the division of expert labor almost exclusively in terms of interprofessional struggles for jurisdictional control (DiMaggio, 1991; Greenwood, Suddaby, & Hinings, 2002; Bechky, 2003b; Reay, Golden-Biddle, & GermAnn, 2006). By essentially ignoring client action in the study of jurisdictional boundary work, most of this literature considers clients as being

by default subservient to professional jurisdiction and thus client action as an irrelevant object of study.

An analytical focus on the profession–clientele relationship helps understand that the success of occupational communities in establishing and maintaining monopolistic control of activities inside jurisdictional boundaries depends on at least two conditions: (1) the dissolution of existing bases of knowledge endogenous to the clientele community, and (2) the prevention of clients from organizing into knowledge communities. In short, to exercise epistemic authority over clients, professionals must collectively act in ways that deny client knowledge. "Through the propagation of belief in authoritative expertise, professionals cut through the social fabric of community and sow clienthood where citizenship once grew" (p. 10), writes McKnight (1995), a communitarian thinker and an old hand in neighborhood organizing.

4.2. Experiential Knowledge: An "Emic" Approach

Client movements challenging established service arrangements can be found in a variety of professionalized fields of activity (see Chapter 3). Across healthcare services, for instance, clients are organizing around claims to *experiential knowledge*, the knowledge gained through firsthand experience combined with a belief in the validity of that knowledge (Borkman, 1976). While some healthcare clients advocate their inclusion in the conception and delivery of professional services (Epstein, 1996; Repper & Carter, 2011; Canfield, 2018), others seek liberation from professional services by either forming peer-to arrangements of mutual aid (Chamberlin, 1977; Borkman, 1999; Weiner, 1994) or challenging the reified notion that their needs must be addressed by professionals (Bayer, 1987; Epstein, 2008, pp. 18-20; Kent, 2015). A large number and variety of reformist and liberationist client movements can be found in other professionalized fields including, for example, in elementary and higher education (Rhoads, Saenz, & Carducci, 2005; Petrovic & Rolstad, 2017) as well as in organized religion (Stark & Bainbridge, 1986; 1997; Garant, 2013).

Adopting this social movement approach to the professional–clientele relationship, I conceive knowledge as contested terrain shaped by the situated frames of reference organizing the experience of the inhabitants of overlapping social worlds (Schütz, 1944; Shibutani, 1955; Goffman, 1974). Through everyday interactions in shared arenas of activity, the inhabitants of distinct yet overlapping social worlds engage in situated meaning-making through which they negotiate role relations and norms of functioning in shared arenas of activity, thereby engaging in the everyday shaping of social arrangements (Goffman, 1961a; 1983; Strauss, Schatzman, Bucher, Ehrlich, & Sabshin, 1963; Strauss, 1978a; Maines, 1982). Knowledge is the continuously morphing outcome of a negotiated order shape by everyday collaboration and conflict between interacting expert and experiential communities (Mannheim, 1936; Berger & Luckmann, 1966; Strauss, Schatzman, Bucher, Ehrlich, & Sabshin, 1964; Freidson, 1976).

The critique of psychiatry emerging from the mad studies client movement (Starkman, 2013) denounces service arrangements in the professionalized field of mental health care as a system of "symbolic" or "epistemic violence" (Lee, 2013; Liegghio, 2013) that labels them with stigmatized social identities and invalidates their experiential knowledge by imposing over it a set of medicalized understandings legitimized on expert knowledge of professionals. This raises the problem of voice: Who speaks and who gets listened to? As an illustrative example of such client critique, psychiatric survivor Sen and activist-archivist Sexton (Sen & Sexton, 2016, p. 164) problematize the nature of truth under conditions of steep power imbalance:

> Why should the hunters give the history of the hunted? Why should the people who've never visited a land be that country's prime historians? How can you arrive at truth when there is such imbalance of power, where there is censorship by omission or invalidation, where words are seen as sickness? Who gets to speak in history, and who is listened to?

These questions on truth and voice formulated by Sen and Sexton convey the primacy of lived experience in understanding reality, elaborating knowledge, and defining truth. This line of critique denounces as oppressive the professional theorizations of clients' realities that exclude firsthand experience as a legitimate base of knowledge. Accordingly, reality is an epistemic struggle of legitimacy between those who know by formal expertise and

those who know from lived experience. This epistemological view, present across a broad range of critical literatures emerging from marginalized communities of experience including women (hooks, 1981; Smith, 1990), racialized (Fanon, 1952; Morris A. , 2017), gay, lesbian, and queer (Crimp, 2004; Gould, 2009; Butler, 1990), disabled (Charlton, 2000; Spandler, Anderson, & Sapey, 2015) as well as mad liberationists (LeFrançois, Menzies, & Reaume, 2013; Russo & Sweeney, 2016) inspires my approach to theory and method.

In these literatures, issues of voice and silencing, of epistemic authority and invalidation, of the imposition of a spoiled identity by normative authorities onto unconsenting constituencies, are central to conceptions of how knowledge gets constructed and of what passes as truth. The epistemology of authors in these communities is based on the core assumption that knowledge is contingent on the standpoint of individual persons and the groups they belong to. In this view, there are no such things as universal truths. The question is not whether the knowledge we produce and promote is objective but rather "whose side are we on?" (Becker, 1967; Gouldner, 1962; Becker & Horowitz, 1972). Knowledge emerges from the lived experience of individuals (Schütz, 1932), and social bases of knowledge are shaped by power struggles among actors occupying distinct positions and pursuing often contradictory commitments (Mannheim, 1936). The social status of marginalized groups is socially produced and reproduced (Berger & Luckmann, 1966) through the knowledge claims of dominant field actors.

Across critical literatures emerging from marginalized identity communities and in their movement activities, the first-person account is an essential device to legitimize the claims to experiential knowledge of adherents and their belonging to the collective identity around which the community mobilizes. Virtually all studies of mutual aid collectives describe and highlight the importance of the process through which participants share with each other their personal stories related to a type of difficulties to which they share a common experience (Hochschild, 1975; Borkman, 1976; 1999; Taylor, 2000; Whittier, 2001). In these groups, participants accept each other's *peers* based on a rotating display of their *lived experience* credentials which is deeply rooted in the custom rituals of self-help meetings. The mutual sharing of first-person accounts nurtures intracommunity

bonds and provides symbolic content to the collective identity of movement participants. It also enables the collective elaboration of a base of experiential knowledge endogenous to the community and thus fosters the growth of a "community competence" that enables participants to address their common difficulties among peers (McKnight & Block, 2010; Lave, 1991).

The endogenously constructed base of experiential knowledge nurtured within a mutual aid community is converted into action through movement engagement and sustained participation (Borkman, 1976). For members of clientele communities who engage in such dynamics of mutual aid, the elaboration of an endogenous base of experiential knowledge is fundamentally about gaining voice. The motivations sustaining the engagement of participants into mutual aid groups are typically related to their ubiquitous perception that the meaning they attribute to their own difficulties are invalidated by professionals claiming expertise as the sole legitimate basis to define their realities (Glasby & Beresford, 2006; Lee, 2013; Liegghio, 2013; Faulkner, 2017). In short, engagement into mutual aid groups enables marginalized people to gain voice and epistemic self-confidence.

The critical literatures emerging from marginalized identity communities are composed of published books as well as edited readers and academic articles; but they also contain a range of more informal means of diffusion including newsletters, fanzines, self-publications and internet discussion forums and networking platforms. This intellectual material plays a major role in the building of a networking infrastructure connecting local community groups to a broader movement. For instance, ex-mental patient liberationists, psychiatric survivors and otherwise identified mad folks have organized across local sites through newsletters such as the *Madness Network News* distributed from 1972 to 1986 in the United States and some Canadian sites (Hirsch, et al., 1974; Campbell, 2011), and *Phoenix Rising* from 1980 to 1990 mostly in Canada (Shimrat, 1997; Morrison, 2005). These movement newsletters edited, published and distributed by and for movement participants contained voluminous amounts of first-person accounts, an array of experience-based interpretations that overtly challenged medicalized understandings of their difficulties, and calls to join demonstrations and other movement-related activist

initiatives. Of course, nowadays an increasing share of such emerging movement literatures is published and shared through websites and social media.

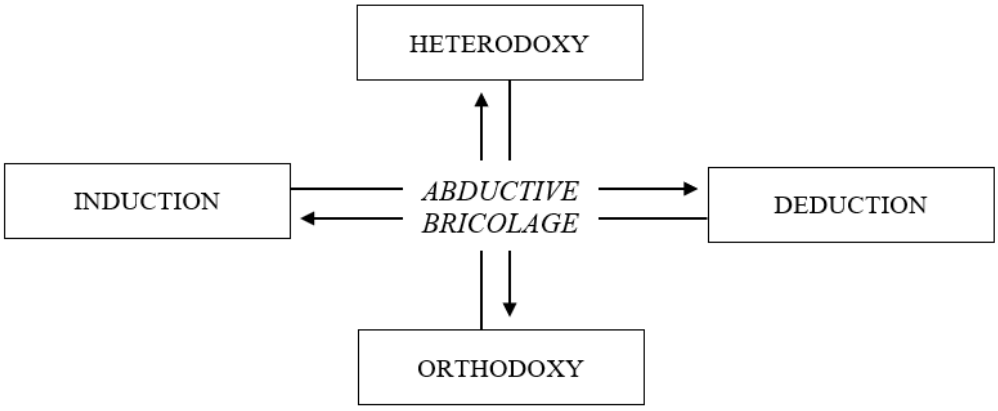
4.3. Abductive Bricolage: Combining "Emic" and "Etic"

The central task of critical studies by and for self-identified members of marginalized groups is to endogenously elaborate an experiential base of knowledge based on which they problematize the epistemic systems of oppression that operate over them, gain voice and collectively redefine their identity in their own terms. I would argue that these epistemic assumptions are compatible with the arguments of important interactionist and institutionalist authors in studies professions such as Hughes (1959; 1965), Freidson (1970a; 1986), Abbott (1988; 1997), DiMaggio (1988; 1991) and Scott (1982; 2008b) who, from a variety of angles, all see in the exclusive knowledge claims of professional groups the source of their powers (authority, status) and privileges (autonomy, resources). In this view, the dominant social position of professionals relies on their ability to impose their expert conceptions of clients' needs and identities. Thus, from this theoretical perspective, professionals may not be disinterested truth tellers as much as *interested truth makers*. As Willmott bluntly argues, professional groups are "political bodies whose purpose is to define, organize, secure and advance the interests of their members" (1986, p. 556).

Activist literatures by and for marginalized groups offer fitting complements to the interactionist and institutionalist studies professions. Both explain the powers and privileges of dominant social groups as the outcome of an ongoing struggle to define reality. While studies of professions look at it from the top down and focus on struggles among groups occupying incumbent positions in the social order, activist literatures by and for marginalized groups look at it from the bottom up, focusing on the struggles of marginalized groups for emancipation from the epistemic systems of dominance in which they are entrapped. To understand the negotiation of meanings between professionals and clients, we need to consider both sides of this epistemological equation together as operating in constant dialectical tension.

Situated at the intersection of client and professional identities and commitments, I seek to build theory in an *abductive* movement between induction and deduction through which fieldwork experiences influences my appraisal of existing theories which, in turn, influence the interpretations I make of my fieldwork experiences (Suddaby, 2006; Alvesson & Kärreman, 2011). In doing so, I attempt to combine etic and emic approaches to constructing knowledge, looking at phenomena from both outside and inside of them in an attempt to understand them (Barley, 1983; Lincoln & Guba, 1986). In a similar fashion as I proceed with empirical material encountered during my fieldwork, my process orientation to research "selectively takes concepts from different theoretical traditions and adapts them to the data at hand, or takes ideas from the data and attaches them to theoretical perspectives, enriching those theories as it goes along" (Langley, 1999, p. 708). My approach to literature review proceeds through epistemic *bricolage* (Denzin & Lincoln, 2000; Boxenbaum & Rouleau, 2011) as I draw from the work of a few idiosyncratic thinkers (heterodoxy) in an attempt to contribute to a theoretical field with relatively narrow and clearly defined boundaries (orthodoxy) (Bourdieu, 1988) which is that of organizational studies of work, occupations and professions. Figure 5 illustrates my approach to theory building which I refer to as *abductive bricolage*.

Figure 5—Theory Building Through Abductive Bricolage



Being socially positioned at the intersection of the social worlds of a dominant professional group, as an aspiring academic, and of that of a marginalized clientele, as a psychiatrized person, I see myself as both an elite among the marginals and a marginal among the elites. This social position allows me to root my empirical investigation into my lived experience of the stigma experienced by psychiatrized people while being taken seriously as a doctoral researcher. This dual position at the intersection of dominant and marginalized social statuses is central to my ability to be considered as legitimate when discussing marginalization and struggles for emancipation with members of an elite group. Hughes (1945) illustrates the nature of elite/marginal hybrid status with the example of a Black physician in the racially segregated U.S. society of that time: "Membership in the Negro race, as defined in American mores and/or law, may be called a master status-determining trait. . . . But professional standing is also a powerful characteristic." This bridging position that I occupy provides me with a social basis of legitimacy to voice marginalized concerns inside of elite social worlds within which such concerns tend to be structurally underrepresented.

Additionally, my SSHRC state scholarship as well as other generous financial supports from some of those who believe in my work provided the material basis that allowed me to dedicate more than four years of my life almost full-time to thinking, reading, and writing. This intellectual freedom is a privilege of the very few, which I felt it was my duty to make full use of. I couldn't have brought myself to write conventional platitudes

for the sake of potentially pleasing a broader share of those whom I aspire to become a colleague. Thus, I adopt a scholarly posture which some may wish to label as critical, or activist. Then so be it. My work is indeed motivated and informed by political sympathies. In an essay on the political leanings and implications of research in social science, Becker and Horowitz (1972, p. 48) make the following statement to which I fully subscribe:

> Greater sensitivity to the undemocratic character of ordinary institutions and relationships (ironically fostered by social scientists themselves) has revealed how research frequently represents the interests of adults and teachers instead of those of children and students; of men instead of women; of white middle class instead of the lower class, blacks, chicanos, and other minorities; of the conventional straight world instead of freaks; of boozers instead of potheads. Wherever someone is oppressed, an 'establishment' sociologist seems to lurk in the background, providing the facts which make oppression more efficient and the theory which makes it legitimate to a larger constituency.

Lawrence notes that organizational institutionalist research has focused primarily on elite actors and have tended to neglect the roles of disenfranchised actors (2008: 190-192). Further, Creed and colleagues call for institutional theorists to take a closer look at the microfoundations of institutions in symbolic interaction so as to "better understand how people make sense of themselves relative to their contexts, how passions and interests are implicated in institutional enactments, and how everyday enactments and practices can transform institutional arrangements" (2014: 275). The literature review presented in Part 2 of this thesis suggests that this may be especially true of institutionalist studies of professionalized fields. Thus, a key task for researchers, I argue, is to further investigate the role of marginalized actors in professionalized fields, which clientele communities often are, so as to counterbalance the overemphasis of elite actors in existing research and produce a more nuanced portrait of the interrelated dynamics of intraorganizational boundary work and field-level jurisdictional struggles.

My approach to theoretical and empirical analysis proceeds through a constant interplay between reading and observing—surveys of the literature and fieldwork observation acting as a sounding board for each other—which I would best describe as "abductive" (Suddaby, 2006). Cunliffe and Coupland (2011, p. 71) write:

> Abduction is associated with pragmatism, having found its inception in the work of Charles Sanders Peirce. Based on the idea that knowledge is generated within the social practices of participants and researchers, it is concerned with translating observations of experience and/or participants' accounts in relation to the researcher's interests. The abductive method is therefore an iterative process of observation, interpretation and the application of concepts in a form of 'pragmatic commonsense'.

Since the beginning of this thesis, my exploration of theoretical literature has significantly shifted as I was learning and making sense of my empirical field of inquiry. Informed by my emerging empirical findings, I am now focusing theory-building efforts on negotiated order theory as mobilized within the inhabited institutions perspective; and have consequently de-emphasized other theoretical perspectives as my field observations led me to consider this conceptual framework and the related academic community as best suited to my research commitments. In parallel, negotiated order theory and scholarly conversations in the inhabited institutions community shape the form and the content of my empirical analysis. It would be hard to say which of theory or field comes first in my work—theory and field reciprocally inform and shape my inquiry on an everyday basis.

The conceptual framework presented in this thesis, of which Chapter 3 provides the core focus, can be appropriately described as having guided by the "epistemic script of bricolage," which consists in "assembling diverse strands of literature, methodological components, various pieces of theory, and metaphors to generate new knowledge" (Boxenbaum & Rouleau, 2011, p. 281). At an individual level, I see the production of knowledge as an intersubjective process of experiential interpretation arising from everyday interactions between the self and society (Denzin, 2014). And at a collective level, I see knowledge production as an organizational process through which members of an occupational community construct a collective identity that relates them to each other and provides an epistemic basis to legitimize their jurisdictional claims (Anteby, Chan, & DiBenigno, 2016, pp. 212-20).

In this view, my work is "concerned with understanding the essence of the everyday world. . . . [I]t is underwritten by an involvement with issues relating to the nature of the status quo, social order, consensus, social integration and cohesion, solidarity and actuality" (Burrell & Morgan, 1979, p. 31). This approach is consistent with the view of

Alvesson and Kärreman's (2011, p. vi) that "Most methodologies are more preoccupied with rigour, procedure, technique and empirical precision than imagination and creative thinking"; emphasizing "how empirical studies can be used to come up with unexpected theoretical ideas and lines of thinking." Later, they argue that empirical material should be used to inspire the "problematization" of an established theory in order to "challenge the value of a theory as well as to explore its weaknesses and problems in relation to the phenomena it is supposed to explicate" (Alvesson & Kärreman, 2011, p. 15).

My hope is that the quality of my work criteria such as "trustworthiness and authenticity" (Lincoln & Guba, 2000, p. 166), interest and appeal to readers (Davis M. S., 1971; Golden-Biddle & Locke, 1993; Barley, 2006), and "resonance" (Snow & Benford, 1988) within particular social worlds. Of course, with this type of interpretative stance one runs the risk of being shamed by the "institutional guardians" (Creed, Hudson, Okhuysen, & Smith-Crowe, 2014) and labeled as biased or insufficiently scientific. Within the frames of reference from which such arguments emerge, those would be fair critiques. Also, my work may also be attacked or dismissed for being politicized or biased given the tendency to sympathize with challengers that may be detected in it (Becker & Horowitz, 1972). In short, I may be accused of having an "axe to grind" (Burston, 2018). Well, of course I do; wouldn't this whole research and writing enterprise would be pointless if I didn't? In this respect, I agree with Gouldner's (1962) view that *a-normativity* itself reflects a normative project that dares not speak its name. As Denzin aptly puts it, "writing is not an innocent practice" (2000, p. 898). Accordingly, Smith (1990; 2005) invites social scientists and ethnographers to remain actively aware of the institutionalized power dynamics embedded in academic norms and discourses. I attempt in this thesis to live by this wise advice.

4.4. Conceptual Synthesis

In this first chapter, I have distinguished between expert and experiential knowledge and argued that a dialectical struggle plays out between actors legitimizing their action in a shared field of activity on the basis of one or the other of these contradictory forms of knowledge. I have then presented the approach to theory-building adopted in this thesis—

I call this approach *abductive bricolage*—as an attempt to construct an internally coherent piece of new knowledge by drawing from epistemically heterogeneous materials opportunistically gathered from both expert and experiential knowledge communities. Table 7 summarizes my comparative analysis expert knowledge, experiential knowledge, and abductive bricolage in terms of (1) their method of access to truth, (2) their organizing ethos (3) their claim legitimation rhetoric, (4) the field position of their upholders, and (5) the type of institutional project they promote.

Table 7—Claiming Knowledge: A Conceptual Synthesis

	Expert knowledge	Experiential knowledge	Abductive bricolage
Access to truth	Exogenous	Endogenous	Ambivalent
Organizing ethos	Hierarchy	Equality	Intermediation
Claim legitimation	Academic credentials and scientific method	Resonance and perceived sincerity of first-person account	Selective displays of loyalty to incumbents and challengers
Field position	Incumbent	Challenger	Broker
Institutional project	Ideological	Utopian	Accommodative

Expert knowledge is constructed using exogenous methods of access to truth. Members of expert communities typically claim that they know a phenomenon for having objectively studied it with rigorous scientific methods that neutralize subjective biases derived from lived experience. Communities of expertise tend to organize according to a hierarchical ethos. Professionals legitimize their expert knowledge claims with displays of academic credentials and arguments of methodological rigor. Professions are occupational groups that control the most valid forms of knowledge production, scientific research, based on which they exercise legitimate authority over the practitioners and the end users of applied knowledge derived from their monopolistic base expertise. Legitimate epistemic authority provides professionals with jurisdiction over domains of activity in which their knowledge base applies. Jurisdictional control positions professionals as field incumbents who pursue ideological boundary projects aimed at maintaining the control of expert knowers over jurisdictional arrangements.

Conversely, experiential knowledge is constructed using endogenous methods of access to truth. Members of experiential communities typically claim that they know a phenomenon for having subjectively and holistically experienced it. Communities of experience tend to organize according to an egalitarian ethos of radical subjectivism according to which perceptions and interpretations are necessarily true for the person who experiences them. Members of experiential communities legitimize their experiential knowledge claims through first-person accounts. The validity of first-person accounts is assessed on the basis of their resonance and perceived sincerity. Experiential communities promote a form of knowledge that is marginalized in professionalized fields of activity as the epistemic authority of professionals requires the invalidation of experiential knowledge. That is, laypeople must be defined as unknowledgeable to become the dependable client constituency of a profession. In professionalized fields, experiential communities typically stand as institutional challengers of professional jurisdiction pursuing utopian boundary projects aimed at turning control of jurisdictional arrangements over to experiential knowers.

At the intersection of expert and experiential communities, abductive bricoleurs adopt an ambivalent stance by attributing validity to both expert and experiential forms of knowledge. Abductive bricoleurs act according to an organizational ethos of intermediation in which they position themselves as brokers who bridge the epistemic boundaries of contradictory knowledge communities. The legitimacy of abductive bricoleurs depends on their ability to perform selective displays of loyalty in their everyday interaction with actors situated on both sides of the expert/experiential epistemic boundary. In professionalized fields, abductive bricoleurs pursue accommodative boundary projects aimed at gaining inclusion of experiential knowers into expert-controlled jurisdictional arrangements.

Chapter 5
Methodology: Constructing Knowledge

In this chapter, I discuss the empirical methods adopted in my thesis. First, I present the research design and highlight my process orientation to interpretation of empirical material. Second, I describe the empirical material gathered which includes participant observation memos, interview recordings, transcripts and notes, and secondary documents. Third, I describe the coding approach and present the coding structure arrived at for the peer work and hearing voices studies; I also explain the distinct epistemological status of the first-person account and motivate my reasons for including one in this thesis. Finally, I discuss the implications of my methodological approach and explain choices made in the presentation of empirical chapters.

In discussing their "mystery as method" approach to theory building Alvesson and Kärreman (2011, p. 15) emphasize "the role of empirical material in inspiring the *problematization* of theoretical ideas and vocabularies." These authors' use of the terms "empirical material" instead of "data" conveys a skeptical posture toward objectivist claims to inductive empirical theory-building (Eisenhardt, 1989). In these terms, they invite researchers to treat fieldwork not as a mine from which the researcher extracts raw data but rather as an experiential journey in which empirical material encountered along the way informs the researcher's interpretations.

In this view, the researcher's task is not to analyze raw data with sufficient rigour so as to have robust theory emerge from it; but rather to mobilize empirical material as a "critical dialogue partner" to question existing theories and problematize generally accepted understandings (Alvesson & Kärreman, 2011, pp. 12-16). This type of researcher seeks to "solve mysteries" arising from the "breakdowns in understanding" when the interpretations of empirical material encountered by the researcher do not match existing theories (2011, pp. 65-74). This theory-building approach to fieldwork is best described as *abductive* rather than inductive as it proceeds not in a unidirectional movement from data to theory (linear production process) but rather through a constant back-and-forth movement between empirical and theoretical materials (recursive interpretation process).

Accepting the general posture and approach suggested by Alvesson and Kärreman (2007; 2011), I conceptualize fieldwork as an experiential journey through which I gather empirical material to inform my interpretations rather than as an exercise in mechanistic data collection and replicable knowledge production. Fieldwork is for me a subjective journey in which I constantly "work the hyphens" (Cunliffe & Karunanayake, 2013) of my overlapping and at times competing commitments as a researcher and field participant.

5.1. Research Design

Around the beginning of my PhD program at HEC Montreal in the fall of 2014, I became aware through personal involvement in the field of the client movement of peer workers and initially chose to focus my thesis project on this topic. From June to August of 2015, I completed an exploratory study as part of Professor Ann Langley's qualitative research doctoral seminar. In this exploratory study, I began reviewing literature on the topic and interviewed nine informants familiar with the topic (three researchers, three managers, and three peer workers). From February of 2016 to November of 2018, I completed a multi-site fieldwork which included engaging in extensive participant observation, interviewing key actors, and gathering secondary documents.

Defining Oneself

My sample of interviewees and sites of participant observation was purposeful. It combined snowball sampling (selecting relevant interviewees and sites through contacts made and opportunities arising during fieldwork) and theoretical sampling (selecting additional informants to fine-tune the contours of theoretical categories emerging from preliminary gathering of empirical material) (Patton, 2002, pp. 230-46; Charmaz, 2000, pp. 519-20). My sampling of interviews, observations and documents progressed in an effort driven by the themes emerging from the interplay of my fieldwork and consultation of a variety of academic writings on institutions, professions, social movements, psychiatry and peer work in mental health, as well as a variety of critical literatures produced by and for mad and disability, feminist, HIV/AIDS, gay lesbian and queer,

social rights, and other such communities pursuing emancipatory projects of identity politics (Bernstein, 2005) by challenging marginalization and disenfranchisement.

In the studies of peer workers (Chapter 6) and voice hearers (Chapter 7), I adopt a phenomenological approach to the lived experiences of peer workers and voice hearers by describing and analyzing their respective social worlds based on their own perceptions as reported in their own words. For both methodological and political reasons, I chose to give peer workers and voice hearers exclusive voice in *endogenously* defining the social worlds in which they live rather than having them *exogenously* defined by experts or other actors who do not claim to belong to these marginalized communities, as it is most often the case. In doing so, I wanted to give primacy to the self-defined collective identities (Whittier, 2017) of peer workers and voice hearers rather than the "spoiled" social identity (Goffman, 1963) imposed on them by our prejudiced societies. The methods adopted in Creed, DeJordy and Lok's (2010) study of gay and lesbian Protestant ministers' identity work in mainline denominations that discriminate against homosexuality exemplifies my phenomenological approach to the chapters on peer workers and voice hearers.

Social Order as Process

Given the time span over which the empirical material was collected (more than three years), the significant historical content of some of the interviews and documents collected, and the relatively short history of the peer work and hearing voices movements in Quebec, this material contains significant insights of processual nature. My theorizing effort follows a "process" rather than a "variance-based" logic and combines historical data with current data in the aim of explaining how things unfold over time (Langley, 1999, p. 693). Guided by the core tenets of negotiated order theory, I have chosen to focus my analysis on the processes through which the collective projects pursued by peer workers and voice hearers unfold. The study of peer workers focuses on the dynamics and microprocesses involved in the professionalization of a client community, while the study of voice hearers focuses on the processes through which sustained participation in a peer-to-peer community of mutual aid leads to the formation of a collective identity which forms the basis of an emancipatory praxis. Exemplars for this process-oriented approach

include Reay, Golden-Biddle and Locke's (2006) ethnographic study of microprocesses of change involved in the legitimation of the new role of nurse practitioner in the health care field and McAdam, Tarrow and Tilly's (2001) historical study of the "dynamics of contention" in state-related social movements.

My ethnographic approach is also inspired by the social worlds perspective exemplified in Becker's (1963) studies of the deviant communities of dance musicians and marijuana smokers and Denzin's (1987) study of self-help in Alcoholics Anonymous groups. In these studies, the researcher acts as participant observer in a marginalized identity community to investigate its norms of functioning and the ways in which adherents, through sustained engagement in peer-to-peer activities, endogenously construct and interpret the meaning of the shared experiences that bring them together. Given my knowledge and access to the local scene of mental health client action, I chose to focus my study of voice hearers on self-help groups governed and animated according to peer-to-peer principles (the model promoted internationally) in the Greater Montreal area.

Subjectivity and Emotion

Kisfalvi (2006, p. 117) argues that, "case studies conducted within an ethnographic framework always contain an element of subjectivity and emotionality given the close relationships that researchers establish with participants in the field, and . . . while these elements can be a source of bias, they can also be transformed into valuable sources of insight as long as they are acknowledged and examined." In the same vein, Barley (1990, p. 220) reflects that "[g]ood ethnography is not simply taking copious, journalistic notes on one' s chumming with the natives. . . . [F]ieldwork inevitably intensifies the tensions, the relationships, and the serendipitous events that influence all research. It is in the precarious balance between the controlled and the uncontrolled, the cognitive and the affective, the designed and the unexpected that fieldwork finds its distinctive vitality and analytic power." Similar views inspire my approach to fieldwork and empirical analysis.

Examples of the fertile potentialities of embracing personal implication and subjectivity in research abound. For instance, Kozinets (2001: 69) analyzed the Star Trek subculture as the "construction of a ... utopian refuge for the alienated and disenfranchised" based on

an ethnographical account "Colored by [his] own personal history as a devoted viewer of *Star Trek* and a collector of related merchandise." Goffman (1961), whose first wife had been interned in a mental hospital, published a troubling account of the social situation of inmates in total institutions such as the asylums, prisons and "old folks' homes." Becker (1963), who worked as a dance musician in the 1950s, wrote a crisp ethnography of the dance musicians' deviant subculture. Maguire, "having been a founding member of a large Canadian HIV/AIDS fundraising organization," wrote an influential case study of institutional entrepreneurship in the emerging field of HIV/AIDS activism (Maguire, Hardy & Lawrence 2004: 661). In the same spirit, my approach to fieldwork can be described as "situated ethnography" as I study the negotiated order of mental health care from the committed perspective of my personal engagement into action in that field of activity.

5.2. Gathering Empirical Material

This section summarizes the collection techniques and analytical strategies adopted in the empirical analysis (Part 3) of this thesis. In this segment, I describe the techniques adopted and the empirical material gathered over the period of my fieldwork, which spanned from June to August 2015 (exploratory stage) and from January 2016 to November 2018 (in-depth stage). Techniques used to gather empirical material included participant observation, semi-structured (the first nine) and unstructured (the remainder) interviews, and collection of relevant secondary documents.

Participant Observation

From January 2016 to October 2018, I redacted observation notes to record most of the activities related to my fieldwork in which I participated. In a first step, I handwrote my notes in a personal notebook that I always carried with me. In a second step, typically one or two weeks later, I typed my handwritten notes in electronic files. As I typed the handwritten notes on my computer, I added analytical comments preliminary insights, as well as reflections on my own emotions, commitments, and intuitions related to participation in fieldwork activities.

During the first year or so of my fieldwork, I realized that inserting a delay of a week or two between handwritten note taking on the spot and digitally typing allowed me to digest and contextualize the observations made in activities to fieldwork participation and constituted a very useful first layer of analysis and interpretation of empirical material. It seemed that with the mere operation of time, I had more to say about my observations and was able to see them in sharper contrast a few weeks later than on the same day when they occurred. That is, sleeping over my observations for a few weeks allowed me to make additional connections with the concepts I was working with and see more clearly the shape and contours of my observations. Although this frequent delay between handwriting and digitally typing the notes was initially due to my tendency to procrastinate this task to prioritize more stimulating ones, I ended up seeing important analytical value in this delay between the handwriting and the typing of observation memos, realizing that this temporal delay between the handwriting and typing of observation notes gave room for the "uncodifiable creative leap" enabling theory building (Langley, 1999, p. 691) to take place. To take advantage of this presumably subconscious analytical process, I turned this practice of delayed typing into an integral component of my approach to gathering and analyzing empirical material, which I believe has been quite useful to my research.

Throughout the overall fieldwork, I redacted 183 participant observation memos of a length typically varying from 150 to 700 words. I saved the memos in a separate electronic file for each day of participant observation. Given that in some of these days I participated in more than one event relevant to my research commitments, some of the files cover two or three different events occurring in the same day. I usually wrote my observations in the language in which the action occurred. As a result, about two thirds of my memos were written in French and one third in English. Memos covered topics related to the professionalization movement of peer workers (Chapter 6), the mutual aid movement of voice hearers (Chapter 7), as well as my significant involvement throughout 2016 and the first half of 2017 in a research group attached to the psychiatric clinic for first episodes of psychosis at which I had myself received treatment in the past but was not a patient anymore (Chapter 8). All participant observation memos were redacted with prior approval of the organizations where the activities took place and with the full awareness and consent of participants involved.

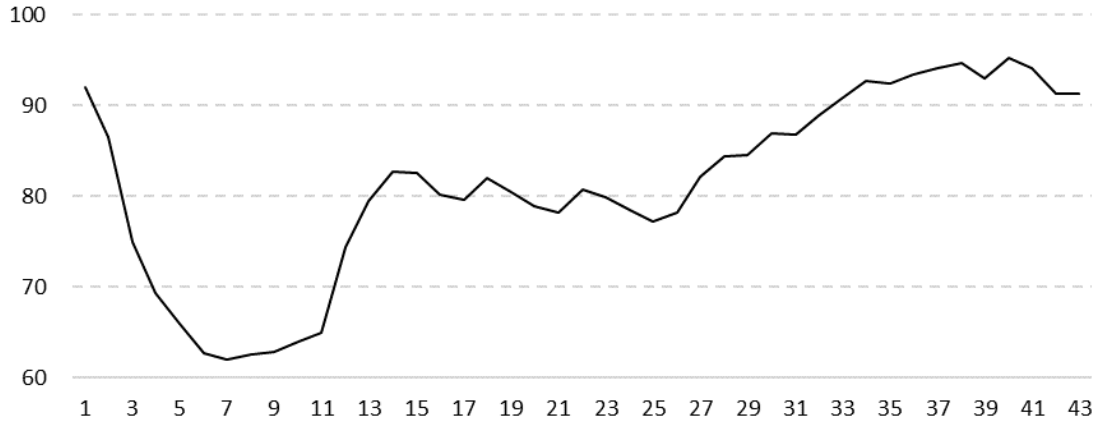
Interviews With Field Actors

Throughout my fieldwork, I opportunistically identified and approached people who appeared to have important experiences and views to complement my preliminary empirical material and add relevant empirical elements that I felt I had not yet covered in sufficient depth. In the exploratory phase of the study, from June to August 2015, I conducted semi-structured interviews, using an interview guide with twelve broad questions with underlying prompts for each question. I made flexible use of the interview guide, frequently asking questions that were not in the guide and disregarding questions to adapt to the flow and direction of my interviewees' thoughts. In other words, I preferred to let my interviewees pursue their own lines of questioning than try to have them conform to mine. In subsequent interviews (after completion of the exploratory phase), I stopped using an interview guide altogether and began conducting increasingly unstructured and in-depth interviews. I felt that approaching interviews with a predetermined structure and intervening too much to guide informants risked interrupting their stream of consciousness and unwillingly preventing them from addressing their most deeply held concerns and idiosyncratic lines of questioning. By intervening as little as possible, I wanted to give my interviewees the unhindered opportunity to narratively construct their identity (Ricoeur, 1990; Cunliffe, 2011) through the open sharing of their first-person accounts (Meyerson & Scully, 1995; Creed, DeJordy, & Lok, 2010). To foster an atmosphere of confidence and put my interviewees at ease, I typically sought to create a laid-back setting by conducting my interviews in cafés, outdoor parks, and/or over lunch. I often brought sushi for those who like it.

So after the exploratory phase of the study was completed, which means from the 10th interview conducted in February 2016 and on to the 47th interview conducted in November 2018, I began interviews by explaining to informants the broad strokes of my research commitments, and then by shutting up as much as I personally could, to let my informants speak freely and make sure I fully listened to them, with interventions from me only sporadically to prompt them to support the natural flow of conversations and to elaborate further on points that appeared of particular relevance to my research agenda. I also made a point of continuing the interviews for as long as informants kept speaking, as

I realized that my informants would often bring me to the deeper confines of their thoughts only awhile after the interview had begun, when they got really "heated up" in their sharing. As a result, as Figure 6 shows, the average length of interviews increased over time (except for the longer first interview which skews the left side of the curve upwards). The figure parallels the evolution of my approach to interviewing toward an increasingly unstructured and in-depth format over the course of the fieldwork.

Figure 6—Average Length of Interviews Over Time



A total of 47 interviews were realized over the course of my fieldwork. However, I permanently removed four of these interviews from my empirical material after early interviewees related to the case discussed in Chapter 8 withdrew their consent to my use of these interviews to which they had previously agreed.[12] As a result, the empirical material used contains a total of 43 interviews. The average length of these interviews is 91 minutes. The average length of interviews completed in the exploratory phase (interviews 1 to 9) is 63 minutes while those completed in the second phase (interviews 10 to 43) are of an average length of 99 minutes, indicating the shift in the interview approach adopted between the two phases of the study. Of these 43 interviews, 24 were fully transcribed and two were documented in handwritten notes taken during and after the interview and then typed in electronic files. I listened carefully and took analytical notes on the remaining 17 interviews which I considered to be covering topics peripheral

[12] I will gladly discuss off-the-record with anyone interested, while honouring my ethical commitments of confidentiality and anonymity to my research subjects, the chain of events that have led four participants to later withdraw their consent after initially accepting to be interviewed for my study.

to my core research commitments and thus not worth the time full transcription would have required investing.

Interviews were conducted with relevant field actors uphold a variety of self-identifications, including peer workers and voice hearers—most of whom self-identify as psychiatrized people—but also with family caregivers, medical and paramedical practitioners, health care managers and researchers. Several of the interviewees self-identified with more than one of these categories. Table 8 presents a count of interviewees' identifications in bold font (e.g., 14 interviewees were peer workers, 10 were voice hearers, etc.) as well as cross-identifications in regular font (e.g. 4 were peer workers *and* voice hearer, 11 were peer workers *and* psychiatrized people, etc.). It shows for instance that 47% (20/43) of interviewees included in my sample self-identify as psychiatrized person; and that all voice hearers self-identified as psychiatrized people while no medical practitioner does. It also shows that 5 out of 7 medical practitioners also self-identify as researchers while only 2 out of 14 peer workers do, and no voice hearer does. Overall, it shows a that interviewees upheld on average 2 (86/43) self-identification. Most interviewees upheld some kind of bridging position (Maguire, Hardy, & Lawrence, 2004) considering that only 33% (14/43) interviewees upheld a single self-identification.

Table 8—Self-Identification of Interviewees

	Peer worker	*Voice hearer*	*Psychiatrized person*	*Family caregiver*	*Medical practitioner*	*Paramedical practitioner*	*Manager*	*Researcher*
Peer worker * †	**14**							
Voice hearer	4	**10**						
Psychiatrized person ** †	11	10	**20**					
Family caregiver †	4	4	3	**5**				
Medical practitioner	-	-	-	-	**7**			
Paramedical practitioner***	1	-	3	-	-	**9**		
Manager	4	2	2	1	-	3	**10**	
Researcher †	2	-	2	1	5	-	1	**11**

* Includes one midwife and one doula whom I consider as childbirth peer workers.

** The three peer workers who do not self-identify as psychiatrized persons are a doula, a midwife, and a family caregiving peer worker.

*** Includes all paramedical occupations except peer work which I have classified in a separate category.

† I self-identify with this category.

Secondary Documents

Throughout my fieldwork, I gathered a large volume of secondary documents including meeting agendas, grey literature produced within client communities, service and professional organizations as well as first-person accounts, in either electronic or physical form. A sorting out of the secondary documents initially gathered was made in the Fall of 2018 and only the documents deemed the most relevant to my analysis were selected. Only electronic documents were included in the coding process because it was more convenient and I estimated that the electronic secondary documents gathered were sufficient both quantitatively (32 files selected) and in terms of their qualitative content to support the participant observation notes and interview transcripts selected for coding.

5.3. Coding and Interpreting

From the gathered empirical material described in the previous section, selections were made to fit the distinct analytical objectives pursued in the studies of the peer work

(Chapter 6) and hearing voices (Chapter 7) movements. Table 9 breaks down in numbers the empirical materials uploaded into NVivo 11/12 and coded with that software package for these studies. The selection, uploading, and formal coding of empirical material previously gathered was entirely done from September 2018 to January 2019. Taking guidance from McAdam, Tarrow and Tilly's (2001) comparative analysis of dissimilar case studies, I have studied *client action in the negotiated order of madness* through dissimilar case studies of peer workers (a client professionalization project guided by the script of accommodation), voice hearers (a client mutualization project guided by the script of escape), and mad writers (a client project of professional delegitimation guided by the script of opposition). Studying dissimilar cases provides rich theoretical insights by the analyst to see both how different client movements converge and how they diverge in their scripts of action relative to professional jurisdiction. There is a second dimension in which I treat the chapters of the empirical section as dissimilar case study: as explained earlier, two are organizational ethnographies aimed at making expert knowledge claims (the cases of peer workers and voice hearers), while one is a first-person account aimed at making an experiential knowledge claim (the case of turning mad).

Table 9—Empirical Material Selected for Chapters 6 and 7

	Peer work study	Hearing Voices Study
Observation notes	37	33
Interview transcripts	11	11
Secondary documents	24	25
Total	72	69

No formal selection or coding of empirical material was made for the production of my first-person account of engagement into the mad movement (Chapter 8). The epistemological and practical motivations for that approach are provided later in this section and are discussed in the next section. Yet, empirical material relevant to my first-person account was selected, uploaded into NVivo, and extensively consulted during the writing of this chapter. Material uploaded for this chapter includes 107 observation notes (more than the other two studies combined), 2 interview transcripts, and no secondary documents.

The Peer Work Study

In the purpose of studying the peer work movement from the perspective of peer workers themselves and of giving them primary voice in describing the social world they inhabit, I uploaded in NVivo 12 Pro verbatim transcription of 11 key interviews of an average length of 97 minutes. Seven interviews were completed with certified peer workers employed in Quebec's public mental health care system. These informants possessed between two and eight years of experience as peer workers in professional sector organization in the province at the moment of the interview, plus one to three decades of lived experience with problems in living and mental health care, as well as in most or all cases several years of involvement with mental health community organizations. Two interviews were completed with experienced peer workers employed in community sector mental health organizations to incorporate an understanding of how peer work in community organizations differs from peer work in professional sector organizations.

One 3-hour interview was conducted with Diane Harvey, chief executive of *Association québécoise pour la réadaptation psychosociale* (AQRP), the community organization that delivers the main training and certification program for peer workers in the province of Quebec. AQRP has acted as a key boundary organization to promote and enable the hiring of peer workers across Quebec's mental health care system. Diane Harvey generously walked me through the history of the developing practice of peer work in the province. Given the historical and current importance of AQRP in understanding the context in which the development of peer work takes place in the province, Diane Harvey is the only "non-peer" interviewee to which I chose to give voice in the data coding process underlying the writing of this chapter. She explicitly gave informed consent to be identified in this thesis.

Finally, I was interviewed by research assistant Camille Rivest in February 2018 for an ongoing study on peer work conducted by sociologist Baptiste Godrie, a researcher at the *Centre de recherche de Montreal sur les inégalités sociales et les discriminations* (CREMIS). I obtained the transcript of this 88-minute interview from Camille and am using it as an extensive reflexively oriented participant observation commentary spanning across most of my fieldwork. I felt this was an importance piece of data to consider given

my personal involvement in the community of peer workers and committed participation in their project over the course of my fieldwork.

The empirical material retained for this study also includes 37 participant observation memos. This included observations made during the 10-day peer worker training and certification program to which I attended in 2016, the 5-day clinical internship that followed the peer worker training, Additionally, I redacted memos for a variety of activities and events in which members of the peer work community gathered and to which I attended as participant observer, including regional communities of practice on peer work and recovery, provincial gatherings of peer workers, and meetings between peer workers in the Montreal area aimed at organizing local initiatives in their workplaces. As part of the requirements of the peer worker training and certification program, I also redacted a 3,840-word report on the clinical internship that followed the program, which I included in the material gathered for my study of peer workers. Most of the participant observation memos for the peer work study were redacted between February 2016 and August 2017, after which I remained peripherally involved in the peer work movement while the focus of my fieldwork was increasingly shifting toward the hearing voices movement.

Coding was done in three stages. Initially, a total of 30 themes with relevance to the peer workers' carving out of a jurisdictional domain were coded. Then, these themes were grouped into four thematic clusters corresponding to the dynamics of *mobilizing*, *claiming*, *organizing*, and *accommodating*. Under each dynamic, codes were grouped into three subcategories corresponding to microprocesses. Each microprocess is composed or two or three codes representing narrower subthemes. Table 10 presents the resulting coding structure. The dynamics and microprocesses are explained and analyzed in the empirical study of peer workers presented in Chapter 6. The notions specifically coded (later grouped into microprocesses and dynamics), are briefly defined here.

Table 10—Coding Structure and Definition of Notions for Peer Work Study

Dynamics	*Microprocesses*	*Notions*	*Short definition of notions*
Mobilizing	Labeling (social identity)	Ideological beliefs	Adhesion of peer workers (PWs) to professional system of meanings.

		Stigma and exclusion	Social ostracism experienced by PWs in relation to label of psychiatrized person.
	Mobilizing (collective identity)	Utopian beliefs	Adhesion by PWs to an alternative vision of arrangements.
		Affirmation and inclusion	Collective pride and inclusive ethos of PWs related to peer-defined collective identity.
		Intrinsic motivations	Engagement in the movement as motivated by PWs' internal aspirations.
	Reconciling (ambivalent loyalty)	Dual identities	PWs as both clients and professionals.
		Recovery	Reconciling contradictory commitments through discursive accommodation.
Claiming	Theorizing (experiential claim)	Experiential knowledge	Knowledge gained through firsthand experience of a set of phenomena.
		First-person account	Personal story drawn from lived experience to legitimize an experiential knowledge claim.
		Training and certification	Official training and certification program to prepare PW for formal employment.
	Carving out (jurisdictional domain)	Jurisdictional control	Monopolistic exercise of applied knowledge by PWs over a domain of practice.
		Task boundaries	What a PW should and should not do.
	Negotiating (employment and conditions)	Employment	Paid positions available to PWs.
		Working conditions	Salary, social benefits, and job security.
Organizing	Bridging (across the service boundary)	Boundary organizations	Organizations bridging the professional/client service boundary.
		Community organizing	Support of community organizations to the fledgling community of PWs.
	Mutualizing (peer-led organizing)	Organizational funding	Financial resources mobilized by PWs in the pursuit of their professional project.
		Peer-to-peer organizing	Organizational structuration process internal to the community of PWs.
		Representativeness (internal conflicts)	Tensions between groups representing parochial interests but claiming to speak for the whole community of PWs.

	Advocating (representation and alliances)	Political representation	Representation of PWs in talks with government and political actors.
		Incumbent allies	Managers and professionals who support the professional project of PWs.
Accommodating	Collaborating (between unequals)	Hierarchy	How PWs adapt to the hierarchical structure of mental health care.
		Accommodation	Practices by PWs aimed at signaling loyalty to both professionals and clients.
		Clinical meetings	PWs exercising client voice within clinical meetings with professionals.
	Coopting (covert influence from above)	Coercion and judicialization	Professional practices that impose treatments and link to judicial procedures.
		Tokenism	Cosmetic inclusion of PWs without meaning decision-making participation.
		Social functioning	Professional emphasis on repressing deviant behavior and enforcing compliance.
	Subverting (covert influence from below)	Empowerment	Advocacy by PWs aimed at promoting client voice and decision-making participation.
		Group therapy vs self-help	Differences between group therapy animated by professionals and peer-to-peer collectives of mutual aid.
		Clinical tools	A set of clinical tools based on experiential knowledge developed by PWs.

The disclosure of their full identity while testifying about their lived experience as mental health service users is a meaningful statement to make for psychiatrized people. It means they wish to speak out and are not afraid to do so with their face uncovered. I gave my interviewees the opportunity to do so in this research if they wished to, while making sure they feel entirely free not to if they didn't want to. I use the real given name (sometimes abbreviated) to cite or discuss interviews with those who chose to disclose their identity and use a pseudonym to respect the wish of those who chose anonymity.

The Hearing Voices Study

Empirical material selected for my study of the hearing voices movement (Chapter 7) included 33 participant observation memos, 11 interview transcripts, and 25 secondary documents. Observations were made in two different peer-to-peer hearing voices groups, one group to which I attended seven meetings and the other which I attended once. This also included participation to several movement events organized in public settings where voice hearers were invited to express themselves creatively through a variety of means, as well as public events organized for the 2016, 2017 and 2018 international hearing voices day on September 14 (I was also involved in the organization of the 2017 and 2018 editions), and four gatherings of the Greater Montreal network of hearing voices groups. In various occasions, I also spent free time with voice hearers individually in their everyday settings to nurture relationships and gain better understanding of their daily realities. Although my participant observation notes related to the hearing voices movement span from January 2016 to October 2018, was initially for me a peripheral research commitment; my focus increasingly shifted toward the hearing voices movement during 2017 and in 2018.

Selected interviews, observation notes and secondary documents were coded using NVivo 12 Pro. First, I read through all the empirical material uploaded and generated 40 codes covering 203,000 words of text. Second, I sorted this raw set of codes into four general categories: *movement infrastructures* (9 codes), *problematizing ideology* ("ideology" for short; 9 codes), *utopian projecting* ("utopia" for short; 16 codes), and *accommodation* (6 codes). This initial list of codes is presented in Table 5 (background section) and Table 6 (analytical section). Third, I completed a second in-depth reading of references during which I trimmed the coded text to 108,000 words, keeping only the most relevant coding material for further analysis. Based on this second reading and trimming of references, I inserted an intermediate level of classification under the categories of *ideology*, *utopia*, and *accommodation* to classify the underlying codes under the emerging themes of *ethos*, *meaning* and *identity* that were cutting across categories.

I treated the initial category *movement infrastructures* as background material, using some parts of it in the description of the research setting and moving other parts in the other

three initial categories. This yielded a three-by-three coding matrix enabling the analysis of ideology, utopia and accommodation (representing the initial theoretical framework inspired by Mannheim) across the themes of ethos, meaning, and identity (which emerged from the inductive coding of empirical materials). This coding matrix, placing the dialectical categories inspired by Mannheim's conceptual framework in the x-axis and themes emerging from analysis of empirical material in the y-axis, reflects the "abductive" process (Suddaby, 2006) through which I arrived at my research findings in an "interplay of conceptual and illustrative empirical material" (Cunliffe & Coupland, 2011, p. 65; Cunliffe, 2011). Table 11 presents the resulting coding structure and briefly defines each one of the coded notions for movement infrastructures.

Table 11—Coding Structure and Definitions for Background Section of Hearing Voices Study

	Notions	*Short definition of notions*
Movement infrastructures	Alternative resources	Organizations of the community sector providing non-medicalized forms of aid to voice hearers.
	Coping tools and tips	Practical knowledge shared between voice hearers on how to cope with their difficulties in their daily lives.
	Housing services	Organizations providing housing support to voice hearers.
	Knowledge building and sharing	Process through which voice hearers build and share coping tools and tips with their experiential peers.
	Movement literature and history	Written documents that provide the movement with an international literature and a share history.
	Network of hearing voices groups	Regional, provincial, national, and international connections and forms of coordination between local groups.
	Peer-to-peer governance	Organizational principles and mechanisms for exclusive governance among experiential peers (without professionals).
	Public events and relations	Activities and events that serve as an interface between the community of voice hearers and the public at large.
	Social insertion	Resources and approaches dedicated to assisting the social insertion of voice hearers into society.

Table 12 presents the coding matrix produced for the analytical section of the study of voice hearers and briefly defines each one of the coded notions that were later classified based on the analytical dimension treated (ethos, meaning, identity) and the action orientation they represent (problematizing ideology, utopian projecting, accommodation).

Table 12—Coding Structure for Analytical Section of Hearing Voices Study

Dimensions / Orientations	*Ethos*	*Meaning*	*Identity*
Problematizing ideology	Functioning and social control Legal coercion Medication	Diagnostic Invalidation Normality and recovery Expert knowledge	Social identity Marginalization of community Professionalism
Utopian Projecting	Emotion First-person account Gaining voice Peer-led HV groups Utopian refuges	Aspirational vision Experiential knowledge Holistic understanding Meaning making Trauma Unusual perceptions	Belonging Lived experience Collective identity Identity reconstruction Public speaking
Accommodating	Acceptance of ideology Clinician-led HV groups Collaborative ethos Empowerment	Medication self-management Psychosocial therapy	

Table 13 decomposes the matrix into its three dimensions to present short definitions of each of the notions grouped into them. The broader dimensions and orientations are not defined here because they are attentively analyzed and specified in the ethnographic study of voice hearers presented in Chapter 7.

Table 13—Definition of Notions for Analytical Section of Hearing Voices Study

Dimensions	*Orientations*	*Notions*	*Short definition of notions*
Ethos	Problematizing ideology	Functioning and social control	Critique of treatment emphasis on repressing deviant behavior and enforcing norm compliance.
		Legal coercion	Critique by voice hearers (VHs) of legal means used by professionals of legal means to impose treatment.
		Medication	Critique by VHs of drug-based treatments promoted by professionals.
	Utopian Projecting	Emotion	Emotional experiences nurturing VHs' engagement in utopian projecting—especially anger and pride.
		First-person account	Personal story of VHs drawn from lived experience to legitimize an experiential knowledge claim.
		Gaining voice	Attempts by VHs to participate in professional decisions that concern them.

		Peer-led hearing voices groups	Local collectives of mutual aid governed and animated entirely by VHs.
		Utopian refuges	Pursuit by VHs of a safe place away from the normative prescriptions of mainstream society.
	Accommodating	Acceptance of ideology	Actions and opinions of VHs that signal their acceptance of medicalized meanings.
		Clinician-led HV groups	Therapy groups inspired by the VH approach but governed and/or animated by professionals.
		Collaborative ethos	Values enacted in VHs' practices that favor collaborative relations with professionals.
		Empowerment	Advocacy aimed at promoting client voice and decision-making participation.
Meaning	Problematizing ideology	Diagnoses	Critique or skepticism by VHs with regard to psychiatric diagnoses.
		Invalidation	Experience by voice hearers of their knowledge and judgment framed as invalid and dismissed.
		Normality and recovery	Critique of the recovery discourse perceived by voice hearers as normatively prescriptive.
		Expert knowledge	Critique or skepticism by voice hearers with regard to professional knowledge.
	Utopian Projecting	Aspirational vision	Expression by VHs of an alternative vision of arrangements inspiring their commitments.
		Experiential knowledge	Knowledge gained through firsthand experience of a set of phenomena.
		Holistic understanding	Conception of VHs' needs as encompassing social, psychological, and biological dimensions.
		Meaning making	Activities by VHs that contribute to the endogenous formation of meaning within that peer community.
		Trauma	Traumatic experiences which many VHs connect to their unusual perceptions.
		Unusual perceptions	Expression of perceptions or beliefs by VHs considered abnormal by mainstream society.
	Accommodating	Medication self-management	Advocacy by alternative organizations of VHs' decision-making empowerment related to the drug treatments prescribed to them by professionals.
		Psychosocial therapy	Engagement in forms of therapy that address the social and psychological dimensions of VHs' needs.
Identity	Problematizing ideology	Social identity	Critique by VHs of a stigmatizing social identity of psychiatrized people labeled on them.

	Marginalization of community	Professional sector practices and resource allocation that marginalize the community sector.
	Professionalism	Skepticism by voice hearers of professionalism as commodification/dehumanization of care.
Utopian Projecting	Belonging	Sense of satisfaction and pride expressed by VHs in belonging to a community of experiential peers.
	Lived experience	Validation among VHs of their lived experience of unusual perceptions as meaningful knowledge.
	Collective identity	Formation of a collective identity of VHs on which experiential peers derive pride and belonging.
	Identity reconstruction	Activities within VH groups that nurture a sense of pride related to valued collective identity.
	Public speaking	VHs making public testimonies about their lived experience of unusual perceptions.
Accommodating	–	–

The First-Person Account

Chapter 8 is not a study per se but rather a personal text responding to different epistemic criteria of legitimation than those adopted in Chapter 6 and Chapter 7. The key difference between autoethnography and first-person account is the readership to which it is destined. The knowledge claims they make are of different natures. The author of an autoethnography makes an expert knowledge claim while that of a first-person account makes an experiential claim. In an autoethnography, the author claims belonging to an expert knowledge community by arguing that a researcher's personal narratives of lived experience represent data from which valid academic knowledge can be produced (Ellis, 2004; Denzin, 2014). In a first-person account, the author claims belonging to an experiential community by arguing that the writer knows like his/her readership what a given type of experience feels like for having gone through that experience just like them. The first-person account is the core device through which one claims voice as an experiential peer of his/her readers. It is therefore the essential ritual of admission as a peer in a community of experience.

The validity of a first-person account as assessed by its intended readership does not rely on having followed rigorous methods and presenting robust data displays. A first-person account typically contains no method section and presents no formal data. It is a personal piece of storytelling through which the author narratively constructs his/her identity (Ricoeur, 1990). Through their first-person accounts, people "at the bottom of status systems attempt to generate identities that provide them with a measure of self-worth and dignity" (Snow & Anderson, 1987, p. 1336). "[P]eople's talk about their selves affirms and contests the internally ascribed legitimacy of organizations" (Brown & Toyoki, 2013, p. 875) and provides a means by which "marginalized actors who are committed to the institution in which they are embedded can begin to think and act as agents of institutional change" (Creed, DeJordy, & Lok, 2010, p. 1336). An experiential knowledge claim is considered valid because it is supported by a first-person account of its author which its intended readership/audience perceives as authentic and because it resonates with their lived experience in ways that bring them to consider the author as a peer experiential knower.

In the presentation of my first-person account, I have followed a "temporal bracketing strategy" by decomposing the personal story of my engagement into the mad movement into three successive "periods" (Langley, 1999, p. 703) representing different self-identifications and projective commitments: (1) being a mental patient; (2) becoming a patient advisor; and (3) turning mad. I initially published this first-person account in the Journal of Ethics in Mental Health (Bouchard, 2019), a peer-reviewed journal by and for mad researchers, which was its initially intended readership. I nonetheless considered it relevant to include it in the empirical section of this thesis to illustrate with a real case to an expert readership what experiential knowledge claims look like and why they are equally valid as expert knowledge claims; the two types of claims responding to criteria of validity that are founded on incommensurable epistemological paradigm (Kuhn, 1969; Lincoln & Guba, 2000).

5.4. "Evidence Quality" [13]

A doctoral thesis is a knowledge claim through which the writer attempts to be accepted as a peer member of the academic community. The academic community being a community of expert knowers, the doctoral candidate must necessarily convince her/his committee members—who perform a gatekeeping function by assessing the adequacy of the candidate—that she/he satisfies the established criteria to be considered a peer member of the profession. To do so, the doctoral candidate must show that the "evidence" supporting her/his knowledge claim is of an appropriate "quality" to be considered epistemically valid by members of the academic community. Yet, as Bourdieu and Wacquant (1992, p. 225), 1992, p. 225) note, the epistemic ideology of the academic community has limitations and induces systemic biases that should be kept in mind:

> The fetishism of "evidence" will sometimes lead one to reject empirical works that do not accept as self-evident the very definition of "evidence." Every researcher grants the status of data only to a small fraction of the given . . . vouchsafed and guaranteed by the pedagogical tradition of which they are a part and, too often, by that one tradition alone.

In this thesis, I analyze professions as organized social systems of rent extraction through the epistemic domination of experts over experiential knowers. Yet, one writes and defends a doctoral thesis as part of the pursuit of a boundary project aimed at "gaining admission to the charmed circle of the [academic] profession," whose members "collectively presume to tell society what is good and right for it" in terms of knowledge production and validation by "set[ting] the very terms of thinking about it" (Hughes, 1965, pp. 25-26). Indeed, a core purpose for which I write and prepare to defend this thesis is to be accepted as a peer member of the academic community; as a credentialed scholar. To succeed in that purpose, I must play by the expert rules of that game; while acknowledging in the same breath that I do so while nurturing some reservations with regard to the claimed primacy of the criteria of epistemic validity to which I am expected to comply.

[13] This section is inspired by Section 3.6 in Susana C. Esper's (2018, pp. 89-90) doctoral thesis. My take on evidence quality however significantly differs form hers.

By promoting a critical view of the organizational form to which I seek to gain access—the profession—I end up as an ambivalent actor guided by a script of accommodation. Indeed, I seek to reconcile my lived experience of an institutional contradiction between incumbent and challenger modalities of loyalty by acting in partial alignment with the commitments of both the credentialed scholars (whom I must satisfy to achieve my professional project) and the laypeople who criticize professionalism as exclusionary (whose grievances I seek to voice from within the boundaries of the profession).[14] That being said, there are a number of expert criteria of "evidence quality" which I can cite to provide expert legitimacy to the empirical material supporting the interpretive claims made in my thesis.

The literature in organization studies is composed of a number of different paradigms which promote diverging views of the world, methods of access to truth, and criteria of knowledge validity (Burrell & Morgan, 1979). The epistemological views are closest to the constructivist paradigm, which "assumes a relativist ontology (there are multiple realities), a subjectivist epistemology (knower and respondent cocreate understandings), and a naturalistic (in the natural world) set of methodological procedures" (Denzin & Lincoln, 2000, p. 21). Fortunately, the members of my doctoral committee by and large belong to the constructivist epistemic community as well, which may facilitate my task to convince them of the appropriateness of the criteria of validity on the basis of which I seek to legitimize much of the knowledge claims I make in this thesis.[15] Following Guba and Lincoln (1986), I argue that the validity of the knowledge claims made in this thesis should be evaluated based on criteria of trustworthiness and authenticity.

Trustworthiness

Guba and Lincoln (1986) decompose trustworthiness into four criteria: credibility, transferability, dependability and confirmability. Several elements provide credibility to my research. First, my ethnographic studies are based on prolonged fieldwork engagement and persistent observation of the analyzed empirical dynamics. I have been

[14] See Chapter 6 for a theoretical specification of ambivalent actorhood and the script of accommodation.
[15] This applies to a lesser extent to the experiential knowledge claim made in Chapter 8, which pertains to a significant extent in a different epistemic paradigm, as discussed in Chapter 4 and later in the present chapter.

involved in various aspect of my fieldwork on a continued basis for more than three years and have taken extensive notes of participant observation over that prolonged period of fieldwork engagement. The empirical findings presented in the empirical section of the thesis have also been validated by triangulating multiple sources of empirical material, including participant observation notes, interviews with key participants, secondary documents, as well as writings produced by representative members of the studied communities (including first-person accounts of psychiatrized people and mad survivors, as well as articles and chapters associated with the mad studies literature).

To test the resonance of my preliminary findings in both the expert community of academics to which I seek to contribute and the experiential communities of peer workers, voice hearers and mad folks which I studied, I regularly engaged in both "peer debriefing" and "member checks" (Lincoln & Guba, 1986, p. 19). I did so by presenting my emerging patterns to both audiences in a diversity of scholarly and practice-oriented conferences, seminars and workshops, as well as by sharing them in a broad array of informal discussions with representative members of both audiences. Feedback received from members of both the expert community of academics and the experiential communities of peer workers, voice hearers and mad folks led either to the validation or to further questioning, adjusting, and at times reinterpreting of my emerging empirical findings. The coding architectures based on which I structured my findings are largely informed by this iterative process of interpretive validation.

To strengthen the transferability of my findings, I sought to present them in ways that include a "narrative developed about the context so that judgments about the degree of fit or similarity may be made by others who may wish to apply all or part of the findings elsewhere" (Lincoln & Guba, 1986, p. 19). I also used several "sensemaking strategies" recommended by Langley (1999) for process research, including "visual mapping" (in Chapters 6 and 7) and "temporal bracketing" (in Chapter 8). Additionally, I followed Langley's advice to include generous displays of empirical material (in participant quotes included in the empirical chapters as well as in Appendices 1 to 3) and in providing the coding architecture of my empirical analyses to enable readers to see for themselves

relevant examples of the raw empirical material from which my interpretations are derived and the process which I followed to theorize from this data.[16]

Throughout my empirical research involvement, I kept notes of my methodological decisions, preserved all interview recordings and secondary documents collected, and uploaded selected materials into NVivo in ways that sought to make my methods of empirical analysis as transparent and accessible as possible for other researchers to validate. Although I did discuss my research process and methodological decisions with the members of my doctoral committee, and especially with my supervisor Professor Barin Cruz, the empirical data analysis was solely performed by me and the "carrying out of an audit by a competent external, disinterested auditor" was not performed as recommended by Guba and Lincoln (1986, p. 19), which potentially limits the dependability and confirmability of my findings.

Authenticity

Guba and Lincoln (1986) also highlight the critical importance of authenticity to the epistemic validity of constructivist research. Golden-Biddle and Locke (1993, p. 599) provide this helpful definition of authenticity in ethnographic texts:

> Authenticity concerns the ability of the text to convey the vitality of everyday life encountered by the researcher in the field setting. Authenticity means being genuine to the field experience as a result of having "been there." Thus, the text makes appeals of authenticity on readers when two conditions are met: assurance that the researcher was there, and was genuine to the experience in writing up the account.

Golden-Biddle and Locke (1993) enumerate four strategies to achieve authenticity: "particularizing everyday life, delineating the relationship between the researcher and organization members, depicting the disciplined pursuit and analysis of data, and qualifying personal biases" (p. 595).

[16] Professor Langley strongly emphasized the importance of voluminous display of data and coding structures in her *Méthodes de recherche qualitative en gestion* seminar, which I followed in the Summer session of 2015, as well as in personal discussions during which she offered me insightful paper development guidance.

Following Golden-Biddle and Locke's (1993) guidance, I sought throughout my ethnographic to particularize everyday life by providing detailed descriptions of the studied organizations and their members to assure the readers that I was indeed there. In the first two chapters of the thesis as well as at some points in the ethnographic chapters, I sought to delineate the relationship between the researcher (myself) and the studied organization members by being as explicit and transparent as possible on the "participant" dimension of my observation, on the specific extent of the partial overlap between my personal identity and the social and collective identities of the communities I ethnographically studied. I sought to qualify my biases by openly discussing the political commitments guiding my work; and especially my commitment to channeling the voices of marginalized groups in our society whose experiential knowledge is routinely invalidated and bulldozed over by medical experts. And finally, I sought to explain in extensive details my epistemological views (in Chapter 4) as well as the methodological choices made and analytical processes followed throughout my fieldwork (in the present chapter). Those are efforts that I have made to convince readers of the authenticity of my ethnographic texts.

5.5. Conceptual Synthesis

In this chapter, I have explained my empirical approach to knowledge construction and described the empirical material gathered and analyzed. In doing so, I have distinguished between the expert knowledge claims made in my studies of peer workers (Chapter 6) and voice hearers (Chapter 7), and the experiential knowledge claim made in my first-person account of engagement in the mad movement (Chapter 8), as summarized in Table 14. In making this distinction, I have sought to justify the distinct relevance of both claims and their respective contributions to the intellectual objectives pursued in this thesis.

Table 14—Constructing Knowledge: A Conceptual Synthesis

	Peer work study	Hearing voices study	First-person account
Knowledge claim	Expert	Expert	Experiential
Empirical method	Ethnographic	Ethnographic	Narrative
Targeted readership	Academic community	Academic community	Mad community
Trustworthiness	Data coding and presentation	Data coding and presentation	Resonance and perceived sincerity
Authenticity	Involvement is acknowledged	Involvement is acknowledged	Involvement is front and center
Client action script	Accommodation	Escape	Opposition

In the studies of the peer workers' and the voice hearers' communities, I adopt an ethnographic research method to make an expert knowledge claim. With this study, I target an academic readership in the aim of contributing to the constructivist organizational literature on work, occupations and professions. In order to legitimize this expert knowledge, I have designed and followed systematic procedures to gather and code empirical material. To convince my target readership of the trustworthiness of my findings, I carefully explain my fieldwork methods and quote the works of organizational scholars known as authorities in constructivist research methods. I acknowledge and briefly discuss the personal involvement and commitments of the researcher (myself) in the studied phenomena to signal the authenticity of the studies.

My personal story of engagement in the mad movement targets a different audience, and thus responds to a distinct set of knowledge validity criteria. This piece is not an ethnography, but a first-person account, which is quite different. With the first-person account, I target a peer readership of people who have been psychiatrized and/or personally outraged by the psychiatric profession and have chosen to voice their view of the psychiatric profession as an oppressive institution that uses medical language and devices to invalidate the deviants as knowers and control their behavior through extralegal means (Glasby & Beresford, 2006; Faulkner, 2017). To legitimize the experiential knowledge claim made in this piece, I have purposefully refrained from using any formal coding or analytical procedure (although I wrote more observation notes on this topic than

for the other two empirical chapters combined) and focused on telling the self-narrative of my lived experience of movement engagement.

In the first-person account, I sought to establish the trustworthiness of my personal story by writing it in plain language and with emotion—in a way that I felt would resonate with the experience of mad folks and the ethos of their community. Before anything else, this piece is an identity claim to belonging in the mad community; a claim to peerness in a client challenger community. In this account, my personal involvement in the explored phenomena is front and center; I do not write this piece as an expert who has studied it from the outside, but as a person who has experienced these phenomena from the inside, in all their messiness and complexity, and claims to have learned a lot from that experience. It is by making my personal involvement front and center—and by opening up on quite sensitive periods of my life story—that I signal the authenticity of the first-person account.

Each of the three empirical chapters has a distinct theoretical focus and claims a unique contribution to knowledge. The study of peer workers (Chapter 6) analyzes the professionalization project of this client community as guided by the action script of accommodation. The study of voice hearers (Chapter 7) analyzes this community's utopian mutual aid praxis as guided by the action script of escape. Both correspond to the ethnographic genre and claim to make primarily expert contributions to knowledge. The first-person account (Chapter 8) explores in three stages the longitudinal process of my personal engagement in mad studies, a segment of the mad client challenger movement which pursues a project of delegitimizing psychiatric practice primarily guided by the action script of opposition. In each of the three chapters, there is an element of bricolage as experiential knowledge informs my ethnographies, while my first-person account draws on insights from academic studies of marginalized identity politics. While its main intended audience is the mad community, my first-person account does make an important point destined to the academic community: that in designing the methods of their expert knowledge claims, scholars should strive to give voice to (rather than dismiss and talk over) the experiential knowledge of others as well as their own.

Part Three:
Empirical Studies

In Part Three, I present a comparative analysis of dissimilar cases of client movements in the interaction order of mental health care. Chapter 6 is an ethnography of peer workers; whose action appears guided by the script of accommodation and aligned with a boundary project of client professionalization. Chapter 7 is an ethnography of voice hearers; whose action appears guided by the script of escape and aligned with a boundary project of client mutualization. Chapter 8 is a first-person account of how engagement in the mad movement rescripted my action toward opposition and aligned it with a boundary project of professional delegitimation. In Chapter 9, I discuss the distinct conceptual features of the three client movements and explain the contributions made by my empirical studies to organization theory.

Chapter 6
Bridging the Service Boundary: The Professional Project of Peer Workers

Negotiated order studies of jurisdictional structuration (Barley, 2008; Bechky, 2011) have sought to explain how occupational communities (Van Maanen & Barley, 1984) compete through expert knowledge claims to control specific service domains (Freidson, 1986; Abbott, 1988). Jurisdictional boundary work, purposeful effort by actors to shape the boundaries of jurisdictional domains in a field of activity (Zietsma & Lawrence, 2010; Phillips & Lawrence, 2012; Abbott, 1988), has attracted increasing attention from researchers over recent decades (Langley, et al., 2019). Despite the acceleration of research in this field, the emergence of a focus on the boundary work performed by client communities remains elusive (Anteby, Chan, & DiBenigno, 2016). Yet, the jurisdictional boundary work performed client communities may prove as an important research topic if we want to gain a full picture of interoccupational struggles through knowledge claims as a core structuration mechanism shaping the jurisdictional boundaries of professionalized fields.

A few studies have looked at how fledgling occupational communities (Nelsen & Barley, 1997; Fayard, Stigliani, & Bechky, 2017) seek to shape jurisdictional boundaries to carve out a jurisdictional domain for their members within professionalized fields of activity—fields in which service delivery is primarily structured by the legitimized boundaries of the applied knowledge claims of established occupational communities (Hughes, 1965; Freidson, 1986; Scott W. R., 2008b). But studies have rarely considered the emergence of occupational communities from within the clientele. But a better understanding of the dynamics by which client communities organize to carve out jurisdictional domains, and of the potential reasons why they do so, is needed to address this gap in studies of jurisdictional structuration. This line of research could also shed light on the dynamics of interoccupational struggles insomuch as some client movements, and especially those pursuing a professionalization project as with peer workers in mental health care, may play a role in interoccupational struggles for jurisdictional control.

To address that gap in the existing knowledge surrounding jurisdictional structuration, this ethnographic study of peer workers in mental health care analytically describes and empirically illustrates the client action script guiding peer workers and the type of boundary work they perform in professionalized fields. Based on that empirical material, I construct an interpretive model that seeks to explain why peer workers adopt this particular client action script and perform this type of boundary work. The findings of that study suggest that (1) peer workers appears primarily guided by the client action script of accommodation, and that (2) peer workers perform boundary work aimed at carving out a jurisdictional domain for their client community in the professionalized field of mental health care.

The empirical case of peer workers in mental health care provides a clear case of client segment organizing into a community to negotiate its jurisdictional domain with established occupational groups in a professionalized field. Inspired by the symbolic interactionist literature, organizational studies of work, occupations and professions are showing the potential of ethnographic research to grasp and document the situated microprocesses through which the negotiation of occupational orders occurs in everyday interactions (Barley, 2008; Bechky, 2011; Leibel, Hallett, & Bechky, 2018). Based on a multi-site ethnographic study of the professionalization project of peer workers conducted in the professional sector of mental health care in Quebec, I seek to identify the dynamics and underlying microprocesses involved in the professionalization project of peer workers.

6.1. Carving Out a Jurisdictional Domain

Recent studies of jurisdictional structuration have analyzed the boundary work performed as part of field-level projects pursued by occupational communities to carve out a jurisdictional domain for their members (Zietsma & Lawrence, 2010; Fayard, Stigliani, & Bechky, 2017). Such field-level projects have been shown to be embodied in the situated workplace activities of occupational members (Bechky, 2003b; Reay, Golden-Biddle, & GermAnn, 2006). Social studies of professions theorize that occupational communities compete by promoting knowledge claims to legitimize their exercise

monopolistic control over jurisdictional domains within a shared field of activity (Hughes, 1958; Freidson, 1970a; Larson, 1977; Abbott, 1988). For example, recent studies in this lineage have explored the use of rhetorical strategies adopted to legitimize such knowledge claims in organizational fields (Suddaby & Greenwood, 2005), the use of boundary objects in enacting occupational jurisdictions within organizations (Bechky, 2003b), and the situated microprocesses involved in legitimizing a new role in the workplace (Reay, Golden-Biddle, & GermAnn, 2006).

While in this literature, expertise tends to be treated as the sole legitimation basis of knowledge claims (Freidson, 1986; Abbott, 1988), studies of client movements highlight that lived experience is used as an alternative basis of legitimacy to legitimize clients' knowledge claims (Borkman, 1976; 1999; Epstein, 1996; 2008; Jouet, Flora, & Las Vergnas, 2010). For instance, peer workers in mental health care are making an "experiential knowledge" claim in their efforts to legitimize their practice and carve out a jurisdictional domain for their occupational community within the professional sector of mental health care (Mead, Hilton, & Curtis, 2001; Repper & Carter, 2011; Godrie, 2014). In this study, I analyze the empirical material collected as part of my ethnographic fieldwork within the peer work movement in Quebec with the purpose of theorizing the dynamics and microprocesses through which a client community carves out a jurisdictional domain for its members in a professionalized field of activity.

6.2. The Peer Work Movement

Following the "antipsychiatry" critique of the 1960s (which originated mainly from dissident psychiatrists such as Laing and Szasz, and social scientists such as Goffman and Foucault) the 1970s saw a wave of radical client activism in mental health care across North America, the U.K. and elsewhere. This activism organized into client movements mobilized around the collective identities of "ex-mental patients" and "psychiatric survivors" (Dain, 1989). These dissident communities of psychiatrized people denounced mental health care as an extralegal and oppressive system of social control; their aim was to deprofessionalize aid through the organization of a self-help alternative in local communities (Chamberlin, 1977). In the 1980s, a trend of collaboration between client

advocates self-identified as "consumers" and "service users" and reform-oriented mental health professionals developed, attracting increasing policy interest and research funds (Morrison, 2005). Cultivating a collaborative ethos, these accommodative clients and professionals emphasized the common need to work together across the client/professional service boundary to address the unmet needs of those struggling with severe and chronic problems in living.

Early attempts to engage psychiatrized people in the conception, management, and evaluation of professional sector mental health services began in Canada in the mid-1980s. In Quebec the *Association pour la réadaptation psychosociale* (AQRP) was founded in 1991 to promote collaborative practices aligned with the principles of mental health rehabilitation.[17] In the 2005-2010 *Plan d'action en santé mentale* (PASM), the Quebec Ministry of Health and Social Services (the "Ministry") identified peer support as a prioritized orientation and promoted the hiring of peer workers in assertive community treatment clinical teams (MSSSQ, 2005).[18] In 2006, an issue of AQRP's journal *Le Partenaire* focused on mental health service users as service providers, which also facilitated the diffusion of this practice across the province.

The first peer worker in a professional sector mental health in the province of Quebec was hired around 2007. While their presence is a recent phenomenon in professional sector organizations of mental health care, veterans of the community sector highlight that peer workers have been present for decades in community-based mental health organizations. After comparing different established peer worker training and certification programs, and visiting one in the United States, two mental health service users working for AQRP conceived a training program to certify Quebec's peer workers during 2006/2007. A first cohort of peer workers completed the AQRP training and obtained certification in 2008. In parallel, there were several attempts to organize a peer-to-peer association that would represent peer workers across the province of Quebec and take charge of the peer worker

[17] Information on AQRP presented in this section is based on a 3-hour interview realized in 2016, phone and email follow-ups, and working documents provided to me for this research by Diane Harvey, CEO of AQRP.

[18] Assertive community treatment is an approach to mental health care that prioritizes the delivery of services to clients diagnosed with chronic psychiatric conditions in their local community settings rather in the premises of medical institutions.

training and certification program. However, to this day the program is owned and managed by AQRP. Recent years have seen the emergence of a few regional-scope communities of practice of peer workers, including one in the Quebec City area and one in the Montreal area. But these attempts to organize a provincial-level peer-to-peer association that would be perceived as broadly inclusive and representative of peer workers have not yet succeeded.

While the integration of peer workers in psychiatric wards and clinics can be traced back to the 1990s in the U.K., Australia, and parts of the U.S., the first hiring of a peer worker in a professional sector mental health care organization in the Canadian province of Quebec occurred around 2007. In the last decade, backed by policies and by the emergence of a training and certification program, the integration of peer workers accelerated to the point where there are now approximately 170 certified peer workers, about 80 of which are currently employed in public and community sector mental health organizations in Quebec. The growing provincial community of peer workers is actively engaged in the pursuit of a professionalization project, aiming to carve out and institutionalize an exclusive jurisdictional domain for its members within professional sector mental health care organizations.

6.3. Pursuing a Client Professionalization Project

In this findings section, I analytically describe the dynamics and microprocesses of client professionalization. These four dynamics emerged inductively from the coding of empirical material. In a first step, I coded a set of thirty first-order notions that appeared relevant to the process of client professionalization. In a second step, I grouped conceptually the first-order notions into twelve second-order microprocesses (each microprocess contains two or three notions). In the third and last step of coding, I grouped conceptually those twelve microprocesses into four broader dynamics considered as interrelated components in the broader process of client professionalization which this chapter attempts to explain. An in-depth description of the coding method along with short definitions of all first-order notions are presented in Chapter 5, Section 5.3. Illustrative quotes for all first-order concepts are presented in Appendix 1.

Further analysis of the empirical material constitutive of this coding structure led to the detection of an apparent temporal sequence of the dynamics of *engaging*, *organizing*, *claiming*, and *accommodating*, which forms the conceptual basis of the interpretive framework of client professionalization proposed. In this section, I decompose each of these four broader dynamics into three microprocesses and illustrate them empirically with the case of the peer work movement. Then, I consider these dynamics and microprocesses together to draft an interpretive framework to explain how they interplay as part of the broader process of client professionalization.

The Dynamic of Engaging: Microprocesses of Labeling, Mobilizing, and Bridging

The dynamic of *engaging*, identified as a first constitutive stage in my interpretive model of client professionalization, appears as composed of three microprocesses, which I refer to as *labeling*, *mobilizing*, and *reconciling*. It is well known that the social identity of psychiatrized people carries a significant social stigma in our societies. Many of my informants associate receiving a diagnosis and being labeled as a mental patient with the routine experience of exclusion and invalidation. My empirical material indicates that by joining a collective of people like them (of "peers") and by earning a salary from their experiential knowledge of problems in living and mental health treatments, psychiatrized people appear to gradually convert their shame of being socially identified as mental patient into a pride in the collective identity of peer worker to which they come, over time, to experience a sense of belonging. To remain true to the collaborative ethos of the peer work community, peer workers must constantly balance in the workplace their displays of loyalty to the social worlds of professionals. The microprocesses of labeling, mobilizing, and bridging, conceived here as underpinning the dynamic of engaging, are henceforth analyzed and illustrated with supporting empirical material.

Labeling: Incumbent-Defined Social Identity

People who receive mental health services are often ashamed of their psychiatrized social identity and fear being judged if they openly acknowledged receiving or having received mental health services. Before becoming a peer worker, Véronique used to think she had

to hide her years of psychiatric treatment to be accepted in a workplace—she feared the consequences of moving out of the closet:

> Of course, when I got there [in a new job for an employment bureau], I was just out of hospital, so I rebuilt everything. And for me, the [employment bureau], I was going to stay in that job for my whole life, because they gave me my chance—without knowing it. Because for fear of stigma, I wasn't saying to anyone that I had a diagnosis, or that I had lived anything related to mental health.

Some peer workers consider psychiatric diagnoses as unhelpful and discriminatory, and believe that they feed social stigma by tagging some people as defective. Here is how Jim, a professional sector peer worker with several years of experience in intervention work, understands what a psychiatric diagnosis is and how it functions as a marginalized social identity marker:

> This is really a label, a label that is very prejudicial for the person, because everyone will know that you have this label on you and they will judge you and characterize you without even knowing you: Yeah, he's bipolar, he must be like this and like that. This is really what it does.

My analysis of empirical material suggests that diagnoses are frequently conceived as a component of a broader professional ideology which peer workers tend to experience as inadequate and problematic. Most of them advocate for a reformist view of mental health clinical practice which they refer to as "recovery-oriented" care. Broadly speaking, the discourse of recovery in mental health care promotes the idea that symptoms of mental disorder can be coped with in order to live a satisfactory and fulfilling life. It encourages mental health workers to focus on clients' strengths and aspirations rather than on their flaws and limitations. The recovery discourse promotes the use of the term "client" rather than "patient" to emphasize personal responsibility and self-determination and to de-emphasize medicalized meanings. For instance, Richard, who is well versed in the recovery discourse, says this:

> We say that recovery is a door one opens from the inside. I can't recover for you—it's in your hands. Sometimes it can take 6 months, 5 years, 10 years, 20 years. But when the person is ready, you know—we, as peer workers, it's like we're the managers of a train station: we need to make sure that the station is always open and that the train of recovery passes every 15 minutes. As peer

> workers, we always stay next to the person and the train of recovery is always there.

Véronique, an experienced professional sector peer worker and outspoken advocate of recovery-oriented practice, describes this professional ideology (which she refers to as the "treatment philosophy") in these terms:

> It is a paternalistic philosophy that tends to think and decide for the person. We [service providers] are less inclined to consult them [service users], to ask them what they think, because we think they're fragile and we need to protect them. This goes against the recovery philosophy in which we say that the person is capable, has resources, and needs to be supported, not that we decide for them. The person has possibilities, we just need to show them the strengths that we see in them. Comparatively, the treatment philosophy is a lot in the person's limitations. We rarely show them their strengths and focus on the things that are working in their lives. We always talk about what doesn't work and seek to find solutions to that, which often results in a deadlock. There is little hope emerging from the treatment philosophy. It's sad to say, but that's what it is.

This professional ideology of psychiatry is typically problematized by peer workers who see it as a structural obstacle to more humane, inclusive, more hopeful mental health care. Peer workers are often irritated as they perceive and sometimes push back against the prejudices entertained by their non-peer colleagues in mental health care organizations in regard to psychiatrized people. Some recount that it takes time and efforts for new peer workers to convince their non-peer colleagues that they are qualified and able; and some continue to doubt that they are competent, capable, to think that they are fragile or limited because of their diagnoses.

Mobilizing: Peer-Defined Collective Identity

A feature of peer workers that makes them fundamentally distinct from other workers in the field is that they identify with clients based on their lived experience of problems in living and mental health services. Peer workers feel solidarity with clients based on their shared understanding of what it means in a person's life, for instance, to feel overwhelmed by the side effects of psychoactive medications. Explaining the relevance of her lived experience to her clinical work, Laura, a newly hired professional sector peer worker with several years of experience working in community organizations, explains:

> I use my lived experience with recovery, with mental illness. So, right there, it's inevitable that it creates a bond much more rapidly with the person, with the service users, with my peers, and they're going to say: "she will understand me." Of course, this is a bond that is unique.

This loyalty that peer workers feel to client often keeps them more aware and empathetic in regard to disrespectful attitudes and inequities committed on clients by mental health professionals. This identification with the clientele sometimes makes peer workers feel compelled to defend clients' interests in front of their clinical colleagues and to denounce comments or actions that they have witnessed and that they consider inappropriate. Jim, for instance, says this:

> What frustrates me the most, it's often the infringements on patients' rights; I'd say this is what makes me most angry in my job. There are some aspects of my job that I like, helping people, and so on, but when I see major infringements, it makes me angry.

As instances of infringements on patients' rights, Jim mentioned cases in which psychiatric drugs are prescribed to clients without properly explain them the purpose of the treatment and the potential side effects of the drugs. He also cites cases in which psychiatrists obtain a court order to hospitalize an unconsenting person by overemphasizing the risk that the person be dangerous to themselves or to others, as well as the excessive use of solitary confinement by professionals to discipline clients.

Prejudice against psychiatrized people within mental health clinical teams is something most peer workers interviewed observe and consider frustrating and hard to accept. Jim sees a segregationist connotation to how the term "peer" is typically used within clinical teams; he explains that being called a "peer" by non-peer colleagues often implies that a peer worker is to be considered more as a client than as a professional. In their everyday interactions with non-peer colleagues, peer workers must constantly balance their loyalty to clients with the need to be perceived as collaborative and fair by their professional colleagues. "We have colleagues and we can't always be opposed to them, against them. You're always trying to keep a balance that is often delicate, throughout all this," Jim explains. Richard, who insisted on being quoted with his real name in this chapter, observes that stereotypes against psychiatrized people are not only present in mental

health organizations but pervade society at large. He seeks to challenge stereotypes by being himself open about his diagnosis and his journey of recovery:

> If you say openly that you have a mental health problem, right away you're seen as dangerous, unpredictable. And it's not the case, you know. Me, I don't care, I say it openly, and I think someone needs to say it if we want to change things.

My personal experience of having completed AQRP's peer worker training and obtaining the certification in 2016 as part of my participant observations, as well as interviews with several other certified peer workers, have shown that an important function of the AQRP peer worker training program is to foster in peer worker trainees a strong collective identity and sense of belonging in the occupational community. This is done through the choice of themes discussed, the mutual sharing of first-person accounts, the discourse adopted during the training (largely rooted in the recovery approach), as well as the format of training in which trainees spend two full weeks together—including lunch and dinner time—and stay overnight on the campus. It creates an intense collective experience that fosters durable social bonds and a sense of collective purpose in peer worker trainees. The training is followed by a short workplace internship designed to socialize newly certified peer workers to their new role.[19] In my fieldwork notebook, I wrote this about my experience of a strong sense of belonging taking place as part of this peer worker training program to which I participated, and as a result of which I became a certified peer worker, in the summer of 2016:

> It's really two intensive weeks, where we are always together, there's a community dynamic that takes place, a sort of initiative experience, of socialization into the community of peer workers. This is what I found the most striking with this training. It is a very intense collective life experience that forms strong bonds between participants and that fosters a sense of belonging where you say: "I'm a peer worker, I'm a peer member of the community of peer workers." This was to me the most important thing that happens in this training program.

Beyond the training experience, the local ecosystem of community sector mental health organizations meaningfully contributes to the collective identity of peer workers. Many peer workers recount having extensively frequented community organizations and found

[19] I'm grateful for having completed my workplace internship in a clinic for early intervention in psychosis under the inspired mentorship of an informant interviewed for this study.

there an environment favoring the progressive reconstruction of their self-esteem and opportunities for reinsertion into meaningful roles in society. Community organizations helped Richard to put his life together after he was released from a lengthy hospitalization period in an institution of legal psychiatry. "We feel accepted," he says. "We're all the same, you know. And over time, by getting involved in activities, we grow, and eventually we become a peer worker or we get involved in peer support. I believe a lot in peer support; I find it meaningful." Peer workers have been present in the community sector for much longer than in the professional sector where their entry is relatively new. When I asked Marc, who works in a community organization providing supportive housing for people with chronic difficulties, if he sees himself as a "peer," he answered:

> Yes, I've been stigmatized by psychiatry as well, although not as much as them. I've been stigmatized by a society that doesn't accept differences. . . . I've recovered several times; I take medication; I see a psychiatrist.

Reconciling: Ambivalent Loyalty

Among professional sector peer workers, the discourse of recovery is ubiquitous. Professional sector peer workers tend to abundantly use the recovery imagery to legitimize their dual identities at the intersection of clients and professionals, and to legitimize collaborative practice and reformist agenda associated with peer work in their employing organizations. Yet, the term "recovery" appears to reflect a polysemic notion, used in different ways depending on the context and the purpose. Recovery-oriented practice typically connotes a clinical focus on strengths rather than symptoms and limitations aligned with the objective of fostering improvement in social functioning. It is sometimes used to advocate a clinical ethos of compassion and respect for clients. Jenny, for instance, says:

> I think it's just working in a humane way—just bringing back humanity into your work. . . . You want someone to listen to you, you want respect, you're a human being, you want to be heard, you want good treatment. You don't want to be infantilized, treated like a child."

The notion of recovery is also often used to emphasize personal responsibility, the importance for clients to be actively engaged in a long-term journey of progressive healing that proceeds through multiple small steps that add up to meaningful progress over time.

It is often highlighted, however, that recovery is a non-linear journey which includes advances and setbacks. It implies that professionals should accept that clients will take reasonable risks—which may include reducing medication—in their attempts to move beyond stabilization and maintenance, to overcome their limitations and to pursue meaningful aspirations.

Beyond the diverse meanings of recovery, however, the one way in which the understanding of recovery appears generally consistent across professional sector peer workers is in its individualized problematizing of client needs in terms of personal adjustment to challenging individual and social conditions. While the discourse of recovery appears almost like a gospel for professional sector peer workers who sing its praise and see in it hopes and virtues, community sector peer workers tend to be more skeptical about the goal of "recovering." Some see it as a medicalized term connoting a goal of normalization that enables prejudice by socially constructing deviance. Here is what Nathalie, a community sector peer worker, had to say about recovery:

> I still use it because I haven't found a better word, but . . . What does it mean to be recovered? Does it mean that I enter in the norms of society, that I'm functional? I hear voices—does it mean that I wouldn't hear voices anymore if I was recovered? . . . For me, recovery, it's like you have an illness, and suddenly you don't have it anymore. To begin with, this term 'illness,' I'm just allergic to it.

Peer workers seek to be recognized as professional in their role of professionals, to positively contribute to their clinical team and to their employing organization; they hope to be valued and accepted by their colleagues. In parallel, peer workers also feel compelled to advocate for clients, to challenge stereotypes, to act as change agents and to improve the system for their peers who are struggling like they did to get the aid they need. The lived experience of peer workers is their most distinct—and one of their most potent—clinical tools. Lived experience allows them to empathize and to act as role models for clients, to give them hope that they too can find a way out of their hardship and back into meaningful social roles. During my clinical internship with Jim, I've seen a few of the "youths" he "follows," as he says, express the desire to become peer workers like him. It inspired them and gave them a sense of purpose, a meaningful goal. With his

considerate presence, Jim acted for these "youths" as a role model who showed them the way.

Their desire to be viewed and recognized as respected professionals can sometimes bring peer workers' loyalty closer to their clinical colleagues, while their lived experience connection with their peers can at other times make them feel a primary loyal to clients. For instance, Laura recounts that some of her colleagues had the habit of attributing demeaning nicknames to clients. "So at one point," she says, "I'm going to say that I don't find that funny. Of course it requires a bit of guts to say it, and it brings some discussion, but it has to be said." Peer workers need to carefully balance their ambivalent loyalty at all times. To act as legitimate brokers and properly enact their collaborative ethos, peer workers should be seen by both professionals and clients as sufficiently loyal to them. Establishing and preserving their discursive legitimacy in both worlds seems to demand that peer workers perform alternate displays of loyalty to both sides while also signaling a degree of independence and distance in regard to each side's claims and grievances when in the presence of actors from the 'other' side.

Peer workers' relative loyalty to professionals and clients can vary over time and drift toward one side or the other as a result of their experiences and evolving interpretations. When I asked Jim whether he considers himself a patient or a professional, he answered:

> When I was receiving services, I considered myself a patient. Then, when I became a peer worker, and even before that, when I began working in aid relationship after my university degree, then I considered myself as a professional. And over, given that I've been stigmatized, that I've become conscious of the struggles we're in, it has opened my mind and my identity as a patient has been coming back stronger. Now I consider myself more a patient than a professional.

Although the recovery discourse would favor the use of the term "client," Jim probably used the term "patient" partly because I used that term in the first place in the formulation of my question. But he may also have deliberately chosen to use the term "patient" to signal his independence from the recovery discourse by hinting at the element of marginalization that is conveyed in the term "patient" but absent from the use of the term "client" favored by the recovery discourse. When I asked her if she felt more like a patient or a professional, Véronique echoed Jim's experience of being caught between two

worlds; but she put it somewhat differently, emphasizing the insecurity related to a sense of not fully belonging to either:

> Neither one nor the other. I'm a kind of weirdo that belongs nowhere. But sometimes I have to be careful because in mental health, we tend to feel isolated, different from the others. The role of peer worker stimulates and confirms that a lot. So the more peer workers we're going to have in a workplace, the better, I think.

This sentiment of isolation and difference experienced by many peer workers is exacerbated by the fact that most professional sector organizations, only one peer worker is hired at a time. There is rarely more than one peer worker working on the same site, which contributes to their isolation in relation to their non-peer colleagues. At the same time, several peer workers express gratitude for having found a job that provides them with a path back into society and to have a social role that gives purpose and value to their lived experience of social hardship. The role of peer worker appears to enable the channeling of their lived experience into a professional status derived from aiding experiential peers, whom they associate with for struggling like they themselves did.

The Dynamic of Claiming: Microprocesses of Theorizing, Carving Out, and Negotiating

The dynamic of *claiming*, identified as a second constitutive stage in my interpretive model of client professionalization, appears as composed of three microprocesses which I refer to as *theorizing*, *carving out*, and *negotiating*. Empirical material suggests that to advance their experiential knowledge claim, peer workers need to theorize the distinctive content of what they have learned through lived experience. It is on the basis of this theorizing effort that peer workers are seeking to carve out a jurisdictional domain for their community within the professional sector of mental health care. Along with theorizing their experiential knowledge and claiming a jurisdictional domain, my field observations indicate that peer workers need to engage in sustained negotiating efforts with established field actors to gain employment opportunities and working conditions which they deem satisfactory. The microprocesses of theorizing, carving out, and

negotiating, conceived here as underpinning the dynamic of claiming, are henceforth analyzed and illustrated with supporting empirical material.

Theorizing: Experiential Knowledge Claim

A core struggle in peer workers' professionalization project concerns the legitimation of their experiential knowledge as an epistemic basis to gain jurisdictional control. An occupational community's acquisition of a jurisdictional domain in a professionalized field typically requires making a successful claim to expert knowledge and effectively protecting the boundaries of that knowledge from outsiders through a (usually university-based) standard training courses leading to the delivery of a certification accepted as mandatory for practice (Freidson, 1986; Abbott, 1988). The case of peer workers strays from that model insofar as the epistemic basis of legitimation of their knowledge is lived experience rather than formal expertise.

Accepted norms associated with professionalism typically include a sufficient degree of distance from the phenomenon object of study or practice. In the case of peer workers, their knowledge claim involves both familiarity with difficulties in living through lived experience and a certain distance from it to be able to fully enact their professional role. In short, they must be simultaneously close and distant from clients' experiences. Accordingly, the criteria of admission to AQRP's training program include having meaningfully experienced mental health problems in the past and having experienced "stability" in their mental health condition for a period of at least two years at the admission to the program. Similarly, peer work job postings typically list both of these criteria as required. A recent peer work job posting formulated it like this:

> Being a person living or having lived with a major mental health disorder; Possessing the means to take back the power over one's life in case of difficulties, and this, for a period of at least 2 years; Having known and used mental health services . . .

Candidates for most types of jobs will typically attempt to dissimulate any experiences of difficulties in living, as the disclosure of such experiences would risk negatively impacting their chances of being hired. However, for peer workers, the disclosure of their lived experience is a mandatory criterion of employment and a core element in the

legitimation of their knowledge claim. Unlike the university diplomas that are attached to courses that are measurable in terms of the number of credits, years of study and academic degrees, there is no agreed objective basis on which to measure of lived experience; any valuation of lived experience is necessarily subjective.

The collective efforts of peer workers to legitimize their experiential knowledge claim rely significantly on employing the first-person account: it is by sharing selected elements of their life story that peer workers can convince both professionals and clients that they do possess the experiential knowledge expected of a peer worker. In this narrative exercise of legitimation, peer worker will strategically select different elements of their life story to share with professionals and with clients. They may tell the same story differently to accommodate the different expectations of their counterparties. Véronique notes that this strategic relational use of the first-person account can also help them, at times, connect with their non-peer colleagues:

> The fact that we unveil our lived experience, it inevitably brings confidences from our peers, and from our [non-peer] colleagues as well. Because they, too—we tend to think that they don't have this type of lived experience, but they also experience difficulties, so we get confidences from our workplace colleagues as well.

To be accepted as a legitimate member of the professional community, a peer worker will tend to convey a degree of acceptance for medicalized understandings and emphasize their positive experiences in receiving care. Meanwhile, to be accepted by clients as one of them, a peer worker may emphasize their frustrating experiences with professional services, moments where he/she had not taken the medication as prescribed, and so on to convey empathy and independence from professionals. Peer workers must be especially careful to succeed in establishing this bond of trust with unconsenting patients who are legally constrained to receive psychiatric treatments, including the services of peer workers, because such patients may perceive a peer worker who comes across as too professional as an enforcement agent that cannot be trusted.

The discerning use of the first-person account by peer workers is a core technique in the legitimation of their knowledge claim. It is also a precious and distinctive clinical tool of peer workers. Sharing selected elements of their lived experience allows peer workers to

establish a trusting and empathetic relationship with clients on the basis of peerness. Laura explains that peer workers must learn how to make professional use of the first-person account in clinical contexts:

> It's a bond of trust that relates to many issues: medication, hospitalization, relationships with their loved ones, all those things. But you need to know how to keep some distance. When it comes to judiciously using one's lived experience, it means that I'm not always an open book. I'm not telling my story every time I'm with someone. You need to know when it's the appropriate moment to use this experience of illness.

The training and certification program delivered by AQRP in the province of Quebec and by other organizations elsewhere does not provide peer workers with their experiential knowledge, but it socializes them into using it as professionals. The training and certification program has a number of important functions enabling the professionalization of peer work. By rooting its pedagogical material in the recovery discourse, AQRP's training provides an overarching frame of reference that provides peer workers with discursive legitimacy across diverse occupational communities with whom they have to engage in collaborative relations. AQRP's chief executive Diane Harvey puts it bluntly: "We don't train militants, we train workers." The peer worker certification delivered by AQRP with an affiliation to *Université Laval* signals to employers that certified peer workers have received a standard training and have satisfied the standard evaluation criteria. It signals to employers that certified peer workers are up to professional standards. Another important element in the legitimation of peer workers' knowledge claim is a set of peer-specific clinical tools, some taught to peer workers in the training program and others developed on the job or shared among peer workers through their communities of practices.

The legitimation of peer workers' knowledge claims in professional sector mental health organizations is also contingent on the organizational prevalence of peer work. Arguably, the more peer workers there are in mental health organizations, the more taken-for-granted the practice of peer work will become and the more readily accepted by professionals their claim to experiential knowledge will be. In this regard, there have been several discussions in the Montreal peer workers' community of practice about the lack of support available

for employers unfamiliar with peer work but who may be interested in opening a position. Another major discussion surrounds the need to develop a curriculum of continuous education for peer workers as with most other professionals, so as to remain at the state of their art. Yet, little exists at this point in terms of formal, continuous education for peer workers. If and when such continuous education becomes available, some peer workers have highlighted that their employers will need to support their engagement in it by giving them the necessary time away from daily duties to complete their continuous education.

Carving Out: Formation of a Jurisdictional Domain

Control over a jurisdictional domain requires a collective ability from the members of an occupational community to define and legitimize their task boundaries in the field (Bechky, 2003b; Zietsma & Lawrence, 2010). The peer worker certification has become a standard requirement of professional sector employers and contributes to institutionalizing the jurisdictional domain of peer workers by providing definitional references as to what specific tasks a peer worker is expected to do and not do. But beyond the delimitation of task boundaries performed by the certification program, a major part of peer workers' efforts to distinguish themselves from social workers and occupational therapists, for instance, occur through peer workers' everyday workplace interactions with their colleagues in these communities. These efforts are partly discussed and coordinated among peer workers in their regional communities of practice, where sustained and often animated discussions take place to try and determine how peer workers can establish the specificities of their practice and gain task autonomy in the workplace.

The distinct tasks around which peer workers are carving out their jurisdictional domain are largely related to their experiential knowledge claim. Their selective disclosure of lived experience—used to establish a privileged bond of trust with clients, instills hope and results in them acting as role models for their peers, which represents a major clinical tool that sets their practice apart from other occupational communities in the field. Jim explains the importance of this lived experience connection that allows peer workers to instill hope in clients:

> I'd tell you that I work as a peer worker because I like to help people who are going through a similar journey as I did. And I think I can really help them. Peer

> workers, they're often the torch bearers, if you will, who will give you the fire when you're going through the darkest moments of your life. They're gonna give you hope, a spark, they're going to give you the drive to fight to arrive at something better, without necessarily imposing anything, without imposing an intervention or an injection, or anything like that. A peer worker accepts you just like you are, at the end of the day. It's even very contrary to peer work of imposing anything, be it a pill, a way of thinking, or anything.

Peer workers invent and share with each other a growing set of peer-specific clinical tools informed by lived experience. These tools operationalize experiential knowledge in their everyday work and make the specificities of their clinical practice tangibly observable by clinical colleagues and managers. Although it has to be carefully balanced to preserve their relations with professionals, promoting the voice of clients within the clinical team is also understood as a distinctive task of peer workers. Employers expect peer workers to act as agents of cultural change in clinical teams through their embodiment of a reformist ethos of collaboration with professionals. In short, a distinctive task of peer workers is to gently challenge traditional practices in support of management's incremental reform efforts, while making sure not to attack the legitimacy of the system itself.

Although other communities including occupational therapists and social workers may coordinate therapeutic groups with clients, peer workers tend to adopt a distinct approach organizing and animating therapeutic groups with their peers. Therapeutic groups coordinated by peer workers tend to integrate (although sometimes in a diluted fashion) self-help elements such an egalitarian relational ethos, co-animation with clients, and fewer restrictions on acceptable discussion topics including societal problematizing and critical views of professional services. In contrast, in therapeutic groups animated by non-peer professionals, group animation tends to be more unilaterally assumed by professionals, and accepted topics of discussion are at times more restricted around traditional clinical objectives formulated in terms of functional improvement. My observation notes in several peer-led groups in professional sector organizations suggest that many activities and discussions in these groups revolve around the individual reconstruction of participants' devalued identities. For instance, in my fieldwork notebook, I wrote those observations on a recovery group animated by Véronique, a peer

worker, which is a peer-led group as it occurs only among experiential peers (usually around six clients with a peer worker acting as meeting facilitator):

> One of the participants . . . talked a lot about psychiatry as a device of repression of those who behave outside the norms and of individualization of social problems; psychiatry as a business run by professionals and pharmaceuticals. This view seemed to resonate a lot with other participants . . . At the beginning of the meeting, Véronique asks participants to rate how they're doing on a scale of 1 to 10, and to recount the positive and negative things they have experienced over the week. A discussion topic is adopted every week, chosen by the participants. Véronique uses the stages of recovery a lot and is anchored a lot in the strengths-based approach. She rarely refers to symptoms, diagnoses, or medication. She appears open to all views, including views critical of the system and of psychiatry, without judgment and with an attitude of openness.

Negotiating: Employment and Working Conditions

Ultimately, the legitimation of peer workers' claim to experiential knowledge and their collective efforts to carve out a jurisdictional domain in the field serve the purpose of securing employment and satisfactory working conditions. The arrival of peer workers at worksites appears to generate a mix of sympathy and resistance from established actors in different positions. Observation notes suggest that supportive middle-level managers are often at the origin of initiatives in which peer workers were hired and durably introduced in a clinical site. For example, in my fieldwork notebook, I wrote this about one such supportive manager:

> Under the leadership of [this manager], [this hospital] seems very serious about the development of practices involving service users and relatives, patients' rights, full citizenship, primacy of the person, voices, holistic approach, etc.

At the time of this writing, this manager is leading a department with four permanent peer workers, and plans to hire more. He made a room available in the hospital especially for peer workers' teamwork and for hosting their activities with clients. This goes beyond what I have observed in most other organizations of the professional sector where peers are present. It seems clear to me that this wouldn't be possible without the determined support provided by this manager for peer workers.

Situated at the top of the hierarchy of clinical authority, psychiatrists' support is seen as key to the successful workplace integration of peer workers. Meanwhile, resistant

attitudes from established professionals toward peer work are also noted in my observations and were mentioned by several interviewees. Some members of subordinate occupational communities—nursing, social work, occupational therapy—anticipate that peer workers may encroach into their jurisdictional domain and divert organizational resources away from their community, while some psychiatrists appear to interpret the experiential knowledge claim of peer workers as a challenge to the workplace dominance of their expert authority.

> Peer work is an unknown [for professional incumbents]. Yes, there's a resistance, but it's like, I got used to it. I focus on clients, I focus on my priorities, but yes, there's resistance. As long as the recovery philosophy will not be understood, the resistance will be there. It comes from a change. When you change things in a place, it's a change in mentality. It's as simple as that. Some [professional incumbents] feel threatened, others think they aren't good enough. It's like: "How are we gonna do that? We don't know you," you know."

In the last decade and a half, Quebec's Ministry of Health and Social Services (henceforth referred to as the "Ministry")[20] has sent mixed signals as to its degree of support for the integration of peer workers in professional sector mental health care organizations. After a decade of representations from AQRP and peer-led organizations for an official job title within the nomenclature of professional sector health care employment positions, the Ministry created in 2017 a position called "Educator Class 2" which, in terms of salary, ranks one ladder below the position of Specialized Educator (which demands a college-level diploma). The creation of this job title within the professional sector nomenclature allows peer workers to be directly and permanently employed by the organizations in which they work, gain access to the full range of social benefits offered to their non-peer colleagues, cumulate experience and join a workers' union.[21] This may be seen as a significant gain for peer workers, as in the absence of a job title, peer workers employed in professional sector organizations used to be constrained to temporary contract-based

[20] Public health services in Canada are of primarily provincial jurisdiction; thus, governmental decisions that affect the fate of peer work are mostly made at that level of public administration.

[21] Except for physicians and management-level positions, most employees of the Quebec public health care system are unionized.

employment without job security, social benefits, or banking of experience or union representation. Not all are satisfied with this arrangement, however, as Ben explains:

> They [the hospital employing them] advised us that we could be hired as Educator Class 2. This is not what we want, we're certified peer workers. We want to go further. Educator Class 2 is fine because we're going to be unionized, but for me this is not a finality. Long term we need to go further. The goal is that we be acknowledged as an official job title at the Treasury Board, in the index of job titles at the Quebec Ministry of Health. . . . Right now, as a contract worker, they can fire me anytime they want, you understand? Every year we sign the contract. I'm not even unionized. Now, we're coming.

Over the period of a decade or so during which peer workers were hired in professional sector organizations without official Ministry acknowledgement in the form of a job title, AQRP and some other community sector organizations began acting as employment intermediaries by employing peer workers and establishing "service loan" contracts with professional sector organizations, typically in exchange for a 15% administration fee levied on peer workers' salaries. While this makeshift arrangement enabled the entry of peer workers in the professional sector, it also contributed to the precarity of their working conditions by maintaining an indirect employment relationship with the organizations in which they worked.

Many peer work advocates have decried the inconsistency of the Ministry's policies which, on the one hand, formally promote the objective of integrating of peer workers into professional sector clinical teams in its *Plan d'action en santé mentale 2005-2010* and *2015-2020* (MSSSQ, 2005; 2015) while, on the other hand, impose discriminatory working conditions through its continued refusal until 2017 to create a job title that would enable the direct and permanent employment of peer workers like other professional sector health care workers. AQRP's chief executive Diane Harvey says this about the service loan arrangement:

> The discrimination is because the [peer worker hired through service loan] does not have the same framework as other employees—no banking of experience, no social benefits, no insurance package. So the person is not fully acknowledged in the workplace, and this is why we need to get employers to hire them directly [as permanent employees rather than through service loans].

Given that the Ministry did not attach any specific funding to its guidance for the hiring of peer workers, managers interested in hiring peer workers had to be creative to mobilize the resources necessary to pay the peer workers they wished to hire; in some cases, peer workers were paid through non-recurring foundation grants, further contributing to the precarity of their employment conditions. Laura points this inconsistency in the Minsitry's support for the professional project of peer workers:

> [The salaries of peer worker] should come directly from the hospital to which they area attached. But the hospital needs money for that, just like to hire occupational therapists, and all types of professionals. If we want peer workers, . . . we acknowledge them. . . . If we want to have well-qualified peer workers, it has to be part of the plans, there needs to be a budget for that.

Now that this job title has finally been created, the direct and permanent employment of peer workers in professional sector organizations is spreading and the merits of continuing service loan arrangements are being increasingly questioned. Although there is a clear interest for intermediary organizations who derive revenues from service loans to extend these indirect and temporary employment arrangements rather than end them, direct and permanent employment as Educator Class 2 is perceived by many peer workers as being better aligned with their perceived collective interests. However, some highlight that service loans have been helpful in making peer work possible in professional sector organizations and remains a necessary temporary arrangement to allow professional sector employers the time to complete the ongoing transition to direct employment.

While directly employed peer workers in Quebec's professional sector are typically paid around 22-26$/h., peer workers employed in community organizations receive significantly lower salaries typically ranging from 16-20$/h., along with generally weaker social benefits.[22] However, some peer workers say they prefer working in community organizations, where the approach to service provision tends to be less medicalized and closer to egalitarian principles of self-help. For instance, Marc, a community sector peer worker, said this:

> Me, what I have to share, it's the joy of being outside of the norm. There's a joy, a liberty to that, I have a love-hate relationship with [the community organization he

[22] In Canadian dollars of 2017-2018.

> works for], because they allow me to realize myself—with my shitty salary. In the [professional sector], I wouldn't have this freedom, those prerogatives—of animating a group of voice hearers, and of holding an afternoon of musical workshop with the persons [i.e. clients] every week.

Comparatively, several interviewees report that in professional sector organizations, the degree of task autonomy experienced by peer workers tends to be highly dependent on management support. Beyond formal employment, other forms of compensation for peer work are works in progress. Some peers give paid lived-experience testimonies and are becoming known as speakers. The need for setting a standard fee for peer lived-experience testimonies (the amount envisioned by peer workers was 300$) has been discussed at the Montreal community of practice, as the frustrating experience of being underpaid or not paid at all for testimonies is frequent among peer workers. Peer workers acting as advisors on consultative committees also frequently report not being equitably compensated for this type of work. A group of peer workers is currently attempting to set up a peer-led organization that would offer punctual peer work intervention on a fee-for-service basis. Several such peer-led organizations are operating locally, pursuing a variety of parochial agendas.

The Dynamic of Organizing: Microprocesses of Mutualizing, Bridging, and Advocating

The dynamic of *organizing*, identified as a third constitutive stage in my interpretive model of client professionalization, appears as composed of three microprocesses which I refer to as *mutualizing*, *bridging*, and *advocating*. The empirical material gathered and analyzed suggests that peer workers engage in sustained mutualizing efforts to set up a peer-to-peer professional association that would give them a unified voice to promote their collective interests. In their everyday activities, they also constantly seek to bridge the service boundary by cultivating collaborative relations with incumbent field actors including managers, psychiatrists, and paramedical staff. Along with these efforts, peer workers appear to engage in an array of local initiatives aimed at advocating their cause with non-peer colleagues and decision makers. The microprocesses of mutualizing,

bridging, and advocating, conceived here as underpinning the dynamic of organizing, are henceforth analyzed and illustrated with supporting empirical material.

Mutualizing: The Formation of an Occupational Community

There have been, for over a decade, a series of attempts by peer workers to set up a peer-to-peer organization that would legitimately speak for the provincial community of peer workers, promote its interests and coordinate its development. These various attempts have been plagued by internal conflicts and have to this day been inconclusive. A key reason for the failure of these attempts appears to be that they have tended to develop out of local associations of peer workers and the governance of these peer-to-peer advocacy organizations has often been perceived as unrepresentative of the provincial community of peer workers. In this context, AQRP, an organization that employs several peers, but whose chief executive does not identify as a peer and whose board of directors includes a minority of peers, has assumed much of these functions of representation, promotion of interests and coordination for the community of peer workers.[23] Yet, some peer workers appear uneasy with AQRP's lack of representativeness of the occupational community of peer workers on behalf of which it often speaks. Laura argues that the formation of a provincial-level peer-to-peer association of peer workers is unavoidable to provide the community with a field-level voice that is considered representative by its constituents as well as credible by its partners:

> Look, I think that right now, what is happening is that the movement, I wouldn't say it is embryonic, but—on the Government side, I think they're looking at us and they just want to see that we're reliable, stable, strong. I feel like we're just at the stage prior to getting there. We're still in a probation period, if you will. But we're in the process of articulating something. I think we're in the most interesting period because all the pieces are moving. But it's also an uncomfortable period because there's no job stability, no recurrence.

There are sustained ongoing talks in the Montreal community of practice and beyond aimed at setting up a process that would lead to the foundation of a peer-to-peer organization that would be perceived as representative of the provincial community by

[23] The analysis contained in this paragraph is based on a lengthy interview with Diane Harvey, AQRP's chief executive, and was largely validated by my interviews with peer workers and by my own participant fieldwork observations.

peer workers and that would be considered legitimate by employers and by the Ministry.[24] Several peer workers express interest in getting involved in collective promotion of peer workers' professional project, although memories of internal conflicts and past antagonisms at times appear difficult to assuage and tend to complicate these provincial-scope efforts in peer-to-peer organizing. In particular, there have been long-enduring tensions between AQRP and a mental health service users' peer-to-peer advocacy association, some of whose members had participated in the initial conception of the training and certification program for peer workers, over who should own and manage the program. In recent years, another organization involving service users conceived and began to deliver a different training and certification program than AQRP's, which created much tension and misunderstandings within the provincial community of peer workers. This extract from the minutes of a meeting of the Greater Montreal peer workers' community of practice illustrates the tension:

> There are now two competing training programs offered: Peer Workers' Network from AQRP (Laval University) and [the new training program offered by a different organization and certified by another university]. *There is no collaboration between the universities.* We highlight that this risks creating conflicts now that there are two types of training programs for peer workers. Some job offers will be asking for one training, and some for the other, so it will be important to standardize the training. . . . Recently a job offer requested the [new training program] while ignoring [the AQRP] training and many trained peer workers experienced misunderstandings as a result of this way of doing things.

Nonetheless, setting up a functioning and representative peer-to-peer association of peer workers at the provincial level is frequently mentioned by peer workers as an important condition to advance their professional project. A provincial association of peer workers would serve many critical purposes, reflects Laura:

> You want to know what peer workers need to further move forward? Many things: a structure; in terms of training program, employment, job title, it's going to help; in terms of new employment sites, networking, here and elsewhere. So there are many things we need to develop in that regard.

[24] Being myself a certified peer worker (although I completed the training for research rather than employment purposes), I have been personally involved in those discussion. I gave a presentation on December 6, 2018 to a provincial gathering of about 30 peer workers that was organized by two peer workers employed in the management of AQRP's training and certification program.

Across the province, there are also a number of local peer-led organizations, both formal and informal, ranging from self-help and advocacy groups to communities of practices. Overall, however, these peer-led organizations do not aspire to represent the provincial community of peer workers but rather to pursue the particular interests of local groups of peer workers. For example, a peer-led association of peer workers has been meeting regularly for several years now to promote involvement of service users in governance and service-delivery activities at the psychiatric hospital of that sector. Another peer-led organization in that area has recently been formed and is currently seeking donations to provide independent peer aid and counseling in complement to mental health services provided in the professional sector.

Bridging: Reaching Across the Service Boundary

Since the early 2000s, AQRP has acted as a major boundary organization to enable the development of peer work in Quebec's professional sector mental health organizations. It has done so by setting up the service loan arrangement described earlier, but also in a number of other ways. While AQRP has developed and administered the training, and partnered with Université Laval to deliver the peer worker certification, it has in parallel trained professionals at possible employers of peer workers and promoted the hiring of peer workers in professional sector mental health organizations across the province, seeking to manage placement rates by balancing the flow of newly certified peer workers with the growth in available positions on the territory. While the training program covers difficulties of integration typically encountered by peer workers entering the workplace, AQRP offers a complementary training program to employers focused on reducing stigma and facilitating workplace integration. AQRP has also been a key actor in sustained representations with the Ministry for the creation of a job title for peer workers; and now that this job title has been created it is promoting the transition from service loans to direct and permanent employment.

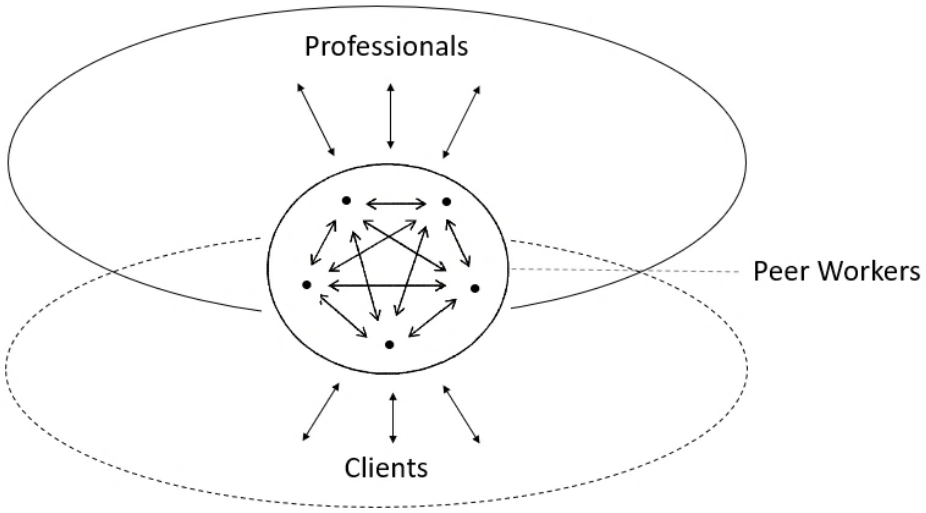
Although this study focuses on professional sector organizations, some considerations of the ecosystem of community organizations providing services related to mental health care are necessary given the complementary nature of the public- and community sector mental health services. Many peer workers recount the importance of housing, peer

support and social integration support offered in community organizations which they often frequented over several years, and which allowed them to insert themselves in meaningful social roles and eventually find employment as peer workers. For example, Richard explains how his involvement with community organizations as a service user and as a volunteer helped his recovery and facilitated his transition toward peer work:

> For eight or nine years, I was a volunteer at [a community organization], I was attending the activities that interested me. Sometimes I would attend five or six activities per week—I was very involved, you know. In 2013 I won "volunteer of the year at [this community organization], I have a plaque with my name. Then I did a PASS-Action [a job insertion program] at [a community sector mental health magazine] for eleven months, and I published like four or five articles. This is when I heard about peer workers.

There are some points of contact and collaboration between public and community mental health organizations, but overall despite the complementary services they offer, the two sectors appear to evolve in fairly separate silos and collaboration often appears difficult. Tangentially, the lion's share of governmental resources for mental health care is allocated to professional sector organizations while many community organizations seem to operate in constant survival mode. In that context, community organizations tend to function as a local ecosystem of social insertion that allows psychiatrized people to regroup and assemble the conditions that enable them to eventually become peer workers or engage in other meaningful social roles. Figure 7 illustrates the complementary, organizational efforts by peer workers to self-organize into a peer-to-peer professional organization ("mutualizing") and to reach across the boundaries of the social worlds of clients and professionals ("bridging").

Figure 7—Client Mutualizing and Bridging Across the Service Boundary



Advocating: Inclusion in Decision-Making

The organizational development of the Quebec peer worker community and its entry in the professional sector field also involves direct representations from peer workers, would-be peer workers, and their organizational allies. In some cases, peers created the opportunity for their employment through direct solicitations. Laura, for instance, knocked at the doors of local mental health clinics and provincial-level elected officials in her district to advocate the creation of peer worker positions, reminding them of the Ministry's guidance for the integration of peer workers, which led to the creation of her position by one receptive manager. Through their everyday actions in the workplace, peer workers engage in sustained representations with their colleagues to challenge stereotypes and promote inclusion.

Ben sees the trend across professional sector health care of including patient partners on organizational committees and in governance bodies as offering opportunities to advance the cause of peer workers by entering sites of decision-making. Echoing a slogan popularized by disability and mad activists in the advocacy of shared decision-making, Ben says that peers should advocate "nothing about us without us;" that is, having peers sitting around the table in all sites where decisions are made that affect them. The struggle for the collective voice of psychiatrized people within the field of mental health care is still at an early stage, and immense efforts remain ahead to achieve this "nothing about us

without us" ideal. Yet, this broadly shared ideal of peer workers is often seen as a social justice imperative. When I asked her what she sees ahead in the struggle of peers for representation in the professional sector mental health organizations, Jenny answered:

> Well, a lot—you need people [i.e., peers] . . . on all levels. You need them as managers, you need them as bosses. You need people in the hierarchy. You need peers in human resources. You need a peer worker, possibly two, on every unit in the hospital. You need family peers. You need peers that have different titles and do different things. And not working against each other; supportive. You're going to have peers here [low in the hierarchy], and you're going to have peers there [high in the hierarchy].

The Dynamic of Accommodating: Microprocesses of Collaborating, Coopting, and Subverting

The dynamic of *accommodating*, identified as a fourth constitutive stage in my interpretive model of client professionalization, appears as composed of three microprocesses which I refer to as *collaborating*, *coopting*, and *subverting*. Environments of medical practice have historically been described as hierarchically organized workplaces where clinical authority is quite centralized in the hands of physicians, who, to a significant extent, appears to remain true nowadays. Entering the professional hierarchy from below, peer workers often occupy a subordinate position in their collaborative role relations with established professionals, especially with physicians. Collaborating between actors of unequal status appears to link with coopting (the superordinate covert influence on subordinates) and subverting (the subordinate covert influence on superordinates). The microprocesses of collaborating, coopting, and subverting, conceived here as underpinning the dynamic of accommodating, are henceforth analyzed and illustrated with supporting empirical material.

Collaborating: Power Relations Between Unequals

The traditional culture in professional sector mental health care has been described as one in which psychiatrized people are not consulted in decisions made about them and are routinely portrayed as "lacking insight," unreliable, and potentially dangerous. To this day, peer workers frequently report the persistence among mental health professionals of stereotypes in regard to psychiatrized people and of resistance to accepting psychiatrized

people as decision-making partners and as colleagues. In Jenny's view, "there's a stigmatization that's so deep in organizations that it's gonna take years, and years, and years to disappear." Despite the continued growth of collaborative practices over the last few decades, practices in professional sector mental health care organizations tend to remain centralized around the dominant clinical authority of psychiatrists, in relation to which paramedical occupations including social workers, nurses and occupational therapists appear to act as subordinates in most respects.

This often seemingly unidirectional exercise of authority by professionals over clients characterizes the role relation with which peer workers must accommodate themselves in the workplace. Jim believes that peer workers should as much as possible not participate in the enforcement of coercive measures. He said this about the exercise of authority in the professional sector mental health organizations where he has been employed as a peer worker:

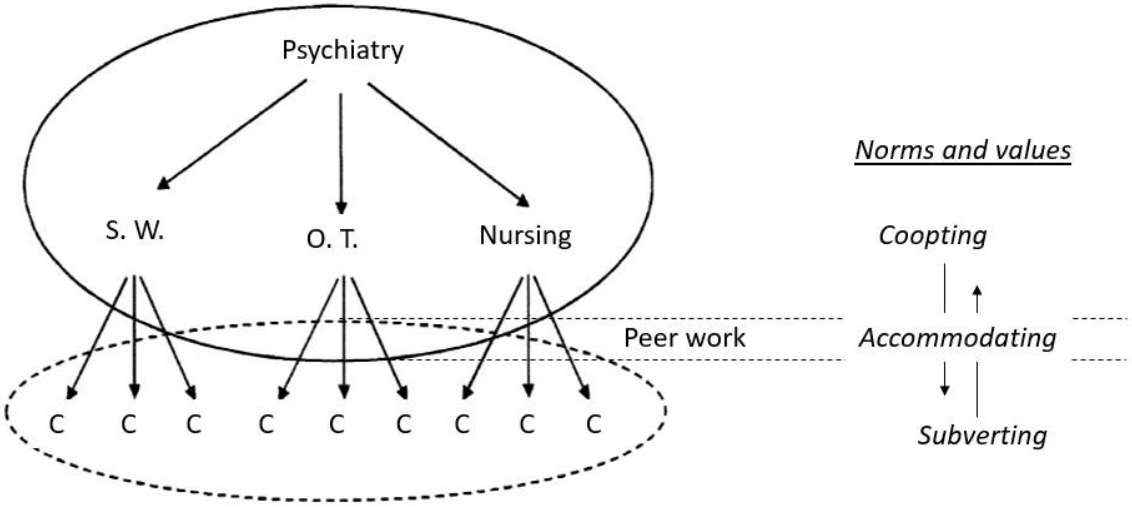
> Well, yeah, there is a power relation, which is sometimes difficult. . . . In that psychiatric hospital where I worked, where doors were locked . . . it was a quasi-carceral environment. In that kind of setup patients become more violent, and clinicians, their reaction is to fasten people, use coercive measures and inject them [with neuroleptic drugs] sometimes for small things. There's a really big power relation there. Here's an example that I've seen: There's this young guy who's small and not physically imposing at all, he's on the unit and he's very anxious at night, and he doesn't want to go to his bed because of the anxiety, and he doesn't want to shut down the light. The nurse triggers a code white, and two minutes later there's six staff members around him that grab him, fasten him, and inject him.

Peer work and other collaborative practices currently diffusing across the health care system are opening an overlap between the social worlds of clients and professionals. Microprocesses of asymmetrical influence, including cooptation and subversion, operate at the intersection of these worlds. Through these microprocesses in which peer workers act as brokers, professionals and clients engage in the covert negotiation of the norms and values on which their collaborative role relations operate by injecting their respective communities' meanings into each other's social worlds.

Figure 8 offers a visual representation of how coopting and subverting operate as reciprocal forms of influence across the professional/client service boundary. The letter

"C" in the figure stands for client, "S.W." stands for social work and "O.T." for occupational therapy. The full oval shape on the upper part of the figure surrounds the social world of professionals while the dotted oval shape on the lower part of the figure surrounds the social world of clients. The dotted line around the social world of clients symbolize their lack of formal organizing comparatively to the world of professionals, which contributes to the imbalance of authority in their relations. Based on fieldwork observations and supporting literature, I propose an understanding of *cooptation* in this empirical context as the covert exercise of influence by professionals (superordinate actors) over clients (subordinate actors), and of *subversion* as the covert exercise of influence by clients (subordinate actors) over professionals (superordinate actors). My observations suggest that cooptation and subversion may contribute to the durability of collaborative relationships by channeling the covert negotiation of the norms and values to accommodate the counterparties involved in a collaboration of unequals.

Figure 8—Covert Symbolic Negotiation in Collaboration of Unequals



Despite their occasional disagreements and frequent discomforts with the ways in which professional authority is enacted through daily clinical activities, peer workers must make constant efforts to accommodate their actions with the norms and values upheld by their non-peer colleagues, with whom they have to get along if they want to practice their trade, considering the situation of their jurisdictional domain at the intersection of the social worlds of clients and professionals. Peer workers enact this accommodation in a variety of ways. Although they may be personally skeptical of medicalized understandings, peer

workers will often accept without overt questioning and even at times adopt discourses that convey medicalized understandings of clients' needs, including genetic theories of mental illness and psychiatric diagnoses. Richard, for instance, openly accepts the diagnosis of schizophrenia that he received and encourages his peers to accept their illness. Yet, he also encourages them to learn about the medications they take, their intended and side effects; to insist in taking part with their doctor in decisions concerning medication, and at times to negotiate reduced doses.

Discourses present in the community of peer workers emphasize an ethos of collaboration and tend to downplay or marginalize radical contestation. Ben, for example, advocates collaboration with professionals as a pragmatic approach to bring about incremental improvements to services. His comments here are typical of the peer workers' ethos of collaboration:

> You know, a peer worker will engage in promotion of interests, not in rights advocacy. Rights advocacy can go as far as denying that mental health problems exist. Promotion of interests like peer workers do, like those who work as patient partners on committees, of course, they know—I know that the system is far from perfect, other professionals know it as well. But this is what we have at the moment. And we're not going to wait for the system to collapse before we start doing something. I'm not God, I'm just doing the best I can. I'm trying to be tactful and to change things, to give my view so that a manager will hear it and at some point adjust things. That's what I do. But I don't come waving placards; I come with a collaboration.

Coopting: Covert Influence From Above

Coopting may operate in a variety of ways through the accommodative function that characterizes peer work. In a context of strong professional authority, peer workers often express concerns related to the abusive use of coercive measures by professionals to impose treatments without clients' consent; the overreliance on drug treatment; and the lack of information provided to clients on the medications prescribed. The widespread practice across the professional sector of hiring only one peer worker in most workplaces may be seen as a mechanism contributing to their cooptation, as it prevents peer workers from developing workplace solidarity and from gaining collective voice, which may contribute to limiting their workplace participation to a tokenistic level of decision-making involvement. According to Véronique, "support [between peer workers in the

workplace] is a major challenge, because if you're the only one of your kind in a team, you're quite isolated."

Coopting may also partly operate through words and discourses. That is, by uncritically accepting and using medicalized terms and understandings, peer workers run the risk of becoming coopted by the "treatment philosophy," as Véronique calls it. Psychiatric diagnoses are seen by some peer workers as a tool to control clients by imposing on them labels defined by professionals and that invalidates their views and cast them as "lacking insights." Nathalie argues that the recovery discourse operates as a cooptative device that carries medicalized understandings of clients' needs and legitimizes stereotypes related to the goal of becoming normal; she perceives the idea of illness as underpinning the objective of "recovering." Accordingly, Jenny warns that peer workers must remain true to their commitments and not come over time to approach clinical practice like traditional professionals:

> I think it's a practice of working in a certain way for so many years, that I don't think that people realize that they've developed. And this can happen to the peer as well, working on a clinical team. . . . We don't realize that we become too clinical, and that we can become prejudiced. You know that it can happen to us too. We can adopt the language, but we won't realize it.

Tokenism, which has been defined by Arnstein (1969) as participation of beneficiaries in planning or conducting programs without power sharing, is another mechanism involved in cooptation. It is a form of engagement that typically instrumentalizes clients in the pursuit of professional interests. Richard, for instance, told me that that he has sat on multiple organizational committees and even on the board of directors of the psychiatric hospital where he was treated some years ago, often with no or negligible monetary compensation and little tangible influence on decision-making. In such forms of engagement, the objective pursued appears at times rather symbolic than substantive. Likewise, Jenny argues that her contract as a peer worker was renewed out of tokenism rather than with a genuine reform-minded purpose in mind by her employer:

> Well, it was not out of the kindness of their heart [that they renewed my contract]. It was because of tokenism. . . . Yeah, a lot of it was because of tokenism. . . . They wanted to show that they were recovery-oriented; it was the fashion to have a peer.

Forms of client engagement implemented by mental health researchers, managers and clinical professionals are often perceived as tokenistic by peer workers, seemingly aiming to present a public image of client engagement (which is increasingly promoted by policymakers and funding agencies) while in practice minimizing the tangible impacts of client engagement.

Subverting: Covert Influence from Below

In retrospect, I have found a number of apparently mundane actions that I saw Véronique take in the workplace to have a subversive edge to them. On the walls inside and outside her office, Véronique pasted short and punchy messages in bold and colorful letters. Messages inside her office are addressed to her peers and seek to empower clients and unlock their agency. “These messages are there because they are tools that the person sees, it raise their consciousness,” she says. Meanwhile, the messages outside her office, addressed to professionals, focus on challenging stereotypes and promoting collaborative practices. When I asked Véronique if she saw her role as that of a change agent, she answered: “Yeah, yeah. This is what I’ve been hired for,” insisting on the importance of the support she and the other peer workers working at that hospital receive from the department-level management. This management suppors gives these peer workers a license to engage in subversive activities—they know they are backed higher up.

Subversive activities by peer workers often covertly contribute to challenging or undermining the authority of professionals over clients. For instance, some of the tools developed by peer workers to help clients prepare in advance for their encounters with professionals by documenting their quality of life, their goals and their treatment objectives often give those clients confidence while enabling them to seek more information and to negotiate prescribed treatments with their assigned psychiatrist and clinical team. Medication self-management is a perspective that developed in the 1990s in community organizations but is now promoted by some professional sector peer workers. It promotes the empowerment of patients and their active involvement in decision-making in regard to their treatment plan. Medication self-management is supported by a popular education workshop called *L’autre côté de la pilule* which is delivered by AGIDD-SMQ, Quebec’s provincial association of groups for the defense of

mental health patients' rights. In professional sector mental health care, medication self-management is quite subversive as it challenges psychiatrists' monopolistic authority to prescribe, which is their core jurisdiction.

Given that there is currently only one peer worker in most worksites where peer work is present, peer workers must act alone most of the time and seek task autonomy while striving to be accepted by both clients and professionals. In this delicate context, Jim explained that out of loyalty for his peers, he sometimes covertly assists clients by showing them how to bypass exercises of clinical authority which he sees as abusive; and by explaining to clients how they can use the rules of the institution to their advantage:

> I can give you an example of this: I had a client who was very angry against the team because he had a trust. A trust is when social workers, occupational therapists, when the team manages your money for you. He was very angry about that. . . . We [professionals] were receiving his [social assistance] checks, paying his rent, we would give him something like 100$ per week for his expenses and manage his budget. And I felt that this guy could take care of his own stuff, so I explained to him what to do to get off the trust. Because it was a voluntary trust, but the team didn't want to tell him it was voluntary.

The presence of peers on organizational committees and governance bodies, although often tokenistic in intent, can end up having a subversive edge as well. Over time, through their presence on those forums, peers may have opportunities to share divergent views that would not otherwise be expressed by non-peer professionals; to question taken-for-granted habits they might see as exclusionary or prejudiced; and to suggest initiatives or ways of doing things that would otherwise not be considered.[25]

6.4. Interpretive Framework

At this point, I have separately analyzed the dynamics of engaging, claiming, organizing, and accommodating identified through my coding and interpretation of empirical material as constitutive of the broader process of client professionalization. But to properly

[25] I have myself been acting as patient partner on many such committees in the last three-plus years and have experienced with a mix of frustration and satisfaction the interplay of cooptation and subversion operating through such venues. Part of this experience is recounted in my first-person account presented in Chapter 8.

understand how peer workers are carving out their jurisdictional domain in the field of professional sector mental health care, these dynamics have to be considered together, taking into account that in real life they operate in conjunction. I will now briefly consider how these dynamics enter in an interplay, and intertwine one with another in the professional project of peer workers.

Clients' shift from a social identity of mental patients to a collective identity of peer workers, and their progressive formation of a sense of belonging to that community, enables peer-to-peer organizing and provides coherence and meaning to their boundary bridging efforts at the intersection of their peers and professional colleagues. The collective identity of peer workers provides them with a group cohesiveness rooted in its adherents' shared sense of loyalty to a community of experiential peers to which they grow a sense of belonging; and in regard to which they value their social bonds as a source of pride.

Collective identity appears to provide an affective component to engaging by making people who define themselves as each other's peers emotionally and cognitively bound to one another. A core idea underlying the notion of community is that peers care for each other and have a joint stake in the promotion of their shared interests; this solidarity provides a strong social-psychological basis for organizing. Reciprocally, it is through the effective organizing of an occupational community that a collective identity of peers can flourish and durably establish itself in the workplace; and that the community engaged in this collective identity can engage in cohesive efforts to carve out its jurisdictional domain in the field.

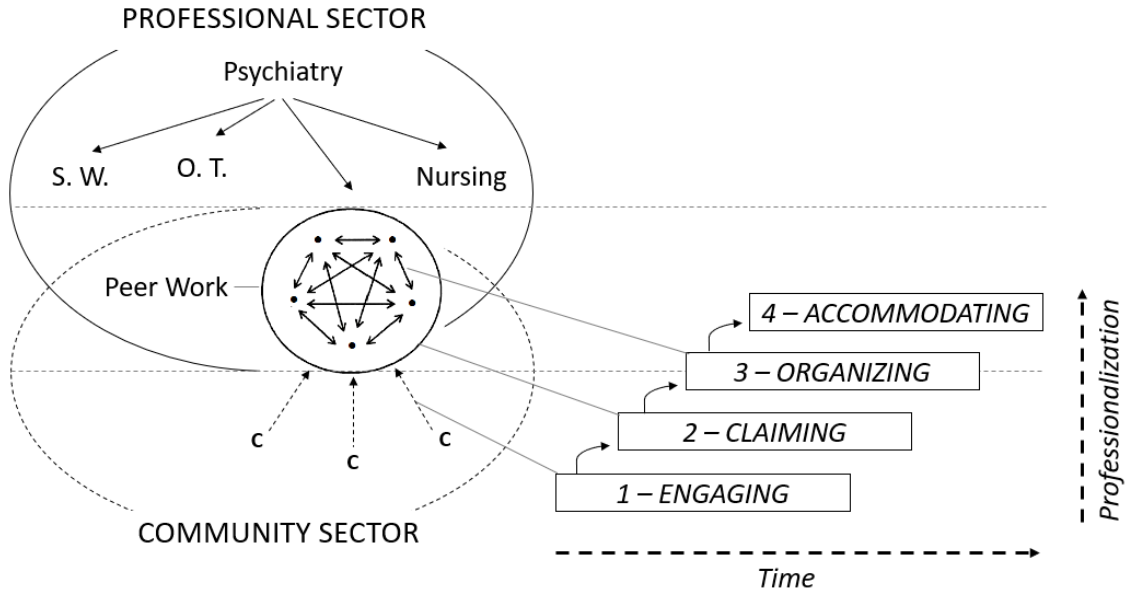
In a field from which they were until recently excluded, the collective identity of peer workers has to be perceived as legitimate by the non-peer actors populating the field so as to allow peer workers to find employment and establish equitable role relations with the other occupational communities. To be perceived as honest brokers by actors situated on both sides of the service boundary, peer workers must balance their everyday displays of loyalty to their experiential peers and to professional colleagues. Collective identification, effective organization, and the legitimation of their occupational domain with both clients and professionals are necessary conditions for peer workers to make

their voice heard and exercise meaningful influence in professional sector mental health care organizations.

Authority being typically quite centralized in organizational environments of medical practice, peer workers must often accept a subordinate status in role relations with their workplace colleagues from more established occupational communities. Dynamics of accommodating in collaboration of unequals include cooptation (covert influence from above) and cooptation (covert influence from below). These dynamics of covert influence seem to operate as mechanisms of organizational adjustment to unequal role relations. These brief considerations of the ties between dynamics of engaging, claiming, organizing and accommodating in client professionalization show the extent to which these dynamics are intimately intertwined and operate in constant interplay in the field-level process of client professionalization pursued by peer workers.

Figure 9 brings these dynamics together into an integrative framework. In the figure, the dotted arrows pointing from clients upward to peer work organizing represents the dynamic of *engaging* which proceeds through the shift from the social identity of psychiatrized person to the collective identity of peer worker. The circle surrounding peer work organizing represents the dynamic of *claiming* a jurisdictional domain at the intersection of the social world of clients and the professionalized field of mental health care. The points joined by bidirectional arrows within the jurisdictional domain circle represents the dynamic of *organizing* through which peer workers are seeking to form a professional association to represent their occupational community and promote their collective interests across the service boundary. And the area in which the social world of clients and the professionalized field of mental health care intersect represents the service boundary across which the dynamic of *accommodating* appears to proceed.

Figure 9—An Interpretive Framework of Client Professionalization



The study suggests that the professionalization project through which peer workers are seeking to carve out a jurisdictional domain for their occupational community within the field of mental health care proceeds through a set of dynamics that are both sequential and overlapping. Engaging clients in the peer work movement proceeds through a shift from the social identity of psychiatrized people to the collective identity of peer worker. This collective identity requires the everyday balancing of ambivalent displays of loyalty to clients and professionals. Peer workers are seeking to legitimize an exclusive jurisdictional domain for their community in the field of professional sector mental health care organizations with an experiential knowledge claim: they argue that having themselves experienced mental health difficulties allows them to provide helpful services to clients that other professional groups in the field are not equipped to provide.

Once peer workers are engaged and have defined their knowledge claim, the effective carving out of a jurisdictional domain suggests the need for peer-to-peer organizing in order to promote the collective commitments of their community in the field. By organizing on the service boundary at intersecting the professional and community sectors of the field, peer workers appear to act as intermediates between professional and client communities. While they find employment and grow their presence in the field, my interpretation of empirical material suggests the need for peer workers to adopt and

nurture a collaborative ethos to gain acceptance in the workplace, and accommodate their action with the norms and values of professional groups established in the field.

Empirical material appears to indicate that peer workers perform this accommodation by engaging in a collaboration of unequals, with professional incumbents of superior hierarchical status to theirs in the established order of professional sector mental health care. Such collaboration of unequals appears to proceed through bidirectional influence combining the coopting of client norms and values by professional commitments (covert influence from above exercised by professionals on clients) with the subversion of professional norms and values with client commitments (covert influence from below exercised by clients on professionals). This study suggests that the client action script of accommodation enables the formation of asymmetrical relations of influence, in which professionals are positioned as superordinate actors and clients as subordinate actors, through which projects of client professionalization operates as a form of settlement across the service boundary originating from below.

Chapter 7
Helping Each Other Out:
The Mutual Aid Praxis of Voice Hearers

As they seek to help each other out based on their collective base of experiential knowledge of the common difficulties that bind them together, some clients become engaged in mutual aid groups. By providing a peer-to-peer alternative to professional services, client movements of mutual aid undermine the jurisdictional control of professionals over given domains of activity. Yet, client movements are all but ignored from social studies of boundary work in professionalized fields. Applying Mannheim's interpretive framework of ideology and utopia, I study the hearing voices movement, a fast-growing client movement of mutual aid in the field of mental health care. Based on an ethnographic case study of that movement in Quebec, I explicate how sustained engagement in a community of mutual aid constitutes a praxis that shifts the script of clients' actions in relation to professional authority away from submission and toward escapist projects.

In various professionalized fields, client movements challenge professionalized service arrangements by organizing with their peer experiential knowers according to mutual aid principles, to help each other out, and to fulfill the shared needs that bring them together (Borkman, 1999; Epstein, 2008). Existing studies of jurisdictional boundary work seek to explain how social groups compete through expert knowledge claims to control jurisdictional domains in organizations and fields (Abbott, 1988; Bechky, 2003b; Zietsma & Lawrence, 2010). Jurisdictional control implies the exclusive authority of a professional group to define the needs of a clientele and to prescribe the solutions (Freidson, 1970b, pp. 105-126; Barley, 1986). Yet, despite their important implications for the analysis of boundary work in organizations and fields, client movements of mutual aid have largely been ignored in such studies.

For phenomenological sociologist Mannheim (1936), problematizing the ideology that legitimizes the established social order opens the way to utopian projecting. Rooted in utopian projecting, aspirational visions of a better future motivate dissatisfied social actors to engage in collective action aimed at transforming social arrangements to materialize

their ideals. In professionalized fields of activity, some client movements are guided by such utopian aspirations in the sense that they frame professionalized arrangements as problematic for clients and "diffuse" (Strang & Soule, 1998) an aspirational vision of mutual aid among peer movement participants as an emancipatory social arrangement carrying the promise of a better future for their marginalized community. Utopian client movements seek to convert clients' loyalties by bringing them into a praxis—an everyday process of reflexive engagement in the social construction of reality to reconcile the experience of an institutional contraction (Ricoeur, 1984; 1988; Boyers, 1998; Seo & Creed, 2002; Arendt, 1958)—oriented toward the boundary project of replacing professional service arrangements with the mutual organizing aid among peer experiential knowers. In terms of identity work (Snow & Anderson, 1987; Creed, DeJordy, & Lok, 2010), this can be thought of as an everyday effort by marginalized actors to reconcile their assigned interaction role with an aspired sense of self (Goffman, 1983; Markus & Wurf, 1987).

In the field of mental health care organizations, the hearing voices movement is a client movement of mutual aid that is rapidly growing internationally. It offers an illuminating empirical case to study the praxis of mutual aid advocated by a variety of client movements and its effect on the institutional loyalties of regular participants. Based on an ethnographic study of the hearing voices movement in the Canadian province of Quebec, I apply Mannheim's framework of ideology and utopia to explicate how sustained engagement in a movement of mutual aid rescripts client action.

7.1. Mutual Aid as a Utopian Project

In a society where the social basis of role relations is increasingly drifting away from local community and moving into the market domain (McKnight, 1995; Hochschild, 2012; Scott J. C., 2014), mutual aid as a mode of organizing can be understood as a utopian project of emancipation from the alienating effects of mass consumption of impersonal products and services (Marcuse, 1964; Levitas, 1990). Through sustained engagement in collectives of mutual aid, one grows a sense of belonging in a community of peers who help each other out by reciprocally aiding and be aided by others with similar experience

(Borkman, 1999). One gains confidence in the value of the collective knowledge derived from the lived experience of struggle shared by members of that community of peers (Borkman, 1976). And one becomes convinced that through sustained engagement for social change, members of the community can realize their aspirational vision of a fundamentally different and better future—a vision that orients their everyday thoughts and actions toward collective organizing to fulfill their intrinsic needs and desires (Ricoeur, 1988). Rooted in the utopian projecting of alternative arrangements, an endogenous motivation to transform the world one lives in arises from the unflinching belief that sustained engagement in collective action makes this transformation possible (Mannheim, 1936). The shift to a utopian mode of thought expands political imaginaries into radical territories and allows actors to conceive the formerly unthinkable (Levitas, 1990). As members of a community of peers form a sense of belonging rooted in utopian thought, the obsolescence of established social arrangements becomes obvious and their transformation becomes for them a driving purpose.

According to Mannheim, utopia tends to "shatter, either partially or wholly, the order of things prevailing at the time" (1936, p. 173). In his conception, utopian projecting supports the endogenous construction of an alternative meaning system by members of a marginalized community who have come to perceive established social arrangements as detrimental to them. This alternative perspective guides their everyday practices to transform the social order in concordance with the values of their challenger community. Studies of conversion to "new" religious movements (Lofland & Stark, 1965; Snow & Phillips, 1980; Snow & Machalek, 1984; Bainbridge, 2002) and engagement in challenger communities which "sustain identities that run counter to dominant institutions" (Chreim, Langley, Reay, Comeau-Lavallée, & Huq, 2019, p. 2; Polletta, 1999; Boyers, 1998; Becker, 1963) and which serve as "utopian refuges" for marginalized members of society (Kozinets, 2001, p. 71). These studies show that the adoption of a "deviant perspective" (Lofland & Stark, 1965; Becker, 1963) requires sustained voluntary participation with identity peers in regular ritual gatherings taking place in "free spaces," which Polletta (1999, p. 1) defines as "small-scale settings within a community or movement that are removed from the direct control of dominant groups, are voluntarily participated in, and generate the cultural challenge that precedes or accompanies political mobilization."

Peer-to-peer hearing voices groups exemplify such utopian refuges inviting psychiatrized people to engage in a praxis of mutual aid that diffuses an egalitarian "ethos"—the "values" of a community "enacted through material practices" (Fayard, Stigliani, & Bechky, 2017, p. 280)—which runs counter to professionalized mental health services. Through sustained participation in peer-to-peer hearing voices groups, psychiatrized people typically labeled as "psychotic" and often diagnosed with "schizophrenia" problematize the social identity of mental patient attributed to them and strengthen their loyalty to a client challenger community promoting confidence in the epistemic validity of their lived experience. Engagement in the collective identity of voice hearers rescripts client action toward the script of escape, which is a script oriented toward a boundary project that seeks to replace professionalized service arrangements with aid mutualization among peer experiential knowers.

7.2. The Hearing Voices Movement

The first hearing voices group in Quebec was founded in a mental health community organization in Quebec City, around 2010, at the initiative of a community organization worker who saw a conference from Marius Romme, a cofounder of the movement. But the hearing voices movement has earlier roots in Netherlands and the UK. Kevin, a voice hearer[26] and well-known Toronto movement leader whom I interviewed, explains in his words the beginning of the movement:

> The basic story is that it starts 30 years ago this year, with Patsy Hague and Marius Romme. She's been seeing him as a patient, he was her psychiatrist for some time, and then she had been reading a book . . . about how at one time all human beings heard voices, and we experienced that as gods talking to us. . . . And we sort of evolved out of it. . . . And so Patsy Hague said to Marius Romme one day "I want to talk about this book, I want to talk about other people who hear voices, I know it's not just me, and I want to be able to talk about it." And . . . she asks him "how come is it that when you go to church on a Sunday morning and talk to God it's seen as normal, but when I'm coming to you on a Wednesday afternoon and say "God is talking to me" that means I'm crazy. That doesn't make

[26] I use the term "voice hearer" throughout this paper solely in reference to people who are actively engaged in the hearing voices movement and self-identify with the lived experience of hearing voices or experiencing other sensory perceptions typically construed as abnormal outside of the hearing voices movement community.

> sense. And Marius Romme said "Yeah, you're right, it doesn't make sense." And then they started getting curious together and ended up on a Dutch cable TV in a show talking about that kind of thing. But also, part of it was asking people to write in—and hundreds of people responded, "Yeah, I have this kind of thing too." And what surprised people and especially, I think, surprised Marius Romme is that a lot of people would say, "I have this thing too and I'm fine. There's nothing wrong with that."

And then, Kevin recounts, a voice hearer based in the UK named Paul Baker "went to the Netherland and saw what Marius Romme was doing and went back to Manchester, and put his efforts into the small group approach." From there, hearing voices groups began spreading across Europe, the United States, and elsewhere. There are now at least 180 hearing voices groups in the UK,[27] more than 100 in the US,[28] and, according to an index last updated in late 2015, "35 national networks, over 400 national, regional, and local hearing voices networks, groups, research and training centers" around the world.[29] This includes groups specially designed for certain sub-populations such as inpatients, women, young people, people in prison, and people with racialized identities.[30] Hearing voices networks, here and elsewhere, also leverage Facebook pages where voice hearers can chat with each other, spread news and organize community events.

There are fast-growing communities of voice hearers across Canada, including currently about 13 active groups in the Greater Montreal region and 35 overall across the province of Quebec. Several mental health community organizations are actively providing support for the development of regional networks of hearing voices groups, including *Prise II* for the Greater Montreal region and *Association pour la réadaptation psychosociale* (AQRP) for the province of Quebec.[31] The 11th World Hearing Voices Congress, hosted by AQRP, will take place in Montreal in November 2019.[32] Globally, the hearing voices movement promotes a peer-to-peer approach to group governance. In contrast, a majority of groups in the province of Quebec are either animated by a professional or co-animated by a

[27] https://www.hearing-voices.org/hearing-voices-groups/
[28] http://www.hearingvoicesusa.org/find-a-group
[29] https://www.google.com/maps/d/u/0/viewer?hl=en_US&mid=1ADB_BK8VOAmTO2AK8KkmO0NVLqI&ll=25.027706999999737%2C8.789061999999944&z=1
[30] https://www.hearing-voices.org/hearing-voices-groups/
[31] https://aqrp-sm.org/groupes-mobilisation/revquebecois/propos/
[32] http://www.intervoiceonline.org/4622/events/2019-save-the-date.html

professional and a voice hearer. Nathalie, a voice hearer and a prominent advocate of the movement in the Montreal region, guesses that this may have to do with the first group in the province being founded by a professional, which created a path dependency. She argues that the insistence on professionals to be involved in the governance of hearing voices groups may be related to patients' own fears and stereotypes:

> It's a bit like with suicide: suicidal people can't talk about suicide with each other or they're all going to commit suicide. Well, they're not! So it's a bit the same idea: if voice hearers talk about their voices with each other, [some say that] it's going to feed their voices. Maybe the idea of having clinicians running the groups started there. But it's not true.

Still, there are also in the province of Quebec several "peer-led" groups, organized and animated exclusively by voice hearers, a mode of governance in better alignment with the traditional peer-to-peer approach of self-help and mutual aid that has been adopted by people living with a wide variety of social and health difficulties (Borkman, 1999).

7.3. Engaging in the Mutual Aid Praxis

In this findings section, I adopt Mannheim's framework of ideology and utopia to explore ethos, meaning, and identity in hearing voices groups from the perspective of regular participants in these groups. First, I explore how voice hearers problematize the ideology that legitimizes the established social order in the professionalized field of mental health care. Second, I investigate how the utopian project of mutual aid pursued by voice hearers constitutes the aspirational vision of a better future that drives their engagement in collective action aimed at transforming service arrangements. Third, I describe some ways in which voice hearers accommodate their actions to the norms and values of the professional groups established in the field of mental health care. Finally, I tie these three dimensions of analysis together in an integrative model that seeks to explicate how sustained engagement in a movement of mutual aid shapes the script that guides clients' actions in relation to the authority of mental health professionals.

This analysis is based on a coding matrix produced by crossing three analytical dimensions (ethos, meaning, identity) in the x-axis with three action orientations

(problematizing of ideology, utopian projecting, accommodating) in the y-axis. The analytical dimensions of ethos, meaning, and identity emerged inductively by grouping a set of thirty-two first-order notions initially coded into second-order themes inspired by theoretical concepts from the literature review presented in Part One of the thesis. Action orientations were derived from Mannheim's theory of ideology and utopia, adding to it the theme of accommodation—the intersection of ideology and utopia—developed in contemporary studies of interorganizational collaboration and tempered radicalism. An in-depth description of the coding method along with short definitions of all first-order notions are presented in Chapter 5, Section 5.3. Illustrative quotes for all coded subthemes are presented in Appendix 2.

Problematizing of Ideology

Ethos: Presence of a Critical Consciousness

Many psychiatrized people perceive professional mental health treatments as mainly oriented toward enforcing conformity to societal norms of functioning and repressing behaviors conceived as deviant in regard to those norms, reflecting an individualized problematizing of their needs as biological and behavioral rather than societal. This perception of professional practice, common within the voice hearers' community, is conveyed and reinforced by alternative community mental health organizations, which provide much of the organizational foundation of the hearing voices network. To varying degrees, many voice hearers appear to think that psychiatrists pathologize their behaviors to control their behaviors while pretending to protect and care for them. Voice hearers commonly complain that mental health professionals tend to focus on symptoms and limitations while ignoring the hopes, capacities and motivations that drive their wellbeing. Similarly, voice hearers tend to experience the expert approach of professionals to their difficulties as distant and detached from the phenomena they are experiencing, inducing a profound mismatch between the solutions professionals have to offer and the needs of voice hearers. Many voice hearers also report that they fear the authority and judgments of their treating psychiatrist, which leads them to be selective and sometimes untruthful

in terms of what they share with them about their experienced difficulties, as Nathalie explains:

> The person who lives these phenomena often fears being judged or fears to be reprimanded, or fears being catalogued as an uncollaborative patient. Many of them fear the psychiatrist : 'my psychiatrist is severe.' Last Tuesday [in a hearing voices group meeting], this is something that came out: 'no, no, I can't, I have to be careful, my psychiatrist is strict, I've got to listen to him.'

Some voice hearers problematize the impersonal nature of professional services as a standardized form of unidirectional aid provided in exchange for monetary payment (directly exchanged in private services or paid through the state in public services). There is a generalized view within the voice hearers' community that psychiatrists provide almost nothing else than drug prescriptions, and that they routinely prescribe too many drugs and in too large doses while discounting the harsh side effects that patients experience and report back to them.[33] Many voice hearers feel that the benefits of medication are oversold by professionals while their drawbacks are discounted or ignored. "The psychiatrist I'm seeing now, he's a nice guy, but when I tell him about the side effects, it flies above his head; he doesn't have much to say about that," says Suzanne, a voice hearer who has been involved in groups for about two years and is now animating a newly founded peer-to-peer hearing voices group.

For Esteban, a transgender person who has been assigned a label of "borderline personality disorder" and is seeking non-drug solutions to cope with his difficulties, overmedication is used as a "straitjacket," as a device of social control to repress deviance: "Well, they give you drugs so that you don't disturb, they medicate you so you don't disturb a certain normality." In the same vein, several voice hearers consider that legal powers to coercively administer psychiatric treatment are overused by professionals, which results in the imposition of a drug regimen on those who would prefer to seek other solutions to live with their difficulties. Cognitive-behavioral therapy, the main form of psychotherapy offered in the professional sector and the approach prioritized by insurance

[33] The side effects of neuroleptic drugs reported by those who experience them typically Parkinson-like involuntary movements, massive weight gains and related diabetic problems, sexual dysfunction, incapacitating blunting of cognitive functions, and heavy sedation causing a generalized loss of motivation and drive to engage in basic life activities.

companies while psychodynamic approaches are largely marginalized, is also seen by some of those who have tried it as mainly focused on the short-term management of symptoms and as blind to the larger societal causes of struggles experienced by psychiatrized people. The discourse of recovery is infrequently used in alternative organizations and within the community of voice hearers, who tend to see it with skepticism as a rhetorical device that legitimizes the objective of enforcing conformity with professionally defined societal norms of functioning.

Meaning: A Theory of Why Present Arrangements Are Unsatisfactory

People who hear voices or experience perceptions defined as abnormal by mental health professionals typically receive diagnoses in the schizophrenia spectrum. For many voice hearers, these diagnoses invalidate their experiences by casting them as unreliable and chronically deluded. Receiving such diagnoses tends to contribute to the social and economic exclusion of voice hearers. For some psychiatrized people, such a diagnosis discourages and disempowers them from being actively engaged in addressing their difficulties, by locating the knowledge to cure them entirely in the hands of mental health professionals.

Many voice hearers feel that they are not listened to by psychiatrists when they recount their lived experience and the interpretations they make of it, because their psychiatrists are simply looking for symptoms in order to put the voice hearer into predefined medical categories and to determine what drugs to prescribe. In a gathering of the network of hearing voices groups of the Greater Montreal region which I attended, a participant said: "I hear voices. My doctor should hear my voice [i.e. listen to me] but he doesn't hear it." In group meetings, voice hearers frequently express skepticism about biomedical theories of mental illness and feel that these theories, which are imposed on them by professionals, invalidate their personal interpretations of their experience. For instance, Suzanne says:

> Hearing voices groups have allowed me to express everything that I have lived. I can't do that with the doctor because he's going to increase, increase, increase my medications. He thinks it's a chemical imbalance in the brain. . . . And I'm not sure anymore that this is what it is, so now I confide more in priests and in hearing voices groups. And psychiatrists, I use them only to taper off [psychiatric drugs], that's all.

Within the community of voice hearers, diagnoses often appear to be seen as serving psychiatrists by legitimizing their prescription practices while disserving patients by defining them as intrinsically flawed and "lacking insight" into their own condition. Some, like Esteban, appear to interpret diagnoses and the medicalization of deviant behavior as a form of social control:

> For them [mental health professionals], what is around these difficulties with the self and the world are symptoms to suppress, behaviors to modify. They tell us . . . to correct what we do, what we think, what we are, sometimes even to correct who we are. What are they validating in that case? That we are a mistake?

There is also among voice hearers a significant extent of skepticism related to the perception that psychiatrists may be influenced in their beliefs and practices by the close relationship between their profession and the pharmaceutical industry. "The power of drug companies, it's scary!," says Julie, a voice hearer who animates a group at CAMÉÉ, a peer-to-peer alternative community organization in Montreal-Nord. Jean-Nicolas, CAMÉÉ's manager, who himself has experienced social distress and psychiatric treatment, adds with an expression of discouragement that many doctors use prescription pads provided by drug companies that include ads for the companies' products and prescription guidelines designed to influence the doctors' practice. These common perceptions of voice hearers erode their trust in the meanings and solutions proposed by psychiatrists and other mental health professionals.

Identity: Discomfort With Incumbent-Defined Social Identity

It is widely acknowledged and reported by voice hearers and other psychiatrized people that diagnoses, by labeling them with a social identity of mental patient, carry damaging stereotypes related to their putative cognitive and behavioral flaws. There is a strong and pervasive charge of public shame attached to one's wearing a psychiatric diagnosis. These diagnoses are also commonly associated in the media and popular culture with unreliability and dangerousness, explains Richard:

> Every time there's an unfortunate incident, the media goes: 'Ha, a mental health problem!' And society associates us with violence. We're often very stigmatized. If you acknowledge publicly that you have a mental health problem, right away

> you're associated as a dangerous and unpredictable person. And it's not the case, you know.

Psychiatrized people who do not engage with the activities of a challenger movement like hearing voices typically internalize the identity of mental patient and come to be defined by it, which erodes their self-esteem and undermines their confidence in their own judgment and interpretations. According to Esteban, the internalization of a social identity of mental patient also leads those who internalize the label and unreflexively accept to wear it to become unaccountable for their own condition and overly dependent on professional solutions to address their personal difficulties in living.

Community organization users and staffers highlight that the dominance of this medicalized social identity of mental patient is also supported by the state, which allocates the lion's share of public funding for mental health to public hospitals and clinics who focus on treating individuals based on a biomedical frame of reference; while community organizations, who support alternative understandings of identity such as that of the voice hearers, provide most of the collective dimension of support, with limited and precarious access to government funding. Actors situated in both the public and the community sectors acknowledge the presence of a great divide between public and community mental health organizations, which to a significant extent operate in separate silos and tend to entertain stereotypes in regard to each other.

Utopian Projecting

Ethos: Unconditional Acceptance of Lived Experience

Like a broad variety of other movements of mutual aid, the hearing voices movement promotes a set of peer-to-peer ideals firmly rooted in values of egalitarianism and reciprocity that undergird a larger project of emancipation from professionalized service arrangements. The UK Hearing Voices Network, an independent charity dedicated to supporting the movement, proposes on its website the following charter for groups' network membership, which provides an excellent synthesis of the ethos promoted internationally by the hearing voices movement:

Criteria For Affiliated Group Membership

The Group …

- Accepts that voices and visions are real experiences
- Accepts that people are not any the less for having voices and visions
- Respects each member as an expert
- Encourages an ethos of self-determination
- Values ordinary, non-professionalised language
- Is free to interpret experiences in any way
- Is free to challenge social norms
- Sanctions the freedom to talk about anything not just voices and visions
- Is a self-help group and not a clinical group offering treatment
- Focuses primarily on sharing experiences, support and empathy
- Members are not subject to referral, discharge or risk assessment
- Members are able to come and go as they want without repercussions
- Members are aware of the facilitator's limits concerning confidentiality
- Is working toward fulfilling criteria for full membership

Criteria For Full Group Membership

This involves all of the above criteria but in addition the group:

- Accepts people as they are
- Makes no assumption of illness
- Is a social group not a therapy group
- Is a community to which people belong
- Upholds equality between everyone in the group including the facilitator
- Makes all the decisions collectively
- Decides on the limits to confidentiality not the facilitator
- Works out problems collectively
- Holds responsibility not the facilitator
- Members join for as long as it suits them
- Is open to people not using mental health services
- Is open to people from other geographical areas
- Does not meet within a clinical setting
- Facilitator is not under pressure to report back to anyone outside the group
- Aims to become a user-run group if it isn't already

Some alternative mental health organizations, in which the hearing voices movement is primarily rooted, are also governed and operated according to peer-to-peer principles. In peer-to-peer hearing voices groups, animation, coordination and any form of informal group leadership should be assumed by voice hearers themselves. Groups are typically animated by one of the participants or co-animated by two of them, but there is a clear

and mutual understanding that animators and any other informal leaders within the groups are peers in the full sense of the term, that is, they are of equal status to any other participant. In a peer-to-peer hearing voices group, there should be no stratification of authority.

In a peer-to-peer group, professionals have no role to play and are typically not invited. The typical hearing voices group meets for 90 to 120 minutes every week or every second week. There is usually around 5 to 10 participants in a given group meeting. During the meetings, voice hearers engage in a variety of activities, including but not limited to open discussions about their varied experiences with voices and other types of unusual perceptions (visual, sensory, or otherwise), meditation, visualization, sharing tricks to cope with voices, sharing verbal and visual arts, and reading a text then collectively discussing it. Like in most self-help groups, what is said in the group stays in the group and a participant should not talk about what other participants say outside of the group without their consent; and especially not with the participants' therapists. All participants should be free to speak or not, to leave during a meeting if for any reason they feel uncomfortable, or not to come to further meetings if it is their preference. However, to ensure proper functioning, every participant is expected to arrive on time if practicable, not to interrupt others, not to monopolize the discussion and thus to preserve equal opportunities to speak for everyone, and to interact respectfully with all participants.

Perhaps the most important norm of functioning at the very core of voice hearers' utopian practice of self-help is to keep an open mind and to accept unconditionally, without any normality judgments, the full range of perceptions shared by participants within the group. In groups that I attended, a participant shared his belief in extraterrestrial entities who had the appearance of octopuses, and which he was attempting to enter in contact with. Other participants told us they spoke with elves and fairies, heard the voice of their landlord talk to them through the radio, or were entertaining close relationships with Saints who protected and guided them. Kevin says he regularly hears trees speak to him, while Richard has been living for years with God and the Devil speaking to him several times a day. He'd like to get rid of the Devil's voice but he wants to keep the voice of God who says nice things to him. Within a hearing voices group, all of these experiences are fine

and no one publicly judges any of it. Nearly every voice hearer I spoke to or interviewed emphasized the central importance of welcoming all experiences and not making normality judgments. “What someone sees is their reality, and I respect that,” says Danielle. Similarly, Serge Tracy, a voice hearer and well-known provincial advocate of the movement who co-animates a group and participates in a second one explains:

> A cohesive group will protect its members. . . . If someone laughs at a participant, others will say: ‘What are you laughing at?’ We often repeat it: it’s the respect of unusual perceptions. As I said, for someone it’s extraterrestrials, someone else lives in an enchanted world or deals with unicorns, or anything else. . . . It’s all unusual perceptions including coming from the eyes, ears, nose, mouth, skin, and even from inside the body. There’s a woman who is being stung by needles from inside her body. Do you imagine that? . . . We include them, and we respect their perceptions and their interpretations of these phenomena. We respect their values, their beliefs, their experiences. They are entitled to their own journeys. And especially to their own rhythms.

Participants in hearing voices groups encourage each other to keep a critical distance from ‘medication’ and to promote decision-making empowerment in regard to the psychiatric drugs most of them are prescribed. Voice hearers also invite each other to describe their experiences by using terms that are not medicalized and that are not stigmatizing. In a hearing voices group, participants should speak in the first person to share their own experiences without usurping the voices of others; one should not speak for others as the experiences, perceptions and interpretations of every person are different, unique, and worthy of respect on the basis of that unicity. In a hearing voices group, idiosyncrasy is the norm. The hearing voices movement promotes the notion that the objective should not be for people to suppress their voices or make them disappear, but rather to find ways to live better with voices, to establish a positive relationship with them and to seek to understand the meaning of voices. For voice hearers, a hearing voices group appears to function as an island of unconditional acceptance that shields them a few hours at a time from an outside world which they experience as exclusionary, alienating, and hostile to them.

Meaning: An Aspirational Vision of Alternative Arrangements

The hearing voices movement promotes the notion that the various forms of social distress experienced by psychiatrized people originate in the flaws of society as opposed to those of individuals. Problems in living are understood within the community of voice hearers as a by-product of individualism, bigotry, capitalism, the cult of performance, and so on. "It's society that kills me," says Marc, "it's a society of predation, of the stronger who eats the weaker. . . . We live in a society that creates anxiety and exclusion." Many voice hearers relate their experiences with voices, especially negative voices, with traumatic experiences in their past. For voice hearers, the causes and solutions to their problems with living are holistic; a broad array of things can help voice hearers make sense of their unusual perceptions and to live better with them. They do not accept that their experiences be reduced to a simplistic theory of chemical imbalance and solved only with medications.

The mutual sharing of first-person accounts in hearing voices meetings is a core technique by which voice hearers collectively engage in the endogenous elaboration of the meanings of their own experiences. Thus, the hearing voices group is an intracommunity vehicle for the intersubjective construction of voice hearers' realities. It provides voice hearers with a setting that enables them to take back the authorship of their personal experiences. Through sustained movement participation, the objective of voice hearers shifts from seeking to suppress the voices to attempting to live harmoniously with them, making meaning out of the voices they hear, and learning from what their voices tell them. The experiential knowledge gained by voice hearers does not seem to relate only to their individual perceptual experiences; the meanings of these experiences and the confidence in its validity as knowledge may also be elaborated and strengthened through a collective dynamic of sustained engagement in movement activities. The intracommunity legitimation of voice hearers' experiential knowledge appears to challenge the invalidation many of them report experiencing in psychiatric treatment practices.

The provincial and international communities of voice hearers are constantly developing, gathering and sharing an array of tips and tools on how to cope with voices, live better with them, and construct individual and collective meaning out of their unusual perceptual experiences. A growing variety of activities, games, and exercises are elaborated and

shared across networks of hearing voices groups and supportive community organizations to help voice hearers talk about their experiences and intersubjectively construct meaning around it through discussions with other voice hearers. Through these activities and exercises, voice hearers in group meetings encourage each other to imagine the future they want to see happen for themselves and to cultivate the hope and the confidence that their aspirational visions of a better future can be achieved one step at a time by engaging in sustained actions oriented toward the aspired realization of this envisioned future state. Here is how Kevin conceives this utopian practice in hearing voices meetings of imagining a better future and collectively engaging in concrete action to realize this vision:

> So I'm not actually trying to change the world but just kind of, be the change. What that means to me is that I can only change the parts of the world that I'm in, and if I want to live in a different world, I have to do that; I have to change the part of the world that I do occupy. Do it, and be in a way that you believe in, rather than sitting critiquing what everybody else is doing and talking about what they should do . . . What we've learned is that you don't push ideas on the world. What you do is you share the ideas and you find that the people are interested in working with you in similar ways, and you just get on and do it. So I see the hearing voices movement as a really good example of that: it's people who share an idea of how to be, and we get on and we're doing it.

A growing international literature, collection of documentaries and video resources are produced by voice hearers, contributing to the endogenous development of the movements' knowledge base; much of this material being in English, access to it is difficult for the many voice hearers in the province of Quebec who are unilingual Francophones. Across the province, a range of training programs and manuals have been produced and circulate within the community of voice hearers.

Members of the hearing voices community here and internationally are encouraging each other to express themselves within the community as well as within the larger public through a variety of means. Various forms of individual and collective arts are used by voice hearers to express their idiosyncratic subjectivities. This includes prose and poetry writing, visual arts and musical expression, shared between voice hearers in group meetings and network gatherings, and also performed by voice hearers in events that are open to the broader public such as arts exhibits, open mic nights, and a creative variety of

other types of public events. One very creative such public event is the "living library," where a number of voice hearers stand in a public space, ready to discuss as open books their experiences with members of the greater public to promote their understanding of these experiences and deconstruct stereotypes. Some voice hearers, including Serge, Kevin, and Nathalie, have engaged in high-profile public speaking where they displayed their voice hearer identity and shared with the general public some elements of their lived experience via testimonies, to promote the movement and to challenge the ubiquitous stigma around what is commonly understood as 'mental illness.' Several voice hearers, here and elsewhere, have also published their first-person accounts in the form of books.

As part of extracommunity public relations efforts, members of the Greater Montreal network of voice hearers have also organized a local event to celebrate the World Hearing Voices Day held every year on September 14th and organized for at least three years in a row now a large-scale public event. The 2016 and 2017 events, held in a cinema room, attracted several hundreds of attendees among voice hearers, mental health community organization and public workers, as well as the broader public, for the broadcasting of independent documentaries on hearing voices as a phenomenon and as a movement (the films were translated from English into French especially for the event). The 2018 event, smaller due to lack of funding, was held in a public café and took the form of an open mic night where voice hearers and allies read their writings, played music, and shared with others all forms of creative artistic expression. I attended all three events and participated in the organization of the last two. These public events serve to broadcast the endogenous meanings that voice hearers construct for themselves about their different experiences, and to raise consciousness in the broader public that medicalized understandings are not the only way to frame the experience of hearing voices and other unusual sensory perceptions; and that more inclusive and holistic understandings of these phenomena exist and deserve to be known and considered.

Identity: Adhesion to a Peer-Defined Collective Identity

A core purpose of hearing voices groups seems to be the dissociation of psychiatrized people from the shameful social identity of mental patient applied to them by mental health professionals and their conversion to an endogenously constructed collective

identity of voice hearer that carries an altogether different meaning and a positive emotional charge rooted in pride and self-assertiveness. This individual shift from the identity of mental patient to that of voice hearer proceeds through the development of a sense of belonging nurtured by the engagement and sustained participation in hearing voices meetings and movement events. This sense of belonging that grows through movement engagement reinforces participants' loyalty to the community of voice hearers which challenges the social identity of mental patient through its utopian ethos and endogenously elaborated set of meanings. Kevin jokingly illustrates this emotional process from shame to pride involved in the identity shift from mental patient to a voice hearer:

> Yeah, there were a few times in particular that played out the same way, . . . it was: 'we don't want you hanging around anymore, you're weird.' That was very hurtful at the time, but I've learned to be grateful for it. And then I notice something, it's actually one of my voices that pointed this out to me: if you write down the letters of the word 'W E I R D' and then you move the E after the R, then it spells W I R E D. So, that's it, I'm wired differently. When I saw that, I went like, I'm grateful for being different!

The movement's seeding and continuous reinforcement of this sense of belonging in the voice hearers' community of peers provides them with a way out of social exclusion, and a network of mutual support and understanding founded on values of equality, reciprocity, and unconditional acceptance. The process of identity shift appears to be intimately tied with individual and collective emotional dynamics. At the initial stage, the unreflexive internalization by psychiatrized people of the medicalized identity of mental patient appears to generate a pervasive experience of shame that spoils their concept of self and undermines their confidence in the validity of their own experiences, perceptions, and interpretation. This emotional state feeds the fear of mental patients to be judged, dismissed, and further excluded by the 'normals' if they challenge professional authority by pursuing other approaches than those prescribed by mental health professionals.

But sustained engagement in the group and network activities of the hearing voices movement appears to nourish a different set of emotional processes. My empirical material suggests that the utopian ethos of hearing voices groups provide a protective and

supportive organizational environment that empowers participants to become engaged in the sustained identity work needed to make the shift from mental patients to voice hearers.

My notes from participant observation in peer-to-peer meetings of voice hearers suggest that the mutual sharing of first-person accounts and the unconditional acceptance by group participants of all forms of perceptual subjectivity strengthens voice hearers' confidence in the validity of the experiential knowledge of their peer-to-peer community of belonging. It seems to encourage them to feel proud of their individual and collective differences in regard to generally accepted criteria of normality. In line with these observations, Serge, who facilitates two local groups in his sector, explains the importance of hearing voices groups to help their participants do away with shame and develop pride in a positive sense of self:

> I see it [participating in hearing voices groups] as a reconstruction of self-esteem. It's the affirmation that we need to rebuild. . . . And we can't healthily affirm ourselves if we have no self-esteem. We need to fix the self-esteem by : "You're courageous; it's nice what you're doing; you're succeeding; here, you're moving forward." Encouraging each other and giving each other pats on the back. This is how I animate groups.

Although my participant observations suggest that anger is not a predominant emotional experience in hearing voices group meetings and network gatherings, a few interviewees highlighted the importance of a sense of anger rooted in outrage in motivating their commitment to engaging in collective action to challenge established social arrangements which they perceive as problematic for them and their voice hearing peers. Serge says that anger feeds his drive to assert himself and to defend his peers, and also keeps paralyzing emotions at bay: "You know, when I pull the curtain of anger, behind there's grief, sadness, and a truly visceral and devastating melancholia. This is what I'm most scared of, much more than the anger." Nathalie points to moral outrage as a cognitive component of the drive to engage and to feel loyal to an identity movement that challenge established arrangements: "There's a fiber of indignation that is much more present in me now that calls me to express myself, to take sides . . . And I think that's why I accept to share my testimony." Kevin uses this metaphor to explain the role of anger in his personal commitment to the hearing voices movement and in collective action for social change:

> I've learned that anger is like a potato. If we eat a potato raw, it's poisonous. There are chemicals just under the skin that will make us very ill, violently ill, it might kill us. But if we prepare a potato, if we cook a potato, then the poisons get transformed. And now the potato gives a lot of energy. So if we learn to treat anger in the same way and understand what it's about, it gives a lot of energy for the longer term, a lot of resources to stay focused, to stay on a path where we know clearly what we want to do in the world. So I've learned to try and think about anger that way.

A number of rituals in hearing voices group meetings nurture the collective sense of belonging that undergirds the collective identity of voice hearers. Hearing voices groups choose typically a name to designate their collective, which is usually a pun on the word 'voices' in it, such as "1001 Voices," "Voices of the Heart," or "Inter-Voices." A group which I attended as a participant observer, whose participants decided to call it "Voices of the World," chose to adopt a teddy bear as a mascot, which they called "Voix-U" (a pun in French on the words 'voice' and 'rogue'). At every meeting, the teddy bear was placed in the middle of the room and participants would take and hug the teddy bear for comfort when they had something difficult and emotional to share. Participants also chose a logo to represent the group, and the voice hearer who animated the group would fist bump with participants when they arrived and departed to display solidarity.

These movement rituals that strengthen participants' sense of belonging in the community of voice hearers created an atmosphere of safety and mutual understanding that allowed participants to fully express themselves and to collectively take control of the narrative over the identities and meanings related to perceptual experiences commonly conceived as abnormal. Movement rituals that punctuated group meetings encourage participants to perform the work of identity conversion by nurturing their self-worth and their collective belief that a better future for them can be realized through collective action. In one such ritual performed in a group that I attended, each participant in turn shared with others the animal they would like to become and why. One participant said she would become a horse because of their fiery and passionate character. One said she would be a goat because it's fearless and it has horns, yet a goat is everyone's friend. One said he would be a lone wolf because it's independent, strong, resourceful, and it has a strong survival instinct. And yet another participant said she would choose to be a turtle because it carries its home on its back, it takes its time and it has a long life. Although at first glance they

may appear anodyne, such rituals unlock participants' imagination, transform their emotional state and are as such effective channels of identity conversion.

Accommodative Practices

Ethos: Reconciliation of Incumbent and Challenger Commitments

While internationally the hearing voices movement promotes a peer-to-peer approach to governance and operation of groups, a majority of groups in the province of Quebec are either animated by professionals or co-animated by a professional and a voice hearer. Some group animators work based on dual identities of professional and peer. Serge, for instance, a voice hearer who was trained as a psychologist, co-animates a group with a professional who does not identify as peer. Marc, a social worker who works in supervised housing for a community organization and animates a hearing voices group there, does not hear voices although he does identify as a psychiatrized person for having experienced several depressions in the past, seeing a psychiatrist, and taking medication as a result of having recently received an 'attention deficit with hyperactivity disorder' (ADHD) diagnosis. Seeking to legitimize his peer credentials, Marc declares: "It gives you tools to be fucked up—I have my badge as a depressive, I have my badge as a suicidal."

While the self-help ethos of the hearing voices movement represents in many ways a radical challenge to professional norms of functioning in mental health care, Serge insists on the necessity to cultivate collaborative relationships with mental health professionals given that, in his estimate, about 75-80% of participants in hearing voices groups concurrently receive professional services and take psychiatric drugs. Most voice hearers, while questioning professional practices, do not disengage entirely from psychiatric treatments and other mental health services. Suzanne, for instance, is committed to slowly reducing the dose of neuroleptic drugs she takes, but she does that in a collaborative dialogue with her psychiatrist; "I told my doctor: 'Look, if I start hearing voices again, I promise you that I'll take the medication,'" she says. Nathalie explains that there is a variety of opinions and attitudes within the community of voice hearers in regard to medication and coercive measures used by psychiatrists to impose treatments without consent on people they consider potentially dangerous to themselves and to others:

> You have both, you know. In my groups, some are in complete disagreement with the medication they receive. Of course, we encourage them to take the training on medication self-management to gain some tools in their arguments with their psychiatrist. But there are others who say: 'I couldn't function without my medication.' And that's fine. It's very polarized. And some say it can be very traumatizing when they're carried by force to the psychiatric emergency. But someone was telling me: 'They came in the park, my mom had called the police, six police officers came and I needed help. And I was happy that they came for me. They were polite with me and brought me to the hospital. And for that person it was salutary. But for others, it's like 'Hey, you're coming into my bubble, you don't understand me, and you don't respect me, and so on. So it's very polarized in terms of people's experiences.

Some psychiatrists as well adopt an accommodative posture through which they seek to preserve the legitimacy of their profession while acknowledging and adapting their practice to various strands of client critique. For instance, some psychiatrists in Montreal worked with voice hearers to develop a therapeutic technology that allows making an audio-video modeling of patients' voices to enable those who experience these voices to virtually interact with them. In this type of approach, the experience of hearing voices is not simply dismissed; instead, there is an attempt to make sense of the voices by actively engaging with them rather than repressing them. Such a practice thus integrates elements of the voice hearers' utopian ethos, although the intent remains therapeutic and therefore reflective of an ideological project of treatment. An accommodative practice adopted by many voice hearers and actively promoted within the movement is medication self-management. Here is how Nathalie explains this approach:

> Often people are unable to argue, to make their points. So I think what medication self-management does is to provide tools so that the person is better prepared for their encounters with the psychiatrist. And I think it may not change if you have in front of you someone who is very conservative and who doesn't want to hear anything, maybe we're won't be able to change it. But arriving with more questions, taking notes, being accompanied if one wants to.

Medication self-management is an accommodative practice insofar as it does not challenge the use of medication in itself, but rather seeks to empower psychiatrized people to exercise agency in the decision-making process relative to drug prescription and consumption. By so doing, it problematizes the often unilateral way in which psychiatrists decide their patients' drug regimen and puts informed consent, which many psychiatrized

people experience as being routinely violated by mental health professionals, front and center in the client–professional relationship.

Meaning: Bridging Heterogeneous Knowledge Bases Through Bricolage

While a major component of the hearing voices movement consists of the collective problematizing of medicalized meanings of their experiences and parallel endogenous construction of proprietary meanings of their own experiences, perceptions and interpretations by voice hearers themselves, not all voice hearers entirely reject psychiatric theories. Many voice hearers, while questioning and cultivating skepticism in regard to medicalized understandings of their experiences, keep a partial acceptance of the psychiatric diagnostic system and the biochemical and genetic theories that underpin them. In many cases, a diagnosis is required to get access to public services and insurance reimbursements, which creates material incentives to accept diagnoses. For several voice hearers, being assigned to a psychiatric diagnosis gives them access to disability benefits they would not be ready to relinquish; as with Suzanne, for instance:

> Look, I have a diagnosis of paranoid schizophrenia. It has allowed me to get the maximal amount of social assistance. It has allowed me to have an apartment to rest. The diagnosis, if I didn't have it, how would I have survived? . . . So the advantage of a diagnosis is that the government takes charge of you. Even now, I'm not sure that I can go back on the job market. I do insomnia at night, and in the morning I wake up at 10:30. I don't have a life balance that allows me to work 8 to 4. Impossible. So the diagnosis has protected me in a certain way.

A different form of accommodative practice relates to the commodification of insights from voice hearers by professionals. While some of the training and manuals produced by and about voice hearers are shared freely between groups, other voice hearer knowledge materials have been captured by professionals who claim intellectual property and seek to distribute them commercially for private profit. In a meeting of the Greater Montreal network of hearing voices group, I wrote in my fieldwork notebook that several participants expressed the following:

> The material developed by [a non-peer community organization social worker] should not be used as a private intellectual property to derive personal revenues from, but rather as a collective property of the movement, as the hearing voices

> movement is based on peer-to-peer principles, it's not a private business and shouldn't be seen as one.

Some within the community accept the private ownership and commercialization of movement knowledge as unproblematic, while others find such practices to be undemocratic and to contradict the egalitarian ideals of the movement and its intended dynamic of social organization in terms of non-monetary exchange. This has been a heated topic of discussion in some hearing voices network gatherings to which I have attended.

7.4. Interpretive Framework

Having analyzed ethos, meaning, and identity in the hearing voices movement in terms of ideology, utopia and accommodation enables their cross-comparison to examine the interplay of these three dimensions of social organization within this client community. Table 15 presents an analytical synthesis in support of this comparative exercise.

Table 15—Ethos, Meaning, and Identity in the Hearing Voices Movement

	Problematizing ideology	Utopian projecting	Accommodating
Ethos	Exogenous learning	Endogenous learning	Professional-led groups
	Giver-receiver segregation	Giving-receiving reciprocity	Therapeutic collaboration
	Epistemic authority	Epistemic equality	
Meaning	Trust in expertise	Experiential confidence	Commodification of voice hearers' knowledge
	Individual problem definition	Societal problem definition	
	Objectivist epistemology	Intersubjectivist epistemology	
Identity	Social identity of mental patient (incumbent loyalty)	Collective identity of voice hearers (challenger loyalty)	
	Social exclusion through identity marginalization	Social inclusion through unconditional acceptance	
	Disempowerment and dependence	Building confidence and self-esteem	

As much as I find myself able to, I attempt to derive my analysis from the situated perspective of voice hearers, who participate in a movement oriented toward the utopian project of mutual aid. My data suggests a first stage in the development of a utopian vision consists in problematizing of present arrangements. Once the problems with the established order have been defined, movement participants collectively engage in the imagination of transformed social arrangements. Given that, despite their diverging views, the members of a utopian community often continue to interact with ideological actors, accommodations must be managed to enable collaboration among actors committed to contradictory modes of thought.

The hearing voices movement conveys a comprehensive problematizing of the ideological service arrangement of mental health care. For voice hearers, the professional ethos is based on an ethos of detached learning through which the experts' knowledge of clients' needs, that is, the meaning they attribute to these needs, is gained by professionals at a distance of clients' experiences of them. Distant learning invalidates the endogenous meanings elaborated by clients through their own forms of knowing, which legitimizes the epistemic authority of a professional group over a clientele declared unknowledgeable. It is on this basis of epistemic authority that professionals monopolize the role of service provider while submitting their clients to the role of a dependent service recipient summed up in the marginalized social identity of mental patient, which voice hearers associate with the ubiquitous experience of social exclusion.

Based on this problematizing of ideology, the hearing voices movement constructs a utopian vision of transformed service arrangements which movement participants consider better aligned with their values and interests and thus more desirable for them. The voice hearers' utopian mode of thought promotes the value of experiential knowledge gained through the endogenous learning process of experiencing the needs firsthand as well as sharing and discussing them with others who experience similar needs. Thus, for voice hearers, those best able to help them cope with their difficulties are their peers, i.e. other voice hearers who experience comparable difficulties as theirs; and voice hearers themselves are reciprocally best able to help their peers with their difficulties. This mutual aid ethos of voice hearers associates giving with receiving: each movement participant

both aids others and is aided by them. Everyone in the community shares their experiences of the difficulties that bind them together and their ability to help each other out. The perceptions and interpretations of all community members are valid as long as they stem from their lived experience; in other words, what one experiences is necessarily true for that person and must therefore be considered legitimate. This ethos of unconditional acceptance reinforces the trust of voice hearers in each other and helps them to build up their confidence and self-regard, which enables them to engage in the sustained emotion work leading to their conversion from the social identity of mental patient to the collective identity of voice hearers.

To enable collaborative interactions with ideological actors, participants in the utopian community of voice hearers engage in accommodative practices that assemble heterogeneous elements originating alternatively from utopian and ideological modes of thought. For instance, although the self-help ethos of the hearing voices movement promotes peer-to-peer organizing principles, many hearing voices groups are either animated by a non-peer mental health professional or co-animated by a professional and a voice hearer. For diverse ideational and material reasons, many voice hearers, while questioning the ideological meanings attributed to their experiences by professionals, maintain a partial acceptance of diagnoses and related biomedical theories of their difficulties in living. Some voice hearers also collaborate with mental health professionals on the development of therapeutic approaches. Other voice hearers, without rejecting the medications prescribed to them by professionals, seek to gain voice in the decision-making process of drug prescription.

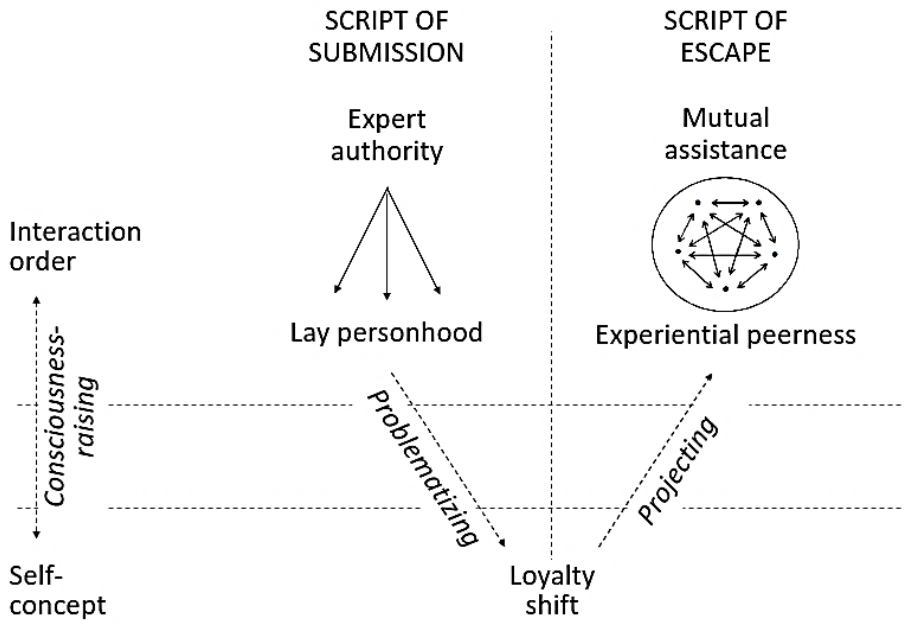
The sustained engagement of psychiatrized people in the hearing voices movement fosters their identification with this client challenger community. This collective identification operates through the process of consciousness-raising that is at the core of mutual aid groups. Through consciousness-raising, new movement adherents learn to problematize the established professionally controlled service arrangements and to gain a conviction in the possibility of founding, through sustained collective action, fundamentally different and more desirable service arrangements. This process rescripts the actions of clients in relation to professional authority away from the script of *submission* (client compliance

based on the unreflexive acceptance of professional ideology) to a reflexive script if *escape* (client engagement toward an alternative social project based on the reflexive problematizing of ideology). In short, through sustained engagement into a mutual aid movement, clients who used to submit to professional authority become committed to escaping from it.

Through their collective engagement in a self-help movement, empirical material suggests that voice hearers seek to deprofessionalize aid by bringing control of service provision under the jurisdictional domain of clients. Ultimately, voice hearers seem to be bound together by a collective project of emancipation from professional services, which they come to perceive as unsatisfactory and illegitimate, by repatriating service provision away from professionals and to the jurisdictional domain of the clientele so as to become an autarkic community of experience organized according to the egalitarian principles mutual aid among experiential peers.

Figure 10 provides a conceptual framework to explain the engagement of voice hearers into the mutual aid praxis. This framework proposes that psychiatrized people who will later become voice hearers are initially guided by the client action script of *submission*. They uncritically comply with professional jurisdiction and take for granted their social identity of mental patient. Later, some of those psychiatrized people become exposed to the experiential framing efforts of the hearing voices movement. Those experiential framing efforts resonate in some mental patients in ways that motivate their sustained engagement in a local collective of mutual aid, within which consciousness-raising activities take place. *Consciousness-raising* makes mental patients aware that a contradiction between their present social role and their self-concept needs to be reconciled through engagement in action. It makes them aware that the social identity of laypeople, imposed on through professional exercise of expert authority, functions as a label that defines them as unknowers in order to legitimize professional jurisdiction over them and their experiential peers.

Figure 10—An Interpretive Framework of Engagement in the Mutual Aid Praxis



As part of consciousness-raising activities, psychiatrized people appear to encourage each other's engagement in discussions aimed at *problematizing* professional jurisdiction as irrelevant to addressing their needs. Together, they construct a client-based theory of what is wrong with professional jurisdiction. Consciousness-raising activities may strengthen participants' belief in the problematizing diffused by the client movement, which enables a shift in participants' loyalty away from professional incumbents and toward client challengers. Clients' shift toward challenger loyalty justifies their collective *projecting* of alternative arrangements that aim to address their needs and those of their experiential peers by replacing professional services with organized networks of mutual aid groups.

Helping voice hearers gain experiential confidence needed to engage in this boundary project of client mutualization, consciousness-raising activities appear to nurture the pride of participants in a collective identity of peer experiential knowers. My empirical findings indicate that sustained participation in consciousness-raising activities may help convert ashamed mental patients into proud voice hearers. As they lose trust in the expert knowledge that defines them as unknowledgeable laypeople and gain confidence in their own experiential knowledge and that of their peers, voice hearers join the *mutual aid praxis, an everyday process of reflexive engagement in the social construction of reality*

through which clients aim to reconcile the contradiction between their interaction role and self concept by organizing locally to help each other out.

Engagement in the mutual aid praxis appears to be facilitated by the ethos of unconditional acceptance nurtured within voice hearers' local collectives of mutual aid. Empirical material suggests that this ethos enables the endogenous construction of an alternative system of meanings framing participants' unusual perceptions as a source of pride in the collective identity of the hearing voices community and helps them get rid of the shame associated with the social identity of mental patients. This endogenous construction of alternative meanings may provide voice hearers with the theoretical basis for problematizing professional jurisdiction as irrelevant to their needs and for their projecting of a utopian vision of alternative arrangements based on the principle of peer experiential knowers helping each other out. In doing so, the findings of this study suggest that engagement in the mutual aid praxis rescript the action of voice hearers away from submission and toward escape from professional jurisdiction.

Chapter 8
Turning Mad:
A First-Person Account[34]

Ethnography is used by qualitative researchers to make an expert knowledge claim to contribute to a scholarly literature. A first-person account is different. It is often used by marginalized members of society to make an experiential knowledge aimed at legitimizing their peer belonging in an experiential community. For instance, client communities in mental health care such as the peer workers, the voice hearers, and the mad writers, adopt the first-person account genre to share the personal story of their lived experience in the set of phenomena on which the collective identity of the community resides. This chapter explores how the emotional experience of anger operates in the client action script of opposition which appears to guide mad writers. My first-person account suggests that anger nurtures a client's internal motivation to engage in action that aims to denounce the injustice of present service arrangements to delegitimize them and pave the way for projecting alternative, peer-controlled arrangements to address their needs.

In this chapter, I discuss the ethics of "lived experience" in Mad activism through a personal exploration of emotion in identity politics. Adopting the first-person account genre, I reflect on how the experience of anger has contributed to my identity shift from patient advisor to Mad activist. Building on these reflections, I highlight some links between systemic injustice, righteous anger, and radical activism observed across a diversity of spoiled-identity movements. I conclude with a call to action, inviting the diversity of Mad folks out there to give meaning to, to proudly assert, and to channel the raw power of that anger into the organizing of emancipatory social change. In this chapter, I do not follow scientific research methods, nor do I present empirical data in support of my arguments because I am making an experiential rather than an expert knowledge claim. I know what I'm saying here because I've lived it, not because I've studied it.

[34] This chapter has been published in Special Issue VI of the Journal of Ethics in Mental Health on "mad activism" edited by Lucy Costa and Jijian Voronka. Journal of Ethics in Mental Health is a peer reviewed open source journal publishing critical academic research in and about health care. The published article is available online by clicking this link:
https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20xiv.pdf

Consequently, I invite readers to assess the epistemic validity of this first-person account on the basis of its resonance and perceived sincerity.

This piece proceeds in four steps. I begin by sharing some elements of my experience as a mental inpatient and outpatient. Then, I recount my subsequent stint as patient advisor promoting a reformist agenda at the clinic where I had previously received treatment. Third, I reflect on how my moral outrage at the systemic injustice I experienced as I participated in the activities of that clinic's research group gave rise to a persistent sense of righteous anger that drove my shift toward mad activism. Finally, I highlight that although abundantly described across various spoiled-identity literatures, the theoretical and practical implications of anger in activism remain largely overlooked and deserve further exploration.

8.1. Being a Mental Patient

A few years ago, I was admitted to the psych ward of a mental hospital in Canada. After about three months as an inmate (split between the mood and the psychotic disorder units), I was discharged with a brown bag full of pills and offered a 2-year follow-up at the hospital's first-episode psychosis outpatient clinic. I realized that, just like in the inpatient ward, at the outpatient clinic drugging was the main approach to patients' treatment whereas social support, talk therapy, or anything other than drugging, was seen by professionals as peripheral and largely optional. Early on, I felt that what that clinic had to offer was foreign to my needs.

I needed meaning and purpose, they gave me labels and drugs.

Beginning in the winter of 2012 and over a period of about two years, I was prescribed at least fifteen different drugs: anxiolytics, antidepressants, antipsychotics, and anticholinergics to mitigate the tremor caused by the antipsychotics. Although I repeatedly expressed concerns about the effects of these drugs on my health, I was asked to blindly comply with this mind-blowing polypharmacological treatment based on the

arguments that 'my' psychiatrist knew best and that I lacked insight.[35] Despite my continued experience of various 'side effects,' the deleterious impact of the drugs on my health was systematically downplayed—I was offered simplistic and misleading responses to my sensible questioning of this all-drug approach. In one instance, my psychiatrist said that I should read the long list of possible undesired effects that feature on a bottle of Aspirin and implied that, much like with Aspirin, most of the side effects listed on a box of antipsychotics in reality rarely occurred. Anyone who has ingested antipsychotic drugs at some point in their lives will know how disingenuous this argument is.

About six months into my treatment at that facility, as the drug cocktail I was ingesting on a daily basis was not working as hoped, I was declared 'treatment resistant.' This notion of treatment resistance, I realized, is remarkably biased. If you get better it's because the drugs work, and if you don't it shows you're 'treatment resistant.' Either the drugs get the credit or the patient gets the blame. The answer to treatment resistance, of course, was to increase doses, to add more drugs to the cocktail, or to switch one drug for another. It seems that the less the drugs work, the more they give you.

Around the spring of 2014, I was beginning to feel much better and barely checked any 'symptoms' on my psychiatrist's checklist. By that time, and because of my continued insistence, the number of drugs and the doses I was prescribed had been significantly reduced. Since the early moments of my crisis, I had been engaging intensively in talk therapy and community-based peer support, in which I had much more confidence than the drugs. This helped find meaning to my internal struggles and make tough decisions regarding work and relationships, decisions I had not had the courage to make until that point. For that, I felt proud and gave myself much of the credit for my improved condition. In my view, I was feeling better despite the drugs, not thanks to them.

[35] The way we usually say "my" psychiatrist always seemed odd to me. I feel that it misrepresents the pervasive sense I experienced throughout my treatment that the psychiatrist assigned to my treatment did not work for me. Rather, the implicit understanding seemed to be that I had to submit to her authority, fit within her templates, and comply with her guidelines. Thus, she did seem to consider me as "her" patient, but I never felt that she was "my" psychiatrist. Having said that, I will stick with the use of "my" psychiatrist to keep a smooth reading.

But for my psychiatrist, I was doing better because her drugs had prevailed over my 'treatment resistance.' I found that cheap credit taking awfully disheartening. And when I asked for assistance to wean off drugs, she insisted that I was too fragile and would have to stay on a 'maintenance' dose of the various drugs she was pushing for at least two to five years, or else her 'guidelines' said that I would 'relapse'. At that point, my 2-year follow-up at the clinic was coming to an end. She transferred me to my family doctor and offered me no assistance whatsoever to wean off drugs.

So, I did it on my own.

8.2. Becoming a Patient Advisor

In the last year or so of my follow-up at the outpatient clinic, I started a PhD in organization studies and began collaboration with the research group attached to the clinic. I wanted to study peer support and patient involvement in psychiatric services through action-research method. They also agreed that I collect ethnographic data on the research group's activities as part of my thesis. For a while, the clinic's leaders had been saying that they needed a plan to 'engage service users'. I told them I could help them figure that one out. They said good, come on in. Through repeated frustrations, I progressively realized that the clinic's interest in user engagement was essentially tokenistic: the doctors running the clinic merely wanted to coopt a few 'service users' to give outsiders the impression that the clinic valued 'lived experience' and 'co-constructed' service improvements with patients, trendy terms nowadays. In reality, however, their 'engagement' efforts were set up and managed to prevent patients from gaining a genuine voice or from influencing established research and clinical practices.[36]

This trend toward 'engaging' people with 'lived experience' in psychiatric services has gained international prominence in recent decades. Mad researchers have described how 'user engagement' is performed by inviting patients to tell their stories in testimonies to fellow patients, their relatives, and 'mental health' employees (Costa, et al., 2012) or by

[36] For an elaborate and illustrative description of 'user engagement' as tokenistic co-optation of patients in psychiatric services, see Penney and Prescott (2016: 35–45).

hiring them as peer workers in existing services (Fabris, 2013; Voronka). These analyses show how patient engagement is often implemented in ways that primarily serve the interests of psychiatric institutions and professionals (e.g. for legitimation and to attract funding) while offering patients few opportunities to make a meaningful contribution.[37] What these authors describe is precisely what I experienced at that clinic. Mostly, it was empty talk and optics management, with no intention to do something real.

At the clinic's 'educational' events, to which the research and clinical staff as well as a few selected service users and relatives were invited, drug companies usually provided lunchboxes for everyone. Behind the reception counter, there was a warehouse full of drug samples provided by the companies' representatives. Pharmas funded the research group's studies on the efficacy of their products through 'unrestricted grants'. The research group's principal investigators, who were also the clinic's director and assistant director, recruited patients as subjects in their drug studies soon after their admission to the clinic. One study was conducted on the efficacy of an antipsychotic drug which was systematically offered to patients at their first psychiatrist's visit after they were admitted. Patients, including me, were being told this was a better drug because it provoked "little or no weight gain," contrary to other newer antipsychotic drugs which cause obesity and diabetes. This was also the argument used in the consent form that I signed when I was recruited in that study back in 2013, as I was admitted to the outpatient clinic when I was released from the psych ward.

Later, I became aware that, in parallel with their cumulative exercise of governance, management, research and clinical functions, these top psychiatrists were receiving personal financial compensations from the three companies that commercialize the drug. In articles they publish in 'scientific' journals, they disclosed these conflicts of interests as advisory, consulting, and speakership fees received from these companies. I found this information because, as a doctoral student, I have access to academic databases that most

[37] My view of what constitutes a "meaningful contribution" is based on Sherry Arnstein's *Ladder of citizen participation* (1969). This well-known model defines three broad levels—nonparticipation, tokenism, and citizen power—at which decision-making power in government agency programs is shared (or not) between the government agents (or in our case, the professionals) administering the program and the citizens (or in our case, the patients) that are its intended recipients.

mental patients either don't have access to, or don't look at. To recruit the number of research subjects they needed to claim statistical validity, they used us, the clinic's patients, as a pool of guinea pigs. They didn't bother to disclose any of their personal conflicts to us, 'their' patients, as they recruited us in their studies and had us sign their consent forms. They called us their 'clients' and in fact, they used us to test their patrons' products. We put our health at risk in their 'studies' so that they can collect their consulting fees and publish their corrupt articles—what kind of deal is that?

Before that treatment episode, I studied business economics and worked for several years as an investment analyst. With that background, assessing business models became a second nature. As with everything else, I became interested in the clinic's business model. Early on, I noticed the apparent misalignment between the clinic's services and its clientele's needs. Although I did not have access to its accounting books, the clinic gave all signs of being quite reliant on the industry, given the multiple research and clinical activities there that were funded with pharma money and/or related in one way or another to drug products. There didn't seem to be an activity there in which drug companies were not involved. Looking at the big picture of what was happening there, it seemed clear to me that the doctors running that clinic were serving the industry rather than the clientele.

When I realized that, I felt deeply betrayed.

8.3. Turning Mad

The moral outrage that was flowing in my veins as I contemplated what I now saw as a drug-money gimmick fed a righteous anger that I channeled into mad activism.[38] For about two years, I collaborated with the clinic's research group. I relentlessly invited them to make their practices more inclusive and to encourage peer support. In research meetings, I would attempt to bring in the excluded voice of patients and to question

[38] I use the term "mad activism" in a broad sense that includes a diversity of radical approaches pursued by people who have experienced emotional/perceptive distress and related treatments, denounce psychiatry as oppressive and/or seek to develop by-and-for alternatives to 'mental health' (see Starkman, 2013). For more, see the Glossary section of Mad Matters (LeFrançois, Menzies & Reaume, 2013: 337) which provides useful definitions of terms such as 'mad nationalism', 'mad ontology', 'mad pride', 'Mad Studies' and 'madness' that are well aligned with my understanding and use of the term "mad activism".

service providers' one-sided working assumptions. A few family members also sought to get involved in the clinic's research activities. I was most often the only person with known 'lived experience' sitting at the table and participating in the research group's discussions and activities. I repeatedly argued that the citizenship model of participation I was promoting required the nurturing of a mutual trust that was incompatible with the continuation of the clinic's drug-money gimmick.[39]

Along the way, I started a "no free lunch" initiative, bringing my own lunches at research events and inviting staff members to do as much and reject pharma lunchboxes. About five of them joined my initiative, and the pharma lunchboxes suddenly became less tasty for those who didn't. I also insisted on transparent disclosure of which companies paid for lunchboxes at events. A few staff members supported my request, which forced the doctors who run the clinic to reluctantly do so. Time and again, I advocated for greater integrity and greater transparency at the clinic. Most often, my views were ignored, minimized, invalidated, silenced. They always resorted to some innovative arguments to finesse away these issues, to awkwardly pretend that they didn't quite know what I was talking about, or to hint that I was exaggerating, making stuff up. It was often suggested that I was the problem: my attitude was oppositional, antagonistic, slanderous. Some of them sought to discredit the validity of my disagreements by floating the idea that I was possibly manic.

As I grew in the sense that my efforts to promote reform in the clinic's practices were futile and came to see their 'user engagement' agenda as empty talk, my belief in patient involvement progressively disintegrated. When they began to intimidate me so that I shut up on the clinic's drug-money gimmick, I promised them that the more they tried to silence me, the louder I would speak out, which I did. I filed formal complaints to the relevant oversight bodies to denounce their corrupt activities. At that point, my time collaborating with mental health professionals was over. As my political horizon shifted, I began reflecting on how we, ex-mental patients, psychiatric survivors and all kinds of mad folks, need to collectively organize in order to render psychiatry obsolete.

[39] Unfortunately, these practices of close proximity with the industry seem to be largely accepted by regulators and entrenched into medical institutions.

Harnessing this righteous anger rooted in my moral outrage, I dropped the patient advisor's reformist agenda and shifted toward a mad political identity oriented toward a political horizon of radical social change. This identity shift (Britt & Heise, 2000) allowed me to convert my isolated experience of shame and fear into a collectivized sense of belonging in the vibrant anger and assertive pride that I discovered in the mad movement. Turning mad legitimized the full expression of my anger and freed me from the 'mental health' epistemic hegemony.

8.4. A Call to Action

During my period of collaborative work with the clinic, I became friends with a dissenting practitioner, a guy with a remarkable intellectual curiosity. Every now and then, we would get together and have long conversations about mental health and beyond. One day, over breakfast, I opened up to him about the depth of my anger—how anger consumed me in the inside. He invited me to further channel my anger into theoretical inquiry, to explore what this anger means and how it could be turned it into a positive force for social change. His tip was just what I needed. From there, I began exploring the role of anger in activism, in social movements, in mad studies. I paid attention to how spoiled-identity activism drew on anger as a fuel for creative defiance.[40] I found out that anger runs deep in psychiatric survivor literatures. Four decades ago, the early leader of the ex-patient liberation movement Judi Chamberlin (1977, p. X11) forcefully connected the collective anger of ex-mental patients to their activist drive to replace the mental health system with survivor-controlled alternatives:

> In the mental patients' liberation movement, we have examined the ways in which we were treated when we 'went crazy.' . . . We came together to express our anger and despair at the way we were treated. Out of that process has grown the conviction that we *must* set up our own alternatives, because nothing that currently

[40] The term "spoiled identity" refers to the ostracism experienced by members of social identity groups bearing a common, ostensible attribute seen as shameful based on dominant social norms of acceptability, which is brilliantly described in Erving Goffman's (1963) *Stigma: Notes on the Management of Spoiled Identity*.

> exists or is proposed, fundamentally alters the unequal power relationships that are at the heart of the present mental health system.

The anger felt by mental patients is frequently diagnosed and dismissed as a symptom of 'mental illness' (Sen & Sexton, 2016, p. 168). The pathologizing of emotion is part of an entrenched pattern that allows psychiatry to dominate its clientele through the systemic invalidation of their experiences. Many psychiatric survivors have denounced this invalidation, and some have shown how it is used to repress the agency of patients and submit them to the authority of therapists. Ji-Eun Lee (Lee, 2013, p. 119n4), for instance, writes that "anger is often the starting point of recognizing the injustice around us [psychiatric survivors] and a precondition for taking action." Echoing this ubiquitous patients' experience of epistemic invalidation, Maria Liegghio links her anger at seeing the opinions and desires of her elderly mother pathologized, dismissed, and seeing her being treated against her will by mental health professionals to the concept of epistemic violence. Liegghio defines epistemic violence as an array of "institutional processes and practices committed against people or groups . . . that deny their worldviews, knowledge, and ways of knowing and, consequently, efface their ways of being" (Liegghio, 2013, p. 123).

Mad writers Lee and Liegghio connect their lived experience of epistemic violence to the anger that drives the mobilization of activist communities engaged in the pursuit of emancipatory social change. Social movement theorist William Gamson (1992, p. 32) argues that as a response to systemic oppression, activist communities nurture "the *righteous anger* that puts *fire in the belly* and iron in the soul." The role of righteous anger in driving collective action to challenge systemic injustice has been described in many other spoiled-identity activist literatures as well, including but far from limited to feminist consciousness-raising and self-help groups (Hochschild, 1975; Taylor, 2000), HIV/AIDS treatment activism and queer politics (Gould, 2009), U.S. Afro-American civil rights movements (Morris A. , 2017), and indigenous peoples' decolonization movements (West-Newman, 2004). In these writings, the link between systemic injustice, righteous

anger and spoiled-identity activism is often presented as self-evident and mentioned without further exploration of its theoretical and practical implications.[41]

We still need a much deeper and contextualized understanding of the meanings and potentialities of anger in spoiled-identity activism. In my experience, anger consumes you from the inside until you channel it into meaningful political action. When turned into activism, righteous anger can become a formidable force for individual and collective emancipation. For the diversity of mad folks out there, it is critical that we understand our righteous anger and learn to channel its impulse into an array of emancipatory agendas.

My bet is that with these preliminary reflections, I am merely scratching the surface of a topic of great importance to mad and other spoiled-identity communities. With this brief commentary, I wish to invite mad folks to work on this line of inquiry. Let's organize locally in a variety of ways to explore the situated meanings of our anger. Let's proudly assert our shared anger through a diversity of discourses and actions that legitimize it. Harnessing the sheer power of anger may help us reclaim the meanings of our experiences, challenge sanist prejudice, and strengthen our much-needed yet still precarious survivor-controlled settlements.

[41] One notable exception to this lack of theorization is found in Gould (2009), who links the mounting anger in HIV/AIDS treatment activism in the mid-1980s (after the U.S. Supreme Court ruled in 1986, in the Bowers v. Hardwick case, in favor of Georgia's anti-sodomy statutes against homosexual sex) with the queer communities' expanding political horizons and shifts in tactics, from mainstream advocacy toward increasingly confrontational and disobedient forms of activism.

Chapter 9
Discussion of Findings

In this last chapter, I discuss the empirical findings of Part Three. First, I map three change-oriented client action scripts—accommodation, escape, opposition—to assemble a comparative analysis of the peer work, hearing voices, and mad movements. These three client movements are pursuing different projects aimed at reshaping jurisdictional boundaries in the field of mental health care. Peer workers appear guided by the client action script of accommodation and oriented toward the boundary project of professionalizing peer work by carving out a jurisdictional domain for clients within the field. Voice hearers appear guided by the client action script of escape and oriented toward the boundary project of replacing professional services with mutual aid among experiential peers to address their needs. Finally, mad writers appear guided by the script of opposition and oriented toward the boundary project of delegitimizing the professional jurisdiction of psychiatry over mad people.

9.1. Peer Workers: The Script of Accommodation

Contemporary organization studies of jurisdictional structuration inspired by negotiated order theory (Barley, 2008; Bechky, 2011) have focused on how occupational communities (Van Maanen & Barley, 1984) compete through expert knowledge claims to control service delivery in specific domains (Freidson, 1986; Abbott, 1988). A few studies have looked at how fledgling occupational communities (Nelsen & Barley, 1997; Fayard, Stigliani, & Bechky, 2017) seek to shape jurisdictional boundaries to carve out a jurisdictional domain for their members within a professionalized field—i.e. a field in which service delivery is structured by occupational monopolies of practice legitimized through claims to exclusive applied knowledge (Hughes, 1965; Freidson, 1986; Scott W. R., 2008b). Jurisdictional boundary work (Abbott, 1988; Zietsma & Lawrence, 2010; Phillips & Lawrence, 2012) has been the focus of increasing research interest over recent decades (Langley, et al., 2019; Bechky, 2011; Kaghan & Lounsbury, 2011). Despite the acceleration of research in this field, the emergence of a focus on the boundary work

performed by clients remains elusive (Anteby, Chan, & DiBenigno, 2016). Yet, understanding the forms and dynamics of jurisdictional boundary work performed clients may prove important if we want to gain a more complete theoretical understanding of interoccupational struggles as an underlying mechanism in the jurisdictional structuration of professionalized fields. In particular, I argue that a specific understanding of the dynamics through which a client community carves out a jurisdictional domain by professionalizing its activities will help explain how client boundary work contributes to the jurisdictional structuration of professionalized fields.

To address this gap in the existing research on jurisdictional structuration, my ethnographic study of peer workers in the professional sector of mental health care has sought to analytically describe and illustrate the client action script guiding peer workers and the type of boundary work performed by peer workers. The findings of this study suggest that (1) peer workers are primarily guided by the *client action script of accommodation*, and (2) peer workers pursue a *boundary project of client professionalization*. This boundary project pursued by peer workers aims to carve out a jurisdictional domain for their community within the professional sector of mental health care to gain client inclusion in decision making and resource sharing at the field level. Peer workers are attempting to carve out a jurisdictional domain at the intersection of the professional and client social worlds for their fledgling occupational community. They appear to pursue this project by claiming that their experiential knowledge of client needs (Borkman, 1976; 1999; Epstein, 1995) legitimizes their exclusive ability to bridge the professional—client service boundary by positioning themselves as professional clients.

As they work to bridge the service boundary between clients and professionals, peer workers in mental health care can be seen as a nascent boundary occupation, playing a role comparable to that of "boundary organizations" (O'Mahony & Bechky, 2008) positioned at the intersection of social worlds to mediate between incumbents and challengers in contested institutional fields. The interpretive model constructed from the analysis of empirical material suggests that experiential framing efforts—collective work to frame *experiential knowledge as a valid epistemic basis* for jurisdictional control—by peer workers counterbalance expert framing efforts—collective work to frame *expert*

knowledge as the sole valid epistemic basis for jurisdictional control. The syntaxic difference between definitions of expert and experiential framing efforts is significant. The expert framing efforts of professional incumbents aim to establish expert knowledge as the only valid epistemic basis for jurisdictional control as they seek to preserve the status quo of expert dominance in professionalized fields. In contrast, the experiential framing efforts of peer workers, guided by the client action script of accommodation, aim to establish experiential knowledge as a valid epistemic basis for jurisdictional control along with expert knowledge to gain client inclusion into decision-making in this professionalized field. In short, experiential framing efforts aim to raise consciousness by challenging the epistemic hegemony of expert frames of reference over client meanings.

My study suggests that the mixed resonance of expert and experiential framing efforts in the experience of peer workers nurtures emotional ambivalence in peer workers—a contradictory confluence of felt shame of being labeled with the stigmatized social identity (Goffman, 1963; Creed, Hudson, Okhuysen, & Smith-Crowe, 2014) of psychiatrized person, felt fear of challenging the status quo (Gill & Burrow, 2018; Moisander, Hirsto, & Fahy, 2016), felt anger at the perceived unjust ways (Gamson, 1992; Gould, 2009) in which clients are treated in the field, and felt pride of belonging to a peer-defined collective identity (Britt & Heise, 2000; Taylor, 2000). Like workplace diversity advocates (Meyerson & Scully, 1995; Scully & Segal, 2002), gay and lesbian ministers in mainline Protestant denominations that discriminate against minority sexual preferences (Creed, 2003; Creed, DeJordy, & Lok, 2010), treatment advocates pursuing collaborative strategies between people living with HIV/AIDS and drug companies (Maguire, Phillips, & Hardy, 2001; Maguire & Hardy, 2005), or faithful lay members of the Catholic church who advocate reforming the governance of the institution (Gutierrez, Howard-Grenville, & Scully, 2010), professional sector mental health peer workers appear to feel ambivalent loyalty to professional incumbents and client challengers. Peer workers attempt to reconcile their assigned interaction role with an aspired sense of self by acting as professional clients uniquely capable to bridge the service boundary between clients and professionals by being perceived as honest brokers by the inhabitants of both social worlds. Empirical findings suggest that this contradictory loyalty nourished by emotional ambivalence underpins the client action script of accommodation. Establishing

and maintaining their bridging field position across the service boundary demands from peer workers everyday efforts to bricolage a middle-ground from the contradictory meanings and commitments pursued by professional incumbents and client challengers.

This study of peer workers as a fledgling boundary occupational community suggests an understanding of the client action script of accommodation as a sustained boundary bridging effort shaped by asymmetrical processes of influence operating between professional incumbents, who are positioned as the field's powerholders and client challengers, who are marginalized from the field's power structure. Accordingly, professional incumbents engage in expert framing efforts aimed at *coopting* (Selznick, 1949; Arnstein, 1969; Hardy & Phillips, 1998) the role relations structuring service arrangements by injecting incumbent meanings and commitments into the social world of client challengers. Reciprocally, client challengers engage in experiential framing efforts aimed at *subverting* (Goffman, 1961a, pp. 171-320; Scott J. C., 1990; Creed, 2003) the arrangement of role relations structuring the interaction order by injecting challenger meanings and commitments into the social world of professional incumbents. The model constructed in this study to interpret mental health peer workers' action suggests that these asymmetrical processes of influence operate by shaping role relations in everyday encounters in the aim of accommodating durable interactions between professional incumbents and client challengers.

9.2. Voice Hearers: The Script of Escape

Some institutional studies of organization have theorized fields as shaped by a dialectical contradiction between incumbents and challenger meanings and commitments (Seo & Creed, 2002; Fligstein & McAdam, 2012). Dialectical frameworks assume that the action of institutional incumbents pursue maintenance-oriented boundary projects to preserve their privileges while institutional challengers pursue change-oriented boundary projects aimed at addressing a felt dissatisfaction with present role relation arrangements. Analyzing the dynamics of dissatisfied constituent action, institutional studies of interorganizational collaboration (Hardy & Phillips, 1998; Maguire, Hardy, & Lawrence, 2004) and of workplace diversity advocacy (Creed & Scully, 2000; Creed, DeJordy, &

Lok, 2010) have both tended to focus on reformist constituent action while placing radical constituent action outside of their analytical scope. Yet, I argue that an understanding of both reformist and radical constituent action is essential to explain how client boundary work contributes to the jurisdictional structuration of professionalized fields.

To address this gap in existing research, my ethnographic study of voice hearers in community sector mental health services has sought to analytically describe and illustrate the client action script guiding voice hearers and the type of boundary work they perform. According to the typology proposed in Chapter 3, radical client action includes the script of opposition, which orients client action toward boundary projects aimed at reducing professional jurisdiction and gaining client voice inclusion and resource control in a major way, and the script of escape, which orients client action toward boundary projects aimed at replacing professional jurisdiction with alternative arrangements founded on a principle of mutual aid among experiential peers. The findings of this study suggest that (1) voice hearers are primarily guided by the *client action script of escape*, and (2) voice hearers are pursuing a *boundary project of client mutualization*. This boundary project aims at organizing locally to construct among experiential peers a collective base of experiential knowledge related to mutual aid as an alternative organizational principle to address their needs outside the boundaries of professionalized services.

The empirical material I've gathered suggests that hearing voices movement participants engage in experiential framing efforts that invite people whose perceptual experiences that are theorized outside of the boundaries of normality by mental health professionals to join the *mutual aid praxis*—a process of everyday reflexive engagement in the social construction of reality through which clients aim to reconcile a contradiction between their assigned interaction role and aspired self-concept by organizing locally to help each other out. These findings build on insights into identity work as a praxis within which marginalized actors come, through sustained engagement in a constituent challenger community, to progressively dissociate themselves from a shameful social identity with which they have been labeled by institutional incumbents to replace it with a sense of belonging to a peer-defined collective identity from which movement adherents derive a shared sense of pride (Britt & Heise, 2000; Gould, 2009; Boyers, 1998). This dissociation

from an incumbent-defined social identity experienced as shameful through client adhesion to a peer-defined collective identity experienced as a source of shared pride appears to trigger a shift in client loyalty away from professional incumbents and toward a client challenger community pursuing, through the client action script of escape, a boundary project of client mutualization.

Specifically, the study of voice hearers highlights the core importance of experiential confidence in the formation of boundary projects of client mutualization, supporting prior findings on the mobilization of experiential knowledge in client movements (Borkman, 1976; 1999; Epstein, 2008). The interpretive model constructed from the analysis of gathered empirical material suggests that client engagement into the mutual aid praxis follows a process composed of three stages: consciousness-raising, problematizing, and projecting. Clients who are only exposed to expert framing efforts tend to take professionalized service arrangements for granted as the only possible way to address their needs. Sustained participation in *consciousness-raising* (Hochschild, 1975; Taylor, 2000; Whittier, 2001) activities performed within local peer-to-peer groups exposes submissive clients to the experiential framing efforts of hearing voices movement adherents. By inviting the *problematizing* (Emirbayer & Mische, 1998; Benford & Snow, 2000) of professional jurisdiction by clients as irrelevant to their needs, these experiential framing efforts seem to legitimize client engagement in radical action. Based on this problematizing, the hearing voices movement suggests the *projecting* (Mannheim, 1936; Schütz, 1944; Emirbayer & Mische, 1998) by clients of alternative arrangements based on mutual aid principles that are conceived by movement participants as much preferable to professionalized service arrangement.

This study echoes the labeling strand of the symbolic interactionist literature (Goffman, 1963; Becker, 1963; Scheff, 1966a) that presents identity marginalization as resulting from conceptions of normality that are primarily socially constructed and maintained by incumbent institutional actors such as professionals. Tapping into the insights of the labeling literature, the study describes the ethos (Fayard, Stigliani, & Bechky, 2017; Lok, Creed, DeJordy, & Voronov, 2017) of unconditional acceptance nurtured by members of the hearing voices movement as a radical problematization of psychiatric diagnoses and

as an invitation to engage in the collective projection of locally organized mutual aid as an organizational alternative to professionalized service arrangements. The study also echoes the literature on conversion to a deviant perspective (Lofland & Stark, 1965; Snow & Phillips, 1980; Snow & Machalek, 1984; Bainbridge, 2002) and studies of related topics such as "encapsulation" (Greil & Rudy, 1984; Chreim, Langley, Reay, Comeau-Lavallée, & Huq, 2019), "free spaces" (Polletta, 1999), and "utopian refuges" (Kozinets, 2001). This literature theorizes how sustained engagement in interactional spaces that are shielded from the normalcy prescriptions that structure mainstream society enable the formation of occupational communities founded on a "counter-institutional" collective identity (Chreim, Langley, Reay, Comeau-Lavallée, & Huq, 2019) and the conversion of new members to its deviant frame of reference (Snow & Phillips, 1980; Snow & Machalek, 1984). My study of the hearing voices movement supports such findings and applies them to client action in professionalized fields by analyzing how sustained exposure to consciousness-raising activities through participation in mutual aid communities may rescript client action away from submission to and toward escape from professional jurisdiction.

Within the deviance and conversion literature, Kozinets' (2001) study of Star Trek fans is especially insightful as it connects this idea of shielded interaction spaces to a notion of utopia which echoes that of Mannheim (1936). Unlike contemporary theories of ideology (Berger & Luckmann, 1966; Snow & Benford, 1988; 2000; Lukes, 1974) which explain institutional challenges primarily as arising from marginalized communities in reaction to ideological hegemony, Mannheim conceives ideology as the conservative side of an institutional contradiction with utopia as its dialectical counterpart (Levitas, 1990; Ricoeur, 1984). For Mannheim, institutional challenges cannot be explained only as exogenous reactions to ideology. Rather, they rise from an endogenous impulse rooted in the utopian imagination that motivates marginalized actors to engage in the ideal projecting of alternative arrangements and, through sustained engagement in a community of peers, rescripts their action toward the aspired realization of transformative boundary projects (Ricoeur, 1988; Boyers, 1998). By drawing upon Mannheim's distinctive theory of ideology to study the voice hearers' mutual aid praxis, I seek to rehabilitate the concept of utopia and show some of its theoretical potential to contribute to contemporary

organization studies. Importantly, Mannheim's theory of ideology and utopia enables an interpretation of the mutual aid praxis as endogenously emerging from the utopian imagination of voice hearers rather than as an exogenous reaction to ideology. This conception of ideology and utopia as contradictory meaning systems is essential to distinguish the locus of boundary projects underlying the script of opposition, arising as exogenous reaction to ideology, from those underlying the script of escape, emerging endogenously from the utopian imagination nurtured through consciousness-raising activities in mutual aid communities.

9.3. Mad Writers: The Script of Opposition

Anger has been frequently observed and written about in organizational studies of dissatisfied constituent action. However, in such studies, anger has most often been mentioned anecdotally and, until recently, has rarely been the focus of analytical attention. For instance, Meyerson and Scully (1995, p. 586) argue that tempered radicals are "angered by the incongruities between their own values and beliefs about social justice and the values and beliefs they see enacted in their organizations." Likewise, Maguire, Hardy and Lawrence (2004, p. 665) note that among HIV/AIDS treatment advocates, some radical activist organizations emerged that were "fueled by anger at what they perceived as indifference, inaction, and ineptitude on the part of governments, research institutions, and pharmaceutical companies, individuals living with HIV/AIDSs came together to found coalitions (PWA organizations)." In such statements, a function is implicitly attributed to anger in motivating dissatisfied constituents to challenge present arrangements, which echoes the link made by Gamson (1992) between moral outrage, righteous anger, and revolt against incumbent authorities. However, across these studies, the theoretical function of anger in challenger constituent action remains unanalyzed, and thus underspecified. Yet, my own first-person account of engagement in the mad movement, as well as those frequent allusions to anger in empirical studies of challenger constituent action, suggest that the emotional experience of anger within client communities may contribute to nurturing the "emotional energy" (Zietsma & Toubiana, 2018; Jasper, 2011) necessary to motivate client challenges to professional jurisdiction.

One notable attempt to theorize the function of anger in dissatisfied constituent action is made by Gould (2009), who links the mounting anger of HIV/AIDS treatment activists in the mid-1980s—after the U.S. Supreme Court ruled in 1986, in the Bowers v. Hardwick case, in favor of Georgia's anti-sodomy statutes against homosexual sex—with the expansion of their political horizons and the shift in their tactics from mainstream advocacy toward direct action and civil disobedience. More recently, a theoretical interest in the function of anger in challenger constituent action has begun to emerge. A study by Toubiana and Zietsma (2017) of emotional responses by organization members to an event that violated their expectations suggests that "anger can emerge [from] the amplification of betrayal" (p. 947). These authors argue that members' anger led to "shunning," defined as "a way of rejecting belonging [through] activity that distanced, disparaged, and disrupted the standing of the actor rather than disciplined them regarding the rules of membership" (p. 932) which reflected the members' "disinvestment" from the organization. In the same vein, Voronov and Vince (2012) propose that emotional disinvestment from the current institutional order may be a precondition for constituent engagement in institutional disruption and creation work. They connect emotional disinvestment to anger through a sense of injustice that can be fostered through blame attribution: "Being able to blame specific individuals or groups helps channel such anger toward change-oriented activities" (Voronov & Vince, 2012, p. 67). Such insights begin to specify the connection between the diffusion of injustice frames, the emotional experience of anger, and the rescripting of constituent action away from submission and toward change-oriented boundary projects.

In my empirical studies of peer workers and voice hearers, hints of anger show up here and there, but anger is clearly a secondary emotional experience. Anger appears as a much more dominant emotional experience in the community of mad writers, whose texts cultivate a pervasive perception of injustice rooted in their shared moral outrage at the perceived brutal and inhumane psychiatric treatments perpetrated against them and their experiential peers (Chamberlin, 1977; Lee, 2013; Liegghio, 2013). To a significant extent, this shared sense of anger seems to nourish in the mad community's ethos a sense of urgency to organize among peers in the aim of delegitimizing mental health services to replace them with mutual aid forms of organizing (Shimrat, 1997; Diamond, 2013).

As part of the consciousness-raising activities taking place in local collectives of mutual aid, members of marginalized identity communities collectively problematize a shameful social identity with which they are labeled by reinforcing the idea that it is "not inherently deviant or bad but are defined as such by society and therefore may be challenged;" in doing so, "stigmatized individuals are likely to replace feelings of fear with feelings of anger" (Britt & Heise, 2000, p. 257). Within these collectives, participants encourage each other to feel and fully express their anger at the unjust ways in which they have been treated, which reinforces a sense of solidarity between peer members of the group that enables the formation of a collective identity and motivates their sustained engagement in action aimed at addressing the systemic injustice that affects them (Whittier, 2001; Gould, 2009). Based on her study of mutual aid groups in the post-partum depression movement, Taylor (2000, p. 291) concludes:

> The collective redefinition of self that results from participating in these communities allows women to trade guilt and depression for pride in having survived their ordeals and for anger directed at those who perpetuate the gendered model of motherhood.

In this example, movement participants encourage each other to turn the shame of being a defective mother into the anger at being made into one, forming the basis for the peer-defined collective identity of survivors to replace the social identity of mentally ill people with which they had been labeled (Taylor, 2000). Consciousness-raising "legitimates old feelings with new feeling rules. . . Anger becomes more legitimate and intelligible," writes Hochschild (1975, p. 298), adding that it even makes anger "positively required for full membership" in such marginalized groups' peer-defined collective identities.

These purposeful efforts aimed at legitimizing, nurturing, and encouraging the display of anger as part of consciousness-raising activities, which may be referred to as "anger work," appear to form an emotional pathway that enables movement participants to overcome the fear of challenging present social arrangements and turn the shame imposed by a stigmatizing label imposed on them by mainstream society into a shared pride in a peer-defined collective identity that emphasizes their intrinsic worthiness. The findings of this thesis suggest the underappreciated importance of anger work in explaining institutional change and opens potentially fertile research avenues related to the

purposeful shaping and selective display of constituent anger in the formation of institutional challenges.

Conclusion

To conclude the thesis, I discuss the core theoretical and empirical contributions of my studies to research and practice. Then, I draft the outlines of my envisioned agenda for future research and its expected contributions to organization studies and to studies of patient partnership in healthcare.

Contributions to Research

The theoretical purpose of this thesis originates in the realization that the existing literature contributing to existing research on jurisdictional structuration almost completely ignores purposeful action in which clients engage to shape the jurisdictional boundaries of professionalized fields. In the continuation of Abbott's (1988) *System of Professions*—unmistakably a core programmatic influence to contemporary research on jurisdictional structuration—many studies have focused on the purposeful action in which members of a professional group engage to challenge another professional group by shaping the jurisdictional boundaries of a shared field of activity. For instance, studies have shown how radiological technologists challenged the jurisdiction of radiologists following the introduction of CT scanners (1986); how large accounting firms expanded their jurisdiction by encroaching into the domain of management consulting (Greenwood, Suddaby, & Hinings, 2002); and how nurse practitioners negotiated with physicians to legitimize their new role (Reay, Golden-Biddle, & GermAnn, 2006). But to this day, few existing studies in this literature help us understand how client action may contribute to jurisdictional structuration.

This thesis makes significant contributions to research on jurisdictional structuration by providing a theoretical framework (Chapters 1 to 3) and a set of empirical examples (Chapter 6 to 9) that draft the outlines of various scripts by which clients engage in action aimed at shaping the boundaries of professional jurisdiction. In doing so, it seeks to debunk the myth that clients are by definition submissive recipients of professional services. In some ways, the jurisdictional boundary work performed by clients appears quite similar to that performed by professionals. Both clients and professionals tend to

engage in jurisdictional boundary work to shape service arrangements in alignment with the beliefs and commitments of their respective communities. The boundary work performed by clients presents some similarities with that of subordinate professional groups as both represent a form of constituency acting under the epistemic authority of a dominant profession. This is perhaps particularly clear in the highly stratified field of healthcare, where the boundary work performed by mental health peer workers (Chapter 6) to carve out a jurisdictional domain for their fledgling community bears some similarities with that of nurse practitioners who seek to legitimate their new role in their everyday interactions with physicians and other paramedical professional groups (Reay, Golden-Biddle, & GermAnn, 2006).

But in other ways, however, the jurisdictional boundary work of clients seems quite distinct from that performed by professionals. First, professionals and clients are by default engaged in a relationship of ontological interdependency. Put simply, professionals do not exist as such without clients receiving their services; and reciprocally, clients do not exist as such without professionals delivering them services. This observation may appear trivial, but this thesis begins to show that the ontological interdependency of professionals and clients carries important theoretical implications that need to be further researched and understood. As the relationship between professionals and client is based on monopolistic exercise of applied knowledge by the former to serve the needs of the latter, the relationship of professionals to clients is largely structured by an unequal distribution of epistemic authority. In some cases—like for instance when large corporate clients contract small professional accounting firms—where the client holds significant sway over professionals due to its economic might (Johnson, 1972; Freidson, 1970b). However, the empirical studies presented in this thesis represent cases in which professionals clearly exercise a significant amount of epistemic authority over clients; to the point, at times, of coercing unconsenting clients into receiving their services (Oaks, 2011).

Clients appear to approach ontological interdependency in different ways. The action of some clients, like peer workers (Chapter 6), tends to be guided by the script of *accommodation* with professional jurisdiction, through which peer workers are pursuing

a boundary project of *client professionalization* aimed at carving out a jurisdictional domain across the professional/client service boundary. In contrast, other client communities have more radical aims in relation to professional jurisdiction. For instance, the action of voice hearers (Chapter 7) appears primarily guided by the script of *escape* from professional jurisdiction, through which voice hearers are pursuing a boundary project of *client mutualization* aimed at organizing locally to help each other out. Through consciousness-raising, voice hearers convince each other that professional services are irrelevant to addressing their needs and thus not worth altering; that transcending the present is needed to satisfy their needs. Voice hearers envision an alternative, more just and desirable, social order in which mutual aid replaces professional services, and actively engage in the social construction of reality to realize this ideal vision. Quite differently, the action of mad writers (Chapter 8) appears primarily guided by the script of *opposition* to professional jurisdiction, through which mad writers are pursuing a boundary project of *professional delegitimation*, aimed at exposing through their writings what they have experienced as an oppressive and unjustified exercise of professional jurisdiction—in order to ultimately abolish such treatments.

This thesis hints at, but does not explicitly study, the ways in which the different scripts reinforce or undermine each other as part of a broader ecosystem of client action in professionalized fields. Indeed, studies of broad client movements, such as the HIV/AIDS treatment movement for instance (Epstein, 1996; Maguire, Hardy, & Lawrence, 2004; Gould, 2009), analyze client movements as composed of various client factions pursuing different boundary projects through interfactional relations characterized by a mixed of collaboration and conflict. The typology of "strategies of engagement" developed by Hardy and Phillips' (1998) in their study of asymmetrical interorganizational power relations in the of the UK refugee system makes an insightful contribution to the categorizing and understanding of how such interfactional dynamics shape client action. In the field of mental health care, long-enduring tensions have been documented between the radical "ex-patient," "survivor," "mad," and "voice hearer" client factions primarily enacting the scripts of opposition and escape, and the reformist "consumer" and "peer work" factions enacting the script of accommodation (Morrison, 2005; Campbell, 2011). Meanwhile, some mental health client advocates have sought to reconcile radical and

reformist client discourses with the aim of gathering broader support to expand existing networks of peer-led support organizations (Clay, 2005). This shows client movements as composed of different factions interacting through a mix of collaboration and conflict.

A focus on radical client action shows the complementarity of the script of opposition with the script of escape. The script of opposition guides boundary projects emphasizing the problematizing of present arrangements, while the script of escape guides boundary projects emphasizing the projecting of alternative arrangements. These two types of boundary are necessarily complementary as they provide meaning to each other. Indeed, one may argue that problematizing the present social order without projecting an alternative to it is pointless, while projecting an alternative to the present social order without problematizing is absurd. Therefore, the problematizing work guided by the script of opposition and the projecting work guided by the script of escape necessarily go together. The starting point of both is consciousness-raising, as in the absence of exposure to challenger frames of reference, the status quo keeps is taken-for-granted quality and appears inalterable. Reformist and radical scripts may also be conceived as functioning in synergy within a common ecosystem of client action. One may speculate that mental health professionals would take the accommodative client professionalization project of peer workers less seriously if it were not of the radical jurisdictional threats posed by mad writers' oppositional project of professional delegitimation and voice hearers' escapist project of client mutualization.

Contribution to Practice

The model and frameworks proposed in this thesis may contribute to practice by informing action on both sides of the service boundary. It provides an explanatory system that can prove useful for both clients and professionals to understand the clients' modalities of participation in the everyday organizing of service arrangements in diverse fields of activity. The typology of client action scripts provides a conceptual understanding of different forms of action that clients can engage in and conceptualizes scripts as fluid and complementary orientations to engagement into action as part of a broader ecosystem of client activism including client professionalization (Epstein, 1996;

Repper & Carter, 2011) and aid mutualization among experiential peers (Borkman, 1999; Chamberlin, 1977).

This model invites clients to critical awareness in regard to professional jurisdiction and informs them of the diverse and shifting possibilities that are open to them for action in professionalized fields. Most critically, it informs dissatisfied clients that through sustained engagement in action they can do something and make a difference in service arrangements that affect them; that there are several possibilities for client action beyond submission and acquiescence to service arrangements for those who perceive them as flawed and/or unjust. For clients engaging into accommodative action, our analytical review of empirical studies of client movements can help understand how to recognize and prevent their cooptation (Meyerson & Scully, 1995; Hardy & Phillips, 1998) by professional commitments. It can also help them identify and seize opportunities for subverting (Creed, 2003; Hudson, Okhuysen, & Creed, 2015) professional service arrangements by injecting them with client meanings and commitments.

From the perspective of professional incumbents, client engagement in research and practice is a major trend as part of ongoing efforts to reform health care systems internationally (Karazivan, et al., 2015; Repper & Carter, 2011; Canfield, 2018; Ochocka, Janzen, & Nelson, 2002; Rose, 2003). Beyond health care, I assume that integrating clients' experiential knowledge and perspectives can yield benefits in a variety professionalized fields of activity as well. It can turn client griefs and claims away from potential conflict situations with professionals and reorient them toward collaborative work across service boundaries aimed at incrementally improving or altogether transforming service arrangements, the acknowledgement of clients' experiential knowledge and their integration into the governance, design, and delivery of services.

A phenomenological inquiry of clients' experiential knowledge can also help emerging occupational groups identify and seize opportunities for professionalization. For instance, service designers have constructed a jurisdictional mandate for their occupational community by emphasizing an "ethos" of "holism, empathy, and co-creation" as they considered "clients and users" not only as research subjects or service recipients but as integral partners in the service design process (Fayard, Stigliani, & Bechky, 2017, p. 282).

I presented an applied version of my client professionalization model of peer work in a 2018 provincial meeting of AQRP-certified Quebec peer workers where about 30 of them were present. My work was framed to be practically useful to the ongoing professionalization project of peer workers. I came away from that meeting with the sense that my material resonated well within the community of Quebec's peer workers; several peer workers told me after the talk that my interpretations made sense and were useful for them. I experience a sense of peerness to this community for being myself a certified peer worker (trained and certified by AQRP in the summer of 2016).

As it pursues a professionalization project, however, it is important for a community to nurture a critical awareness on the ethical implications of professionalism as contributing to the marginalization of experiential knowers and the alienation of aid from local communities. Those effects include the legitimation of stigmatizing labels that legitimize social exclusion of identity communities defined as abnormal according to professional standards (Goffman, 1961a; Epstein, 2008), the "commodification" of caring by turning systems of mutual aid into expert-controlled service arrangements (Nelsen & Barley, 1997; Hochschild, 2012), and the erosion of endogenous knowledge construction within communities of experience resulting in sometimes overwhelming dependency on expert services (Weiner, 1994; McKnight, 1995; Borkman, 1999).

While the radical critiques emerging from experience-based literatures of client communities (Epstein, 2008; Starkman, 2013; Wallcraft & Hopper, 2015) are often dismissed by professionals as unobjective and uninformed by "scientific evidence" (Glasby & Beresford, 2006; Faulkner, 2017), I argue that instead of ignoring or dismissing offhand radical client critique, professionals can tap into vast opportunities for learning by venturing outside of their epistemic comfort zone to read, listen, and encourage the voicing of uncompromising experience-based critiques of professionalized service arrangements. The cultivation of an ethos of openness to clients' experiential grievances may induce in professionals a set of attitudes conducive of fruitful collaboration across the service boundary, which likely requires the sustained commitment of both service recipients and providers. Quite clearly, much work remains to fully institutionalize patient

partnership and experience-inclusive practices in professional sector healthcare organizations.

Directions for Future Research

In this final segment, I discuss some areas where future research is needed to contribute to organization studies by expanding the nascent theoretical understanding of antecedents, processes, and outcomes of client action in professionalized fields. Then, I outline the contours of an envisioned research agenda related to the collective construction of knowledge in experiential communities which can make important contributions to the research on, and practice of, participatory approaches in healthcare.

Organization Studies

The literature on interorganizational collaboration and tempered radicalism offer a rich body of empirical studies of constituent accommodation (Scully & Segal, 2002; Hardy & Phillips, 1998; Maguire, Hardy, & Lawrence, 2004; Kellogg, Orlikowski, & Yates, 2006; Gutierrez, Howard-Grenville, & Scully, 2010). Social movement studies and the critical literatures of experiential communities provide rich empirical material to investigate the dynamics of constituent opposition (Kent, 2015; Penner, 2014; Gould, 2009; Bayer, 1987; Starkman, 2013) and escape (Bainbridge, 2002; Bhakta, 2016; Pardo, 2017; Borkman, 1999; Chamberlin, 1977). But I have found surprisingly few empirical studies to document the scripts of conservation, submission, and acquiescence. I argue that this does not reflect the lesser importance of those scripts but rather the orientations of my studies as well as some important methodological challenges. My primary interest in change-oriented client action likely explains at least in part the paucity of empirical materials found to illustrate the script of conservation. The ethnographic study of submission and acquiescence appears to present serious methodological challenges as client inaction, reflexive or not, is by its very nature difficult to observe and document. Experimental methods used in social psychology such as adopted in Milgram's (1971) classic study of obedience provide part of the solution to overcome this challenge. In any case, the scripts of conservation, submission and acquiescence are of major importance to gaining a more

complete understanding of ecosystems of client action in professionalized fields and argue that further empirical research on maintenance-oriented scripts is acutely needed.

Joining a growing chorus of recent calls from researchers to integrate emotional dynamics in social studies of institutions and movements (Goodwin, Jasper, & Polletta, 2000; Gould, 2009; Creed, Hudson, Okhuysen, & Smith-Crowe, 2014; Hudson, Okhuysen, & Creed, 2015), I see a lot of work ahead to develop a satisfactory understanding of the interplay of emotion and cognition in the formation of collective identity in communities of experience and in the shaping of their institutional projects. While a decent understanding of the emotional dynamics involved in incumbent and ambivalent loyalty has been emerging in recent decades, empirical studies and theories of the endogenous emotional dynamics involved in micromobilization and the formation of challenger loyalty are rare and much needed. Beyond the role of moral shocks in strengthening the resonance of "injustice frames" (Gamson, 1992; Benford & Snow, 2000), a few studies of mutual aid groups have begun to describe the endogenous construction of anger, pride, and self-confidence within experiential communities (Hochschild, 1975; Taylor, 2000) and to connect these emotional dynamics to the emergence of collective identities (Britt & Heise, 2000; Whittier, 2001) and the expansion of their political imaginaries (Gould, 2009) into utopian territories of action (Boyers, 1998). Yet, a fuller embrace by organization scholars of research on the emotional dynamics of opposition and escape may help further expand our understanding of how constituent action contributes to both incremental and transformative forms of institutional change.

Patient Partnership in Healthcare

The validity of patients' experiential knowledge is increasingly acknowledged and integrated to research practice in healthcare. A vast and growing array ongoing efforts are taking place internationally to integrate patients' experiential knowledge to research and practice in order to improve the conception, organization, and delivery of health services. One of these fast-growing approaches here and abroad is the practice of patient partnership.

The practice of patient partnership is primarily unfolding in a dynamic according to which healthcare organizations select and integrate patients one by one to involve them as partners whose individual lived experience is put to work in healthcare research and practice in collaboration with healthcare professionals and managers. Across most of these growing efforts, only the individual dimension of experiential knowledge is validated and put to work. The taken-for-granted understanding of experiential knowledge is that it is a pool of individual knowledge gained by each patient separately through their journey within the healthcare system to address their particular needs.

However, the literature on self-help groups and patient movements (Borkman, 1999; Epstein, 2008) shows this individualized conception of experiential knowledge as quite reductionist and limiting. Similarly, my ethnographic observation of mutual aid groups suggests that the collective dimension of experiential knowledge is fundamental, and that ignoring it from the conception, delivery and evaluation of participatory research in healthcare truncates the potentialities of experiential knowledge to democratize medical practice and align the healthcare system with the needs of its clientele. Indeed, studies of mutual aid groups—mine included—highlight that the experiential knowledge of patients is intrinsically rooted in intersubjective dynamics of meaning making in which the self cannot be detached from the society that shapes its image and its commitments. As Mannheim (1936), Berger and Luckmann (1966), and most of their followers acutely understood, individuals construct knowledge through their engagement in collective projects with those whom they consider as their peers. Peer workers, for instance, have gathered a collective pool of tricks and approaches to help mental patients go through and recover from periods of existential crisis. Similarly, voice hearers learn through engagement in mutual aid that their perhaps unusual perceptions do not have to seen as shameful and repressed at all costs—but can rather be proudly embraced and celebrated as part and parcel of the amazing complexity of our shared human experience.

To deploy the full potential of patient partnership in healthcare, integrating the collective dimension of patients' experiential knowledge therefore seems of critical importance. To be able to do that in relevant and appropriate ways, it is thus necessary that we gain a better understanding of the collective dynamics through which knowledge is constructed

within experiential communities. This improved understanding may enable us to conceive, implement, and monitor approaches to healthcare research and practice that integrate not only the individual dimension of patients' experiential knowledge and its truncated potential, but also the collective dimension of patients' experiential knowledge. It is my hope that understanding the collective construction of knowledge within experiential communities may open the territory to an extended range of potentialities for client action in professionalized fields.

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Appendices

Appendix 1—Peer Workers: Illustrative Quotes

The table presented below summarizes the overall matrix of codes developed for the whole study of peer workers.

Dynamics	*Microprocesses*	*Notions*
Mobilizing	Labeling (social identity)	Ideological beliefs Stigma and exclusion
	Mobilizing (collective identity)	Utopian beliefs Affirmation and inclusion Intrinsic motivations
	Reconciling (ambivalent loyalty)	Dual identity Recovery
Claiming	Theorizing (experiential claim)	Experiential knowledge First-person account Training and certification
	Carving out (jurisdictional domain)	Jurisdictional control Task boundaries
	Negotiating (employment and conditions	Employment Working conditions
Organizing	Bridging (across the service boundary)	Boundary organizations Community organizing
	Mutualizing (peer-led organizing)	Organizational funding Peer-to-peer organizing Representativeness (internal conflicts)
	Advocating	Political representation Incumbent allies
Accommodating	Collaborating (between unequals)	Hierarchy Accommodation Clinical meetings
	Coopting	Coercion and judicialization Tokenism Social functioning

	Subverting	Empowerment Group therapy vs self-help Clinical tools

Below, I split the matrix of codes horizontally to present in separate tables illustrative quotes for the "mobilizing," "claiming," "organizing," and "accommodating" components of the matrix. The following table presents illustrative quotes for the microprocess of *mobilizing* in the matrix of codes for the peer work study:

Mobilizing	*Notions*	*Illustrative quotes*
Social identity	Ideological beliefs	*Richard:* Mais la schizophrénie par exemple, c'est ça que j'ai . . . je le dis ouvertement quand je le parle à quelqu'un, à un usager. Je l'ai déjà dit devant les télévisions pour essayer d'aider d'autres personnes à—c'est unique à chaque personne si la personne veut se dévoiler. Il y a beaucoup, beaucoup de gens qui veulent pas se dévoiler, et ils sont pas obligés. Moi astheure je m'identifie comme pair aidant. Et en t'identifiant comme pair aidant, en étant pair aidant tu as déjà eu un diagnostic. Moi je le fais ouvertement.
		Ben: Probablement quand tu reçois un diagnostic, tu as le fameux choc, où pendant plusieurs semaines, plusieurs mois, plusieurs années, souvent ça va être le problème de santé mentale qui est là dans ta face, qui est tout le temps-là. Tu prends ta médication, tu te regarde dans le miroir. C'est ça qui est bizarre, la plupart des personnes, leur médication elle est où? Elle est dans ta pharmacie, dans ta toilette, il y a un miroir. Et la plupart du temps les gens se voient tout le temps prendre leur médication devant le miroir. Et souvent tu t'identifies à ça.
	Stigma and exclusion	*Jenny:* We will always have a battle—we'll always have to fight. We will always have a battle . . . to be seen as a person, not just a mental health issue.
		Jim: C'est vraiment une étiquette, c'est vraiment une étiquette qui est très, très préjudiciable pour la personne, parce que le monde qui vont savoir que tu as cette étiquette-là sur toi ils te jugent et ils vont te catégoriser sans même te connaître, ils vont te catégoriser : ah, lui il est de même, il est bipolaire, il doit être ci, il doit être ça. C'est vraiment ça que ça fait.
Collective identity	Utopian beliefs	*Jim:* Je trouve que c'est vraiment révoltant qu'on se fasse stigmatiser comme ça et qu'on se fasse catégoriser, stigmatiser, exclure de certaines choses de la vie. Ça je trouve ça vraiment révoltant, et c'est quelque chose qui me met beaucoup en colère. Je compare souvent notre situation aux afro-américains dans les années '60 qui étaient vraiment stigmatisés eux aussi et qui se sont battus pour leurs droits. Et je pense qu'il faut se battre pour ces droits-là, et je pense qu'il faut aussi mener une lutte par rapport à ça, tu sais. Je

pense qu'on n'a pas à être catégorisés et mis de côté comme ça, c'est vraiment inacceptable, que nos droits soient bafoués comme ça, c'est inacceptable.

Jenny: You're gonna have peers that are gonna write policies in the future. And it's already starting to happen. You're gonna have peers that are working with people and delivering the services; . . . there are gonna be peers at different levels.

Affirmation and inclusion

Ben: Pour moi, dans notre cas, un pair c'est une personne qui a un problème de santé mentale ou qui a rencontré un problème de santé mentale, et qui est en processus de rétablissement. Donc les deux. . . . Peu importe le diagnostic. Que ça soit en passage, si ça a été juste un burnout professionnel, par exemple, ça passe aussi là-dedans. À travers ça il y a différents pairs, que tu sais surement, des pairs qui travaillent en intervention. Mais il y a aussi des pairs, en lien avec les patients partenaires, qui vont siéger sur certains comités, qui vont, exemple, avoir une chaise dans plusieurs comités en santé mentale aujourd'hui, ça commence, on s'en va vers ça, j'imagine c'est pas à 100%, mais il y a une place pour un pair. C'est pas nécessairement un intervenant pair aidant. Moi je pense que c'est ça un pair comme tel en SM. C'est pas juste un intervenant. Moi je travaille avec des « pairs », moi les gens avec qui je travaille, c'est mes pairs, on est des pairs. Et évidemment, dans la communauté il y a différentes implications, que ce soit d'en haut jusqu'en bas. « Nothing for us without us ». On est rendus là un peu.

Jenny: You need people, as I said, on all levels. You need them as managers, you need them as bosses. You need people in hierarchy. You need peers in human resources. You need a peer, possibly two, on every unit in the hospital. You need family peers. You need peers that have different titles and do different things. And not put against each other. Supportive.

Intrinsic motivations

Marc: Je me sens comme un guerrier—un guerrier de la médiocrité. C'est ça qui me donne envie de me lever le matin, moi je viens réduire la médiocrité, je viens mettre de la vie autant que possible. Le mercredi je fais une grosse soupe aux légumes à partager. Je crée de la communauté ici. Quand ils m'ont engagé ils ont dit : c'est quoi tes forces? J'ai dit : moi, je crée de la communauté. Créer de la communauté ça veut dire qu'on fait partie de quelque chose. J'ai créé de la communauté en faisant un jardin et des patios, et je fais des barbecues, tu sais. On a obtenu une subvention de 1500$ de Canadian Tire pour acheter un barbecue. Quand tu fais un barbecue la maison sort, là. Ah, le jardin est beau, monsieur Laforest, heille!

Jim: Je te dirais que je fais pair aidant parce que j'aime ça aider des gens qui ont passé, entre autres, ou qui passent présentement par le même chemin que moi. Et je pense que je peux vraiment les aider. Les pairs aidants c'est souvent les porteurs de flame, un peu, si tu veux, c'est eux-autres qui vont te donner le feu quand tu es dans les moments les plus sombres de ta vie. Ils vont te donner l'espoir, ils vont te donner l'étincelle, ils vont te donner le goût de te

		battre pour arriver à quelque chose de meilleur, sans nécessairement t'imposer quelque chose, t'imposer une intervention ou une injection, ou n'importe quoi. . . . Je te dirais qu'il y a un gros côté de satisfaction, où quand je vais voir un client, un usager et que ça se passe bien, et que je réussis à faire quelque chose pour lui, à partager quelque chose d'important pour lui, il y a une grande satisfaction là-dedans. Il y a beaucoup, beaucoup de satisfaction. Mais c'est sûr que dans ce monde-là, tu vis beaucoup d'amertume, beaucoup de colère, il y en a beaucoup, beaucoup, beaucoup. Ouais, c'est ça. Je te dirais que ça oscille entre la satisfaction du travail bien accompli et l'amertume et la colère de voir la situation de mes usagers, et de voir comment les gens les stigmatisent, leurs refusent des logements, leurs refusent des jobs. C'est ça.
Dual loyalty	Dual identity	*Laura:* Ce que j'entends c'est que pour les professionnels, parfois c'est un peu confrontant de constater que maintenant le patient est à un même niveau d'égalité que lui? C'est un changement dans le niveau de relation avec le patient d'avoir le patient qui devient son collègue et qui veut agir d'égal à égal avec lui.
		Véronique: [Moi : Est-ce que tu t'associes plus au patient ou au professionnel? À quel gang as-tu le sentiment d'appartenir?] Ni l'un ni l'autre. Je suis une espèce de bizarroïde qui n'appartient à nulle part. Mais des fois il faut que je fasse attention parce que dans la santé mentale, on a tendance à se sentir isolé, pas pareil comme les autres, différent. Le rôle de pair aidant, il vient comme beaucoup stimuler ça et confirmer ça. Donc, plus on a de pairs aidants dans un milieu, plus ça va être facilitant, moi je pense. Mais j'ai quand même travaillé 4 ans toute seule comme paire aidante puis… ce n'est pas négatif d'être différent; ce n'est pas négatif de… tu sais, j'ai une façon de voir qui… je ne me sens pas toute seule parce qu'il y en a plein d'autres, c'est juste que dans mon milieu il y en a moins.
	Recovery	*Véronique:* Rétablissement, ça veut dire… c'est différent pour chaque personne. Mais moi je pense que rétablissement ça veut dire d'être capable d'entretenir un mieux-être, d'être capable de définir un rêve, un projet de vie, de mettre des choses en action, c'est de se mobiliser, c'est… quand on va moins bien, quand il arrive des choses, quand il y a des symptômes, c'est d'avoir des moyens et de les utiliser pour, justement, être dans l'action et d'être dans le moment présent.
		Richard: On dit : le rétablissement c'est une porte qu'on ouvre de l'intérieur. Je peux pas me rétablir à ta place. C'est entre tes mains. Des fois ça peut prendre 6 mois, 5 ans, 10 ans, 20 ans. Mais quand la personne va être prête, tu sais—nous autres comme pairs aidants—comme [une paire aidante] l'avait dit, elle travaille à l'AQRP, nous autres comme pairs aidants c'est comme si on était gérants d'une gare de train. On doit s'assurer que la gare est toujours ouverte et que le train du rétablissement passe à toutes les 15 minutes. Nous autres comme pairs aidants on reste toujours à côté de la personne et le train il est toujours là.

The following table presents illustrative quotes for the microprocesses of *claiming* in the matrix of codes for the peer work study:

Claiming	*Notions*	*Illustrative quotes*
Experiential claim	Experiential knowledge	*Laura:* Mais [une paire aidante expérimentée] ce qu'elle disait c'est : « il y a une chose que personne ne pourra jamais m'enlever », elle dit « ma plus grande expérience c'est mes années de maladie. . . . C'est une expérience que personne n'a parmi mes collègues de travail. . . . C'est que moi, mon expérience, mes années d'hospitalisation, mes années de rechutes, elle dit : « ça, c'est mon plus gros diplôme, elle dit, c'est ça mes années d'expérience. C'est avec ça [que je travaille].
		Véronique: La valeur de l'expérientiel elle n'est pas reconnue du tout. Il n'y a même pas rien qui le définit : c'est quoi, ça l'expérientiel? Ça a quoi comme impact, ça vaut quoi, comment on le reconnait, comment qu'on… pas qu'on le comptabilise mais qu'on le catégorise selon les échelons, par exemple. En discutant avec d'autres et en faisant un brainstorm, oui. . . . C'est ton vécu, ton rétablissement, comment tu te relèves, comment tu rebondis. Et ça vaut cher, ça, parce que c'est ça l'outil qui fait que tu travailles avec la personne. Et souvent c'est ça qui donne l'espoir, et après ça elle collabore avec son médecin. [Moi : Mais comment on fait pour mesurer la valeur de ça?] Bien ça, c'est un travail à faire. Ça devrait être un comité qui essaie de voir à mettre en place une espèce d'échelle pour tout évaluer l'expérientiel. Tu sais, c'est certain qu'avec certains barèmes, certains critères. Ça ne veut pas dire que parce que tu as vécu 20 hospitalisations c'est mieux qu'une. Les deux peuvent être pareil dans l'expérientiel, mais c'est au niveau de comment tu transmets, comment tu es capable d'avoir de la distance, . . . c'est ça qui est important dans l'expérientiel.
	First-person account	*Laura :* [Moi : Donc le dévoilement de l'expérience vécu ça crée un lien de confiance avec les clients ?] Un lien de confiance par rapport à une multitude de sujets : la médication, l'hospitalisation, la relation avec ses proches, toutes ces choses-là. Mais il faut quand même savoir garder une certaine distance. Quand on parle d'utiliser judicieusement son vécu… je ne suis pas un livre ouvert continuellement; à chaque fois que je suis avec quelqu'un, je ne me dévoile pas continuellement. Il faut savoir l'utiliser au bon moment cette expérience-là de la maladie.
		[Résumé d'un roman autobiographique écrit par Nathalie Lagueux et publié aux Éditions Le Dauphin Blanc]: Voici l'histoire de courage de Nathalie qui, depuis l'âge de 15 ans, a dû composer avec des troubles mentaux, des tentatives de suicide, la toxicomanie, l'itinérance et la violence. Malgré son mal de vivre, elle tente de se rétablir en réalisant ses rêves tout en retrouvant sa dignité. À l'aube de la quarantaine, hospitalisée dans un institut psychiatrique où elle subit des électrochocs, Nathalie reprend contact avec l'adolescente suicidaire qu'elle avait été, et ce, afin de donner un sens aux souffrances et guérir les plaies ouvertes d'un passé non résolu. Tombée sur un extrait de journal écrit par la jeune Nathalie, où elle évoquait timidement l'espoir d'un futur plus rose que noir, l'adulte à la croisée des

chemins sort de sa torpeur pour actualiser ses rêves oubliés. Ce vibrant témoignage touchera plus d'un lecteur. Qui n'a pas été confronté au mal de vivre — le sien ou celui d'un proche —, à ce désir de mourir, à la maladie mentale ? Dans un style coloré et non dépourvu d'humour, ce récit témoigne du combat d'une battante contre ses idées noires, qui passera de la tentative de suicide à la tentative de vivre. « Espoir » est le mot clé de cet ouvrage. Oui, il est possible de se rétablir du mal de vivre et de la maladie mentale. Nathalie Lagueux en est la preuve vivante ! Bonne lecture.

Training and certification

Véronique: Ben en fait, un des critères d'admission pour devenir pair aidant, c'est d'avoir 2 ans de rétablissement. Et puis moi, ça, je crois vraiment que ça fait partie d'avoir vécu son rétablissement. Parce qu'on travaille avec des gens qui sont vulnérables, qui sont en questionnement, qui sont en repositionnement par rapport à leur vie. Donc, si nous, on n'est pas stables émotionnellement, si on n'est pas positionnés par rapport à notre propre vie, bien c'est un peu difficile d'aller rencontrer quelqu'un et de pouvoir lui apporter un aiguillage, ou tu sais, de l'accompagner adéquatement. [Moi : Comment c'est défini les 2 ans de rétablissement, ça veut dire quoi?] Souvent, ça va être avec l'aide du médecin, du psychiatre, qu'ils vont le demander. Et puis aussi au niveau de l'honnêteté de la personne, mais aussi, souvent ils vont demander une preuve.

Myself: [Camille Rivest : Est-ce que tu peux me dire ce que tu retiens le plus de ta formation de pair aidant?] La formation de pair-aidant je l'ai faite à l'été 2016. La majorité du monde qui fait la formation c'est dans le but de travailler comme pair-aidant, soit dans le secteur public ou dans des organisations communautaires. Moi je l'ai faite pour ma recherche doctorale, je l'ai faite pour vivre l'observation participante en me basant sur mon vécu, car je pense que je n'aurais pas eu d'affaires-là si je n'étais pas passé par cette expérience-là. Je l'ai faite pour étudier et comprendre c'était quoi la formation à travers l'observation participante de la formation. C'est deux semaines à temps plein, intensif, c'est de 9 heures le matin à 5 heures le soir et c'est assez chargé. On dîne ensemble et on soupe ensemble et tout le monde dort, chacun dans sa chambre, sur le même campus à Quebec, à Sainte-Foy, campus du collège Saint-Augustin-des-Monts, sauf la fin de semaine, il y en a qui restent la fin de semaine, mais il y en a d'autres... moi j'étais revenu à Montreal pour la fin de semaine entre les deux semaines de formation. Donc ce sont vraiment deux semaines intensives, on est tout le temps ensemble, il y a une espèce de dynamique communautaire, il y a une forme d'initiation, de socialisation à la communauté des pairs-aidants. Moi c'est surtout ça que je retiens. Il y a des liens qui se créent et une vie communautaire dans ces deux semaines-là qui est très intense qui construit le sentiment d'appartenance de dire "Moi je suis un pair-aidant, je fais parti de la communauté des pairs-aidants." Moi je trouve que c'est ça le plus important qui se passe pendant cette formation-là. Puis il y a énormément de contenu qui vient aussi des États-Unis, ce contenu a été beaucoup développé à l'Université de Géorgie et du Massachusetts aussi, dans les programmes de rétablissement, des choses comme ça, et il y a 13/14 ans un groupe de personnes, de chercheurs, de Montreal... cherchant des patients je pense... qui sont allé là-bas pour aller chercher ce contenu-là et essayer de l'adapter, c'est ce qui est devenu... maintenant c'est l'AQRP qui s'occupe de ça. Le contenu a été adapté, mais c'est beaucoup autour de

		l'approche par les forces et il y a cette volonté de respecter le vécu des gens et de ne pas...le pair-aidant ce n'est pas son rôle de chercher des symptômes, c'est plus d'essayer d'accompagner la personne dans le développement, dans le projet de vie à travers ses forces. De ne pas mettre l'accent sur les faiblesses de la personne, mais plutôt sur ses forces, d'encourager les gens à construire sur leurs forces et sur leur passion, leur projet de vie. Il y a des outils d'intervention un peu plus techniques, si on veut, qui sont fournis aussi, il y a toute une brique qui est donnée, il y a quelques conférences aussi, quelques invités, des gens qui ont fait la formation et qui travaillent dans tel ou tel milieu. En même temps, c'est une sorte de... c'est une formation qui est un peu hybride, qui est assez prudente et qui n'est pas dans la revendication, il y a une sorte d'équilibre entre essayer de mettre de l'avant une vision qui est relativement alternative, mais sans trop contester ce qui se fait dans le secteur public parce que bon nombre de pairs-aidants vont chercher à être embauchés dans le secteur public. Donc, ce n'est pas une communauté activiste, tu ne peux pas tout dire et tout penser, parce qu'il faut s'entendre avec les médecins et les gens du secteur public.
Jurisdictional domain	Jurisdictional control	*Laura:* Parmi les craintes que l'équipe avait, c'était : est-ce qu'elle va prendre notre place? C'est sûr et certain… Elle va tu nous enlever des heures? Puis, c'est sûr que quand tu arrives dans une nouvelle équipe, tu n'arrives pas avec clairon et trompette en disant : ben voilà, hahaha. Ça demande énormément de doigté, énormément de respect au niveau de l'équipe. Il ne faut pas que tu dises : moi je le sais, moi je les connais, moi je les comprends, tu sais, ce n'est pas : moi je sais des choses que vous ne savez pas. Mais au fil des semaines, au fil du temps ils ont compris que j'étais une alliée, que j'étais un levier, finalement pour leurs… moi, je leurs dis souvent : moi, je vous passe la puck, après ça c'est vous qui allez compter le but. Ça fait que c'est vraiment comme ça qu'on travaille, on travaille main dans la main, c'est comme ça que ça se passe
		Véronique: Il y a de la méconnaissance. C'est… oui, de la résistance, mais ça… on dirait qu'à être dedans, je ne la vois plus. Je me concentre sur la clientèle, je me concentre sur mes priorités, mais oui il y en a. Mais tant que ça ne sera pas… la philosophie de rétablissement ne sera pas comprise, elle va être là [la résistance]. [Moi : Elle vient d'où cette résistance ?] Elle vient d'un changement. Quand on fait un changement en place, c'est un changement de mentalité. C'est aussi simple que ça [Moi : Il y a du monde qui se sentent menacés ?] Qui se sentent menacés, qui ne se sentent pas bons. Comment ça se fait qu'on fait pas ça? Comment on va faire? On ne sait pas comment que vous, tu sais.
	Task boundaries	*Jenny:* Working on a team, it changes the dynamics because professionals have to watch more what they say. They are different because a social worker will be a social worker. There are many different types of social work. An occupational therapist will be an occupational therapist. There are different types of occupational therapists. But the roles will become more defined. It will be clearer what a peer does, and what she or he cannot do; what an occupational therapist does and what he or she cannot do. Some of it will cross over, but some of it will be specific. And this is what started to happen here. People would come in see the triage team, and they would refer when

		they thought: oh, no, that's not what Frances does. So that's started to happen. And even the new team that's coming in, that's actually starting to happen. Which is really cool when you think of it, because you're actually defining a role.
		Laura: Mon rôle, il n'est pas comme un travailleur social, il n'est pas comme un éducateur spécialisé. Donc ça c'est important qu'ils le comprennent. Et puis aussi, il n'y avait jamais eu de pairs aidants dans le milieu. Donc c'est : Comment elle va être? Elle travaille avec son vécu? Comment se comporter avec elle? Est-ce qu'elle va trop utiliser son problème de santé mentale? Est-ce que les gens vont être différents? Donc ils avaient beaucoup de questionnements eux aussi et moi par rapport à eux, ils ne me connaissaient pas. . . . [Moi : Tu disais qu'être pair aidant ce n'est pas comme les autres types d'intervenants. C'est quoi la différence?] Ben, la première différence majeure c'est que moi, je me dévoile. Donc moi, j'utilise mon vécu par rapport à mon rétablissement, par rapport à la maladie mentale. Donc, déjà là, c'est inévitable qu'il y a un lien qui peut se créer rapidement, beaucoup plus rapidement avec la personne, avec les utilisateurs, avec mes pairs, et puis eux, ils vont se dire : « elle, elle va me comprendre. » C'est sûr que ce lien-là, il est particulier.
Employment and conditions	Employment	*Véronique:* [Moi : Ben il y a un titre qui a été reconnu qui permet d'embaucher directement les PA, alors je suppose que ça a un impact sur comment les choses se développent?] Ben présentement, c'est éducateur classe 2 qui a été décidé. Et ça, ça fait en sorte que, Éducateur spécialisé a 12 classes, Éducateur Classe 2 en a 13. Alors quand t'es au top de l'échelon c'est la même chose. Alors ça permet aux gens de se faire embaucher. Alors il y avait des craintes : ils vont tu se faire bumper, il y a quelqu'un qui va pouvoir appliquer sur le poste qui vient de l'interne. Mais après un an d'essai, ceux à qui ils ont donné ce titre d'emploi, ils ont mis : avoir reçu la formation Intervention par les pairs. Donc quelqu'un qui applique et qui l'a pas il n'a pas le critère. Donc ça protège un peu. Parce que je gouvernement ne voulait pas créer un nouveau titre d'emploi. Je te dirais, [Hôpital X] ne voulait pas au début et là ils se sont engagés à créer le poste. Là ils sont entrain d'en créer 2. [Moi : Ça ça veut dire que le monde vont être embauchés permanent avec cumul d'expérience et les assurances et tout ça plutôt que d'être temporaires avec prêt de service?] Avec tout, équitable pour tout le monde, avec le syndicat, les assurances, les avantages qui vont avec et le fond de pension. Tu vois à Montreal il y a [Hôpital Y] qui se sont engagés là-dedans, il y a [Hôpital X], il y a l'Ouest, Laval, Trois-Rivières, Drummondville.
		Laura: Il y a beaucoup de précarité qui est très désagréable. Ce n'est pas tout le monde qui peut accepter et tolérer cette précarité-là. Parce que je suis consciente que moi j'ai pu la tolérer, être plus d'un an sans emploi, pas d'argent qui rentre, là. Ce n'est pas tout le monde qui peut se le permettre. Parce que j'avais un conjoint qui pouvait me soutenir. Mais le pair aidant, là, c'est pour ça que cette année la formation c'était avec promesse d'embauche. Ça c'est nouveau, et on les comprend, Pair aidant réseau, parce qu'ils ne veulent pas créer des chômeurs. C'est bien correct, je les comprends. Ils ont réduit le nombre de la cohorte, et ils n'ont pris que des gens qui avaient des promesses d'embauche. Mais encore là, promesse

		d'embauche, il n'y a personne qui a un contrat, une permanence avec 60 000$/année en partant avec des assurances et puis full-equipped. Ça fait que ça, tu comprends, il faut soutenir ces gens-là, il faut les appuyer les premières années dans leurs démarches, il faut appuyer le milieu qui les reçoit. Quand on parle du milieu. Ça fait que tu vois, c'est toute cette dynamique-là. On est dans quelque chose qui bouge, mais c'est un processus qui est long et qui peut être… c'est pour ça qu'il y en a qui abandonnent carrément, qui se réorientent, alors voilà.
	Working conditions	*Jenny:* The conditions are getting better for some, but for most, the conditions—my conditions are, I would say—raises need to be put in place. We shouldn't have to write letters—and I'm not the only one—we shouldn't have to write letters to get a raise. We should be unionized. We should be recognized throughout the whole organization as a professional, which we're not. That has to still be worked in. We should have equal benefits. [Me: Equal with whom?] Any worker. Any employee up in the organization. We should have the same benefits. [Me: And it's not the case?] No, it's not. No, it's not.
		Véronique: Bien, premièrement, c'est sûr qu'il y a zéro sécurité d'emploi parce que c'est contractuel. Dans le contrat il y a les journées fériées, 10 maladies, et 4 semaines de vacances, qui sont égal à ce qu'ils donnent au public. C'est certain qu'il n'y a aucune assurance salaire, médicament, etc., ce qui est quand même un peu plus insécurisant, ou qui fait un peu plus penser à un organisme sans but lucratif. Par contre, le salaire, c'est un gros défi, il y a un gros enjeu par rapport à ça parce que, si moi par exemple, j'ai un DEC, bien ça, ça fait qu'au premier endroit ils m'ont reconnu toutes les heures que j'ai fait en intervention, donc j'étais à un échelon X par rapport à l'éducateur spécialisé, qui était au tout départ le plan qui était donné au Ministère pour le titre d'emploi, c'était le barème de l'éducateur spécialisé. Donc moi, ils m'ont bien reconnu avec mes heures, j'avais mes lettres d'emploi et tout ça. Par contre quelqu'un qui n'a pas de DEC, peut par exemple être pénalisé parce qu'il n'aura pas d'emploi au public. Et il y a aussi, c'est quand même de l'expérientiel—la personne elle a beaucoup d'expérientiel, très, très pertinent.

The following table presents illustrative quotes for the microprocesses of *organizing* in the matrix of codes for the peer work study:

Organizing	*Notions*	*Illustrative quotes*
Bridging boundaries	Boundary organizations	*[Observational notes at AQRP]* Rencontres avec [employée 1] et [employée 2] en après-midi sur les différents programmes de l'AQRP : Intégration au travail; Colloque aux 2 ans (prochain 2017); Jeunesse; Revue Le Partenaire—partage de connaissances; Pair-aidant réseau (formation des PA certifiée par l'Université Laval, formation des milieux, et « prêt de service » - i.e. intermédiaire à l'embauche); Stigmatisation (formation des milieux); Rétablissement (formation des milieux)

	Diane Harvey, CEO at AQRP: On a toujours dit que l'AQRP est une espèce d'agora provincial, un espèce de carrefour où les gens de toutes provenances pouvaient s'y inscrire, que ce soit des intervenants, des gestionnaires, réseau public, réseau communautaire, on le voit, personnes utilisatrices, membres de l'entourage, milieu de la recherche. Là où on aurait une faiblesse si j'avais une baguette magique pour avoir les sous pour faire des actions, c'est au niveau du membership membre de l'entourage, qui est, pour différentes raisons, plus difficile à fidéliser. En même temps, les activités, les colloques, tout ça, les membres de l'entourage, moi je pense que c'est pas un manque d'intérêt, ceux qui sont là sont toujours très content. Mais c'est pas vrai que les membres de l'entourage ils peuvent laisser leur job et aller au colloque de l'AQRP et suivre ça de près. Et l'autre bout de membership que si je pouvais brasser, ben c'est naturellement toute la catégorie psychiatres, médecins, tout ça, qui sont moins présents. Au même titre qu'ils sont pas plus présents aux journées annuelles qu'ils sont présents dans d'autres événements de transfert de connaissances de type réadaptation psychosociale.
Community organizing	*Rachel:* La notion de pair aidant ça m'intéresse depuis 40 ans, parce que j'ai commencé ma carrière à [organisme communautaire en SM], j'avais 23 ans, il y a 40 ans, et on avait un projet de pairs à l'époque, où l'idée c'était d'embaucher les personnes qui ont vécu des problèmes psychiatriques, des membres de Maison Les Étapes, pour qu'ils travaillent auprès de nous à Maison Les étapes. Alors, c'est vraiment… c'était dans la philosophie communautaire d'aller chercher les personnes avec leur expérience, de les embaucher pour aider dans les activités, ou d'aider dans les… parce qu'à l'époque on avait aussi des petites boutiques ou on vendant des affaires à la Maison de deuxième main, et embaucher des gens qui travaillent dans ces boutiques-là avec les autres clients et tout ça. Alors ce n'était pas la notion comme on connaît aujourd'hui mais c'est quand même depuis 40 ans qu'on pense à aller chercher ces gens-là pour qu'ils partagent l'espace travail avec les professionnels… les intervenants communautaires.
	Richard: À [établissement d'hébergement supervisé] ils exigeaient 3 activités par semaines. Avec l'Échelon, avec le badminton et les 2 cardio-santé ça faisait mes 3—mais c'est drôle à force de faire du cardio, du sport, j'avais encore plus d'énergie—c'est pour ça que je recommande de faire de la marche ou du vélo ou du badminton ou du hockey-cosum, ou n'importe quoi que tu aimes, ça oxygène le cerveau et ça me donnait plus d'énergie, tu

		sais. Là, j'ai demandé à Lise, ils cherchaient des bénévoles à [organisme communautaire en SM]. Moi je me suis mis bénévole sur le ménage. Pi vu que j'étais bénévole ils me payaient 5$ de l'heure, c'était pas cher, mais toutes mes activités était gratuites avec l'échelon. Quand je faisais une période on me donnait 50$ pour une période pour tout le mois, à la fin du mois. Et je pouvais prendre autant d'activités que je voulais et c'était tout gratuit. J'ai été 8 ans, 9 ans, je suis encore bénévole, je fais encore du ménage à [organisme communautaire en SM]. Que là je pouvais prendre toutes les activités—je prenais la danse, j'ai pris café-rencontre, j'ai pris souper communautaire, j'ai pris des cours de guitare, des cours de tamtam, j'ai fait des cours d'informatique, j'ai fait des cours de cinéma maison, des cours d'art, des cours de cuir. J'ai pris des ateliers sur l'estime de soi. Pendant les 8, 9 ans que j'étais comme bénévole à [organisme communautaire en SM], je prenais des activités qui me plaisaient. Et je vais te dire, des fois j'avais de 5 à 6 activités par semaine, tu sais je m'impliquais beaucoup. En 2013 j'ai gagné bénévole de l'année à l'Échelon, j'ai une plaque avec mon nom. À un moment donné, j'ai fait un PASS-Action avec la revue Mentalité, vers la fin, j'ai été 11 mois sur la revue Mentalité, j'ai publié comme 4, 5 articles. Et là j'ai entendu parler des pairs aidants.
Peer-led organizing	Organizational funding	*Laura:* Parce que ça n'existe pas un poste d'intervenant pair aidant, il n'y a pas ça. Ce n'est pas comme un travailleur, ce n'est pas comme un éducateur spécialisé, il n'existe pas, le poste. Il n'y a pas de budget, il n'y a pas de poste budgétaire pour moi—parce que c'est compliqué aussi, il faut penser au plan syndical, au plan des assurances, tu sais, c'est toute une grosse machine qu'il faut mettre en branle. Donc ce qu'ils ont fait ici, c'est qu'ils ont mis la fondation de l'Hôpital dans le coup, la Fondation est allée faire une demande auprès de Bell, la Fondation « Bell cause pour la cause », et ils sont allés chercher un montant de subvention pour un poste de 3 jours/semaine pour 6 mois. C'était un projet pilote. Et c'est là que je me suis retrouvée ici. . . . Je pense qu'on est rendus là, de dire que les milieux d'embauche sont capables d'avoir le financement. Surtout que dans les Plans d'action c'est vraiment prévu, là, donc, moi je ne pense pas. Un autre point qui est important aussi, ce qui est dommage, c'est que les gestionnaires ici, dans les milieux, perdent un temps considérable à aller trouver du financement pour le pair aidant. Et ça, c'est une perte de temps, et du temps, c'est de l'argent pour eux-autres. Puis ils pourraient passer leur temps à faire autre chose, ou à s'occuper de leurs équipes, s'occuper du pair aidant, et

puis également, ça va directement à la clientèle ce temps-là. Ça fait que moi je pense que si on mettait ce temps-là—moi je parle par expérience : ma gestionnaire elle en a mis du temps sur moi pour essayer de trouver du financement. Un dévouement incroyable.

Véronique : Bien, le comment, je ne le sais pas. Parce qu'il y a des enjeux sur plein d'aspects. Mais la reconnaissance du titre d'emploi, si elle n'est pas là dans les prochaines années, ça va rendre la tâche difficile, ça ne facilitera pas l'intégration de tous les concepts du rétablissement dans le réseau de la santé mentale au Quebec, parce que la personne qui a passé par là va avoir un œil différent que quelqu'un qui va avoir travaillé sans l'avoir vécu Et ça, ça fait aider à accélérer la transformation. Quand je suis ici, les gens vont poser plus de question, sur… quand ils vont voir les messages sur ma porte. Tous les pairs aidants qui sont dans les équipes SI, ça fait toute la différence dans les discussions de cas, dans l'intervention, sur la façon de voir, sur la manière de voir la santé mentale d'une façon plus positive, pour briser les préjugés. Il y a tellement d'aspects favorables que, si la reconnaissance du titre d'emploi n'est pas là, les gestionnaires ne sauront pas comment intégrer dans les budgets, simplement, là.

Peer-to-peer organizing

[Extrait du procès-verbal d'une rencontre de la Communauté de pratique des pairs aidants de la région de Montreal portant sur le projet de former une association professionnelle pour tous les pairs aidants du Quebec]: Certains pairs aidants demandent que cette association soit indépendante de l'employeur. Ils veulent que ce soit un milieu neutre. Nous parlons de l'importance d'éviter le dédoublement et d'avoir seulement une association. Nous vérifions sur internet et l'ancienne association des pairs aidants n'est plus enregistrée. Nous pensons changer le nom [de l'association] pour avoir un nom plus générique. Par exemple : Association des intervenants pairs aidants ou Association des travailleurs pairs aidants. On exprime que les membres du CA devront être des gens neutres pas en lien avec l'employeur. Nous proposons de s'informer et de s'inspirer après de d'autres ordre professionnelle pour le démarrage de l'association. Bref, il faut partir sur des bases solides et s'assurer qu'il n'y a pas de conflits d'intérêts. Les personnes inscrites au cours de [formation de l'organisation B] ont déjà payé des cotisations mais seront remboursé comme il n'y a pas encore eu d'activités.

Ben: Moi je pense que les pairs aidants, sans les stigmatiser, ont besoin d'être coordonnés, comme

		n'importe quels professionnels. Et je pense que c'est là-dedans que c'est possible que je m'en aille. [Moi : Ça fait que les pairs aidants tu vois ça comme un groupe professionnel?] Oui, ah oui. [Moi : Pourquoi tu vois ça comme ça?] Ils nous demandent des exigences professionnelles. Moi quand je travaille on me demande la même chose que n'importe quel autre professionnel. On me demande diligence—quand on me demande quelque chose faut que je le fasse. De la diligence, ça veut dire livre. . . . Il faut que j'arrive, et puis c'est un travail, je travaille pour gagner ma vie.
	Representativeness (internal conflicts)	*Véronique:* [Moi : Ça fait qu'il y a eu des chicanes un peu entre (l'organisation A l'organisation B qui fournissent des formations différentes pour certifier les pairs aidants) en fin de compte?] Ben ça, ça fait longtemps que ça dure, mais là c'est plus les pairs aidants qui ont réagi : heille, c'est quoi cette affaire-là! [Moi : Les pairs aidants n'étaient pas d'accord avec ça?] Ben non, eux-autres—le message n'était pas clair, il y a une offre d'emploi et les pairs aidants ne peuvent pas appliquer. Ça fait que là il s'est rétracté en disant : ceux qui ont fait la formation Intervention par les pairs c'est correct. Mais c'était pas clair. Ça fait que moi je me suis dissociée. Moi je travaille avec [l'organisation A] pour améliorer la formation.
		Diane Harvey, CEO at AQRP: [Moi : Vas-tu être en mesure de me fournir la composition du CA?] Oui, mais là on le change. Il était, si tu veux, j'avais une représentation très numérique : 3 communautaires, 3 publics, 2 chercheurs, 1 proche, 2 personnes utilisatrices—il m'en manque tu?—mais ça arrive à 11. Et là, dans notre réflexion par rapport à toute la notion de citoyenneté, la modification qu'on fait dans les statuts et règlements c'est qu'avant tout c'est tous des citoyens concernés par la mission de l'organisme, et on va tenter, dans la mesure du possible, d'assurer une représentation de l'ensemble des secteurs, au même titre qu'on essaie d'avoir une représentation autant Montreal, Quebec, régions. Ça c'est une visée, mais au départ, il faut que ça soit des citoyens.
Advocating	Political representation	*Laura:* [Moi : Mais comment on va en arriver à former une association professionnelle? Qu'est-ce que ça prend pour atteindre ça?] Ça, ça pourrait carrément faire partie des discussions si on avait une association qui était solide, si on avait vraiment des gens qui étaient solides au niveau des discussions avec les instances gouvernementales, là on pourrait parvenir à avoir… [Quand tu parles d'association, tu parles d'instances gouvernementales, est-ce que tu vois ça comme une forme de représentation politique qui est à faire?] Je

pense que présentement, ce qui arrive c'est que le mouvement, je ne dirais pas qu'il est embryonnaire. Du côté du gouvernement, je pense qu'ils nous regardent aller et ils veulent juste voir peut-être si on est fiables, stables, solides. J'ai l'impression qu'on est, tu sais, juste le moment avant qu'on va passer cette étape-là. Là on est encore dans une période de probation, si on veut. Mais on est en train d'articuler quelque chose. Moi je pense qu'on est dans la période la plus intéressante parce que tout se crée, on est en ébullition. Mais c'est une période en même temps qui est désagréable pour ceux qui la vivent parce qu'il n'y a pas de stabilité d'emploi, il n'y a pas de récurrence.

Jenny: I think my biggest thing is that the way to change the system is to have people [i.e., peer workers] on every level. And I think also, not to feed into, my biggest thing, not to feed into the way the system is designed. The system is designed for competition. It's just gonna happen amongst the peers.

Incumbent allies

Véronique: [Moi : Donc moi ce que je comprends c'est qu'à l'intérieur, les messages c'est pour tes clients, et sur la porte, ça me semble plutôt être un message quasiment politique pour les professionnels, jusqu'à un certain point—est-ce que tu es d'accord avec mon interprétation?] Oui, oui. Moi j'ai été embauchée pour ça. . . . Bien, j'ai mis ça là parce que je sais que la philosophie de traitement c'est l'encontre de ça. Et qu'est-ce que tu veux, j'ai été embauchée pour ça. . . . Oui. Bien, mes boss m'ont embauché pour ça. Ok. . . . [Moi : Ça fait que (le gestionnaire du département), c'est ça qu'il voulait, passer un message?] Bien, oui. C'est ça. C'est ça qu'ils veulent instaurer, mais c'est difficile à instaurer ici en clinique externe, à cause de toute l'historique de la philosophie de traitement. Mais on veut que la personne, sont projet est au centre, on s'assit autour, puis on attend, et là, la personne apprend à se connaître, puis elle entre en action, et elle est dans le maintien. Ça fait que c'est ça, ça c'est la philosophie. Ça c'est le projet de maîtrise qu'ils ont fait. [Ça c'est le projet de (gestionnaire du département)?] De [gestionnaire] avec [médecin psychiatre], qui est ici.

Ben: [Moi : Ça fait que tu dis que tu t'entends bien avec la plupart des psychiatres ?] Oui, oui. Et certains psychiatres le disent aussi que dans des équipes multi, souvent, pour la plupart—souvent, dans les réunions cliniques, souvent, ceux qui vont influencer les réflexions d'équipe ça va être le psychiatre et le pair aidant, souvent c'est ça. [Moi : Comment t'expliques ça?] J'ai une petite idée. Pour ma part, je m'empêcherai pas de,

	quand il y a quelque chose qui devrait être fait, ou être fait autrement, ou quand j'ai un désaccord, je le dis. Je pense pas à ma carrière et à la suite des choses. Et le psychiatre c'est là même chose. Et les autres intervenants c'est pas toujours là même chose. Moi en tout cas, moi je me permets des choses. Par exemple, on m'a déjà dit : Benoit, tu devrais dire telle chose, par rapport à un psychiatre par exemple, parce que nous ça passera pas. Tu comprends?

The following table presents illustrative quotes for the microprocesses of *accommodating* in the matrix of codes for the peer work study:

Accommodating	*Notions*	*Illustrative quotes*
Collaboration of unequals	Hierarchy	*Jim:* Un code blanc c'est une alerte de violence pour les infirmiers et les préposés. C'est quand il y a une alerte de violence, ou qu'un patient veut pas faire quelque chose qu'un infirmier dit, ils peuvent invoquer un code blanc. Et là il y a tout le personnel, il y a des équipes spéciales code blanc qui arrivent et qui ultimement vont maîtriser la personne. Ça fait que des codes blancs à répétition dans ces unités-là. . . . Mais quand j'ai été travailler, exemple, à [un autre hôpital psychiatrique], où là les portes étaient barrées, et là il y avait des codes blancs à tous les jours. C'est vrai que dans un climat quasiment carcéral, si tu veux, veut, veut pas, les patients deviennent plus violents, et les intervenants, leur réaction c'est qu'ils en viennent à attacher du monde, à les mettre sous contention, et à les injecter des fois pour pas grand-chose, un peu, si tu veux. Vraiment une grosse relation de pouvoir là-dedans. *Marc:* Ben c'est parce qu'on accepte de travailler pour des mauvaises conditions. Pourquoi on accepte ça? J'ai ma petite idée. Les organismes d'entraide communautaires autrefois c'était les communautés religieuses en SM qui s'occupaient des fous, comme on disait dans ce temps-là. Le milieu communautaire donne les services que les communautés religieuses donnaient au début du 20e siècle—s'occuper des pauvres, des orphelins, des difficultés sociales de toutes sortes—c'était les communautés religieuses, on payait pas pour ça. Ça a été comme ça jusqu'au milieu du 20e siècle. Arrive le Ministère de l'éducation, de la santé, des affaires sociales, on professionnalise tout ça, dans le réseau, mais sur le terrain, le réseau, c'est l'institution. On crée des GROSSES institutions. Quand tu travaille dans la grosse institution tu as le gros salaire. Mais sur le terrain des vaches, pour s'occuper des personnes pauvres, des banques alimentaires, des personnes qui se promènent et qui parlent tout seuls, les jeunes de la rue, les suicidaires, c'est toute des organismes communautaires, mais autrefois c'était les religieux qui faisaient ça. T'appelais le curé quand tu étais suicidaire dans les années 50. Moi je vois cet aspect socio-historique là qui pourrait

	expliquer qu'on peut payer pour des institutions, mais le communautaire c'était les religieux qui faisaient ça gratos avant.
Accommodation	*Ben:* Un intervenant pair aidant va faire de la défense d'intérêts plutôt que de la défense de droit. Défense de droits, à la limite ça va jusqu'à dire : les problèmes de santé mentale n'existent pas. La défense d'intérêts comme un pair aidant va faire, comme les personnes qui vont travailler sur un comité, évidemment, eux, ils savent que le système—je sais très bien que le système est loin d'être parfait, comme les autres professionnels aussi dans le fond. Mais c'est ça qu'on a présentement. Et on n'attend pas que le système s'écroule avant de commencer à faire quelque chose. De toute façon le système ne s'écroulera pas. Donc j'essaie de travailler avec ce qu'il y a maintenant. Moi je ne suis pas Dieu, je fais le mieux que je peux, j'essaie d'avoir du tact et de faire changer les choses, de donner mon point de vue pour qu'un gestionnaire entende ça et à un moment donné ajuste des choses, c'est un peu ça. Mais j'arrive pas avec mes pancartes. Mais j'arrive avec une collaboration.
	Diane Harvey, CEO at AQRP: S'il y a une chose qu'il faut faire attention, c'est que le pair aidant il est pas engagé pour être un militant. Et là où il y avait des facteurs d'échec au Quebec c'est quand le pair aidant tombait dans le militantisme. Et puis moi je disais toujours : il faut faire attention, la défense des droits ne doit pas retomber sur le dos du pair aidant, un, c'est pas sa job, et si vous laissez aller ça, vous déresponsabilisez le milieu. Parce que si le milieu pense, ah, moi défendre des droits c'est la question du pair aidant, ah, ben facile, c'est sur qu'il a l'expérience, il a le savoir pour voir nommer des situations d'abus, et cetera, mais ça le confine dans un rôle, et c'est un rôle que systématiquement il va être rejeté de l'équipe. Et les milieux nous disaient : on n'en veut pas de ce type de—le militantisme, pour moi, il appartient à tout le monde, chaque individu peut faire son militantisme et tout ça, mais la défense des droits c'est la défense des droits.
Clinical meetings	*[Observation note written on a discussion with a peer worker from another province]:* I discussed with [peer worker] for about an hour. It was very interesting and we share a common belief in the potential of artistic expression for mental health recovery / wellbeing. We both shared our respective backgrounds and views on psychiatry-mental health (P-MH). My impression was that although we share common beliefs and goals, my view as a researcher is slightly more radical than hers—as a peer-mental health worker, she needs to reconcile her patient and clinician identities, and an uncompromising stance on her part would make the hybrid (professional-client) position she's in uncomfortable. She says still takes a "maintenance" dose of meds out of fear of relapses.
	Jenny: I think it's a practice of working a certain way for so many years, that I don't think that people realize that they've developed. And this can happen to the peer as well, he, working on a clinical team. We can go some of the same thing. We don't realize that we become too

		clinical, and we can become stigmatized. You know that it can happen to us too. We can adopt the language, but we won't realize it.
Cooptation	Coercion and judicialization	*Jim:* Je te donne un exemple que j'ai déjà vu. Un tout petit jeune pas très imposant physiquement, il est sur l'unité, il fait de l'anxiété le soir le jeune, il est pas violent mais il fait de l'anxiété et il veut pas se coucher dans son lit, et il veut pas fermer la lumière. L'infirmier ou l'infirmière déclenche le code blanc, 2 minutes après il y a 6 personnes qui arrivent, qui pognent le jeune, qui s'attachent et qu'ils l'injectent. [Qu'ils l'injectent avec quoi?] Ah, ils peuvent l'injecter au minimum avec de l'Ativan liquide, et si un médecin donnerait son accord, les gens que les infirmiers et les infirmières ou que les médecins trouvent bien agités, sur les unités, quand quelqu'un fait une crise, ou qu'ils considèrent que la personne est trop agitée, ils vont lui donner du Clopixol, mais qui n'est pas dépôt, ce qu'on appelle du Accuphase. Et l'Accuphase c'est un médicament qui est extrêmement puissant, quand t'injectes ça dans la personne, la personne elle est intoxiquée pendant 3 jours de temps, elle est Zombie, elle se promène et elle a l'air d'un fantôme sur l'étage.
		Richard: [À propos d'un établissement de psychiatrie légale où il a été détenu pendant plus d'un an] Il y a quatorze unités séparées. Tout se barre, les portes se barrent. C'est un hôpital à haute sécurité. Comme tu es détenu, 90% des gens sont détenus par ordonnance. Mais en tout cas, je me rappelle la première journée que je suis arrivé sur l'unité de vie, j'avais deux intervenants qui étaient côte à côte. Et la première chambre à ma gauche, il y avait une fille qui était attachée à son lit. Attachée par les mains, les jambes, le torse et le cou, et elle criait pour aller à la toilette : détachez-moi je veux aller à la toilette. Et là les deux intervenants ont dit : on a pas le temps on fait une admission. Là elle continuait à crier : détachez-moi je veux pas pisser dans mon lit. Là il a dit : heille, si tu continue on va te piquer, on va t'endormir, tu sais. Là eux-autres ils continuaient à m'amener à ma cellule, ma chambre. Là tu rentres dans ta chambre, et moi j'avais une chambre partagée, j'étais avec un coloc, une autre personne à [établissement de psychiatrie légale], et là ils barrent la porte. Et là tout de suite en partant, je me dis : icitte c'est une place de fou, là, tu sais, la fille a 20 ans, ils l'attachent au lit, elle va être obligée d'uriner dans son lit, elle va être obligée de coucher dans sa propre urine, et là si elle crie trop ils vont la piquer. Ça fait que moi j'ai dit : moi je vais tout faire ce qu'ils disent, je veux pas qu'ils m'attachent, je veux pas qu'ils me piquent, c'est une crisse de place de fou, c'est ça que je me suis dit!
	Tokenism	*Jenny:* [Me: But still, you said that that not many people believed in your philosophy when you started, and people didn't really understand what your role was. But for some reason they kept you in?] Well, it was not out of the kindness of their heart. It was because of tokenism. . . . Yeah, a lot of it was because of tokenism. . . . They wanted to show that they were recovery-oriented. It was the fashion to have a peer.

Richard: J'ai été sur le CA de [établissement de psychiatrie légale] pendant 3 ans. J'ai eu une lettre du ministre Barrette, parce que [établissement de psychiatrie légale] fait pas partie du CIUSSS, tu sais. [Établissement de psychiatrie légale] se présente directement au ministre Barrette. Quand [établissement de psychiatrie légale] m'a demandé d'être sur le CA, j'ai du envoyer mon CV et ils font une enquête pour voir si tu as pas de dossier criminel et tout ça. Ça a pris comme 2 mois, j'ai eu une lettre du ministre Barrette qui dit que je suis accepté sur le CA. J'ai été aussi 3 ans sur le Comité vigilence et qualité à [établissement de psychiatrie légale], 3 ans sur le Comité des usagers à [établissement de psychiatrie légale]. Ici le Comité des usagers à [hôpital psychiatrique], j'ai été président 6 mois de temps, j'ai été VP pendant 3 ans, et j'ai été administrateur pendant 1 an. Ça fait qu'en tout et partout j'ai été 6 ans sur le Comité des usagers de [hôpital psychiatrique].

Social functioning

Richard: Comme ils disaient dans le cours de pair aidant, le rétablissement c'est holistique. C'est pas juste le fait de baisser ma médication. Oui ça m'a aidé beaucoup à me donner plus d'énergie, de concentration, de mémoire, plus réveillé. Mais aussi je suis plus actif, j'essaie de marcher minimum 30m par jour, de boire 1l d'eau par jour, de manger santé, trois repas équilibrés avec des fruits et des légumes. Faire de l'exercice, du sport, marcher. On commence pas avec le hockey cosum ou le badminton, commence à prendre une marche, 15m au début, et après une demi-heure, et après 45m. Une bonne idée aussi c'est un animal, ça fait comme la zoothérapie, ça garde compagnie, t'arrives pas dans une maison vide. Quand tu arrives à la maison tu peux promener ton chat ou ton chien. Ça te fait sortir de la maison, voir d'autres personnes, ça te rend sociable. Je dis que le rétablissement c'est plusieurs facteurs. C'est différent pour chaque personne. La personne reprend contrôle sur sa vie. Souvent, les médecins sont paternalistes un peu : prends les pilules que je te donne, reste chez vous tranquille, au pire aller fait du bénévolat, peut-être que tu ne travailleras plus de ta vie. Eux ils veulent notre bien, mais on peut contribuer beaucoup plus. C'est pas parce qu'on a un diagnostic de schizophrénie, de bipolaire, ou whatever, que notre vie est finie. On peut quand-même contribuer à la société. Moi aujourd'hui je paie des taxes, je contribue. Je me sens utile, tu sais.

Jim: C'est du monde qui ont été magannés par le système. Ça ce qui fait ça c'est le traitement, et le système de la manière qu'ils sont traités, c'est ça que ça donne au bout de la ligne. Et puis écoute, ces gens-là ils veulent pu rien savoir. Souvent ils sont sur des doses de médication, très, très, très élevées. Des grosses doses, là, qui te rendent—à un moment donné, quand le monde ils font des rechutes à répétition, je te parle de faire entre 7 et 17 rechutes en dedans de 25 ans, à un moment donné les médicaments fonctionnent pu vraiment. Avec des grosses doses, la seule chose qu'ils peuvent faire c'est te maintenir chez toi, mais ils peuvent pas faire grand-chose de plus. Ça donne pu grand-chose. [Moi : Qu'est-ce que ça fait comme effet chez une personne d'avoir des grosses doses de médicament, là tu me parles d'antipsychotiques ?] Ouais, d'antipsychotique.

		Souvent les grosses doses, la personne va être très, très ralentie, elle aura pu de vie sexuelle, ça c'est sûr et certain. Ça contrôle certains symptômes, pas tant que ça. Ouais, je te dirais que la personne elle est très, très au ralenti. [Moi : Pourquoi on donne ça ?] La logique c'est que ces personnes-là, s'ils n'ont pas ces doses-là de médication, ils sont obligés de les mettre à l'hôpital… c'est ça.
Subversion	Empowerment	*Véronique:* [L'approche biomédicale est fondée sur] une philosophie paternaliste qui a plus tendance à penser pour la personne, décider pour elle. On a moins tendance à aller la consulter, de lui demander ce qu'elle en pense. Parce qu'on la sent fragile, ça fait qu'il faut la protéger. Il y a cet aspect-là. Alors ça va à l'encontre de la philosophie de rétablissement, où on parle de que la personne est capable, elle a ses ressources, elle a besoin d'être accompagnée et non pas de décider pour elle. Elle a des possibilités, il faut juste lui enseigner, lui transmettre, lui démontrer ce qu'on voit, lui démontrer ses forces. Tandis que la philosophie de traitement est beaucoup dans les limitations de la personne. C'est rare qu'on met en lumière ses forces, tous les aspects de sa vie qui vont bien. On parle toujours de ce qui ne va pas et on essaie de trouver une solution? Qu'est-ce qui ne va pas, souvent on est devant des impasses… il y a peu d'espoir qui jaillit de la philosophie de traitement. C'est dommage à dire, là, mais c'est comme ça. [Moi : Et la philosophie de rétablissement, en fait, c'est vraiment les messages qu'il y a partout à l'intérieur de ton bureau et sur la porte de ton bureau ?] Oui. C'est au-delà de… ces messages-là sont là parce que c'est des outils pour que la personne les voit, qu'elle puisse prendre conscience. Parce que c'est ça le rétablissement, de prendre conscience de qui je suis, que ça se peut qu'il y ait des espoirs.
		Diane Harvey, CEO at AQRP: C'est sur que pour moi ça inclut toute la notion d'empowerment, toute la notion de rétablissement et de citoyenneté. Ces thèmes-là qu'on avait déjà traités par le passé dans différents dossiers—je pourrai te sortir, j'ai fait un peu une historique de, soit à travers les colloques ou à travers la revue Le Partenaire, de différents thèmes qu'on a amenés de l'avant avant même qu'ils soient à la mode. Ça fait longtemps qu'on a fait un numéro sur la citoyenneté, et tout ça, là. Donc promouvoir les meilleures pratiques incluant citoyenneté, rétablissement, et tout ça.
	Group therapy vs self-help	*[Extract from my observation notes on a recovery group animated by Véronique without non-peer supervision at the outpatient clinic of a psychiatric hospital]:* L'un des participants . . . parlait beaucoup de la psychiatrie comme outil de répression des personnes hors-normes et d'individualisation des problèmes sociaux, la psychiatrie comme business des psychiatres et des pharmaceutiques. Le point de vue de Jean résonnait beaucoup avec les autres participants, particulièrement une dame qui appuyait activement ses propos. [Véronique] est très bonne animatrice. Au début et à la fin de la rencontre, elle demande « comment ça va sur 10? » et ce que les gens ont vécu de positif et de plus difficile au cours de la semaine. Un sujet abordé à chaque rencontre, choisi par les participants. Annie

	utilise beaucoup les étapes du rétablissement et est très ancrée dans l'approche par les forces. Peu d'emphase sur les symptômes, diagnostics, médication. Ouverte d'esprit, accueille tous les points de vue, incluant les points de vue contestataires du système et de la psychiatrie, sans juger et avec ouverture
	[Extract from my observation notes on weekly therapy groups given at the clinic where I completed my peer worker practice internship]: Mardi 14h30 : Atelier cuisine. Mercredi 14h30 : Atelier repère : sur le sommeil, saines habitudes de vie, psychose. Jeudi 13h30 : Sport—les jeunes décident à quoi ils veulent jouer. Vendredi 12h00 : En équilibre—atelier sur la toxico (connu par les jeunes comme le « groupe pizza » parce qu'à chaque fois les intervenants commandent de la pizza. . . . Impliquer les usagers dans l'organisation/gestion des groupes ? Pas beaucoup pour l'instant, mais il y a un intérêt de [directrice de la clinique] et de l'équipe en général. Il y a déjà eu un groupe de jeunes autogéré par le passé. Patient partenaire : bénévolat dans la clinique ou à l'extérieur.
Clinical tools	*[Extract from the minutes of a meeting of the Community of practice of peer workers of the Greater Montreal region]:* Partage d'outils : [une paire aidante expérimentée] nous présente une multitude d'outils plus pertinents les uns comme les autres, dont elle se sert pour accompagner les personnes. [Un autre pair aidant expérimenté] de son côté nous fait connaître un excellent document qu'il a lui-même réalisé et qui porte sur le rétablissement des usagers qui ont un trouble de la personnalité limite et ce recueil a le grand avantage de pouvoir s'appliquer à d'autre diagnostiques en santé mentale.
	Véronique: Je fais des groupes sur le rétablissement, et c'est entre autres la roue de l'équilibre que j'enseigne. Et puis là, je leur demande : est-ce que ça vous tente qu'on regarde c'est quoi la roue de l'équilibre. On a un atelier pour le découvrir, voir t'es où, comment tu peux bâtir ta roue de l'équilibre. . . . [Moi : La roue de l'équilibre, c'est toi qui l'as inventée?] Oui, c'est ça. C'est avec, oui. Mais ça fait 6 ans. Ça c'est un flash que j'avais eue. Mon boss il m'avait dit : si tu veux que ça marche tes affaires, que ça continue, il faut que tu fasse différent des autres.

Appendix 2—Voice Hearers (Background Section): Illustrative Quotes

The following table presents illustrative quotes for the movement background section of the study of voice hearers:

Movement infrastructures	*Illustrative quotes*

Alternative resources	*[Extract from the minutes of the 2nd regional meeting of the hearing voices groups of the Greater Montreal]:* Raymond du RRASMQ nous informe que le 18 février dernier, une journée portant sur les expériences extrasensorielles a rassemblé plusieurs organismes du Quebec, membres du regroupement. Cette idée a été émise lors de lors assemblée générale des membres. La question de base était : Comment accueille-t-on les expériences multisensorielles ? De façon individuel ou en groupe ? Ce fut un riche partage d'expérience pour ces organismes qui sont souvent très isolés les uns des autres. Ces groupes soutiennent l'importance de nommer l'expérience autrement qu'en évoquant le terme hallucination qui ramène davantage au biomédical qu'à la réelle expérience vécue. Il est alors soulevé que bien souvent s les entendeurs de voix n'osent pas parler des différentes perceptions extrasensorielles qu'ils peuvent vivre mais que si on leur pose la question directement, il est surprenant de constater que plusieurs vivent différentes formes de manifestations.
	[Extract from the minutes of a meeting of alternative resources of the Greater Montreal region]: Le 15 avril 2016, des organismes jeunesse, des ressources alternatives en santé mentale, des groupes en itinérance, des organismes de promotion et de défense des droits en santé mentale ainsi que leurs regroupements, participeront au Forum Jeunes et santé mentale : pour un regard différent. Lors de cet évènement, ces groupes auront à se prononcer sur des propositions de positions communes visant à politiser les enjeux que soulève la médicalisation des problèmes vécus par les jeunes et à proposer une vision et des solutions alternatives. L'objectif de ce forum est de soutenir la création d'un réseau de solidarité favorisant une plus grande cohérence de discours et d'actions entre acteurs souhaitant agir collectivement en faveur d'une vision et de pratiques alternatives en santé mentale qui soient respectueuses des droits des personnes et impliquent ces dernières dans un processus de changement social.
Coping tools and tips	*Nathalie:* Et sinon je pense que le Réseau est très créatif. Bientôt il va y avoir une ligne d'entraide ou est-ce que des gens bénévoles, pas entendeurs de voix, vont avoir été formés par des EV. Il y a un groupe qui a été formé mais on attend une date de lancement. C'est une initiative de l'Outaouais qui a été formé conjointement par un EV et une intervenante du centre Intersection. Il y a eu un développement d'outils, qui s'appelle la stratégie d'ancrage, avec des objets, que ça soit un billet d'avion que tu donnes à tes voix, que ça soit un couvercle avec des trous pour laisser passer les voix. Donc il y a vraiment des objets d'ancrage qui ont été développés par l'équipe encore de l'Outaouais. Il y a un groupe d'EV qui est complètement par Skype. Il y a les agents de rétablissement de Brigitte.
	[Extract form observation notes on a meeting of the hearing voices group "Les voix du monde"]: Maxine [animatrice du groupe] : J'ai un autre exercice avec le miroir—regardez-vous dans le miroir et dites-vous quel animal vous voudriez être. [Chaque participant répond à tour de rôle.] « Ça » : Je voudrais être un cheval, parce que c'est fougueux. Natalia : Une chèvre, parce que ça fonce, ça a des cornes pour charger; une petite chèvre c'est amie avec tout le monde—mais elle est capable de « kicker » aussi. Dan : Un lynx; c'est indépendant, animal, rapide, fort; ça tue pour manger… je ne sais pas si je voudrais tuer pour manger par contre. Frank : Un loup solitaire, qui fait son chemin tout seul, et puis ça va bien. Il est fort, survivant, débrouillard, indépendant. C'est dur à tuer

un loup; moi aussi je suis tenace, je survis à tous les jours; un loup c'est pas tuable! Angélik : Une tortue—elle est comme chez un peu partout, elle transporte sa maison sur son dos. Elle prend le temps, elle vit très longtemps. Porter sa maison sur son dos, c'est important. Moi : Un oiseau—ça vole, ça peut fuir, c'est libre, ça voit de haut. La capacité de fuir, de s'envoler pour aller ailleurs, de se protéger. Diana : Un chien—ça donne de l'amour, c'est toujours heureux, ça essaie toujours d'apprivoiser les autres. Suzanne : Toi, Diana, tu es bonne dans la relation d'aide. On le voit, tu en parles tout le temps. Frank : Chaque personne amène son identité au groupe…

Housing services

Jean-Nicolas: À CAMÉÉ on a parti il y a quelques années des logements sociaux. Et puis c'est la force d'être un groupe d'entraide, d'être ensemble, là. Et puis moi j'ai la chance d'être à CAMÉÉ, mais CAMÉÉ a 30 ans, et puis CAMÉÉ s'est passé de moi pendant 18 ans. C'est pas moi qui l'a construit, qui l'a bâti, là. J'ai la chance d'avoir des gens qui ont été là avant. Mais on a une crédibilité qu'on s'est formé, qu'on s'est forgé au fil du temps. À un moment donné on s'est rendu compte que les conditions de vie dans lesquelles étaient nos gens matériellement étaient inacceptables. Les gens étaient étaient condamnés à aller vivre dans des taudis (Julie : comme moi), ce qui augmentait le stress, tout ce qu'ils vivaient comme pression les gens. Qui ont déjà avant de déménager là un problème de SM, et puis s'ils déménagent là c'est parce qu'ils sont à faible revenu. Et puis là tu te dis : ça n'a pas de bon sens comme cercle vicieux. Et puis quand on parlait à des organisations, à des organismes promoteurs de logement social, qui ont des logements sociaux, des appartements, ils ne se battent pas pour avoir notre clientèle. Ils ont vraiment la vision des médias que les personnes qui ont un problème de SM sont des personnes violentes. Mais c'est des personnes qui ont un problème de SM qui sont seuls au monde, qui vivent des choses qu'ils ne comprennent pas, qui n'ont pas d'aide d'aucune façon. Oui, ils peuvent agir bizarrement, sans que ce soit violent. Ça fait qu'ils ne se battaient pas, ces propriétaires de logements sociaux-là, pour avoir notre clientèle. Alors on a fait les nôtres. On en a 29 maintenant, où les gens ne vivent pas dans des châteaux, ils n'ont pas les moyens d'avoir des châteaux (Julie : non). Le logement social c'est pas des châteaux, c'est pas vrai. Mais ils sont dans des logements décents, et cetera. La plupart les problèmes diminuent. C'est pas de la magie, c'est juste que les stress diminuent, ils ont plus d'argent disponible pour se nourrir, pour manger, et cetera. Et ils n'ont pas à se préoccuper des rats qui courent dans les murs, des fuites d'eau, et cetera, de la moisissure. Alors ça, ça ôte bien des pilules, ok? Alors nous on l'a vu et on l'a compris et on a décidé d'agir dessus, parce que justement on était ensemble et on en parlait tous ensemble, et on s'est dit : regarde, on va arrêter de chialer et on va essayer d'agir, de faire quelque chose. Bien sûr ça nous en prendrait 50 et puis on en a 29. Ça veut dire qu'on continue à essayer d'en avoir plus et d'en avoir plus, tu sais, bon.

Suzanne: [Moi : Quand je te parle de ton psychiatre ou de la psychiatrie en général, quelles émotions tu ressens par rapport à ça?] De la tristesse, de la tristesse. Je vois des gens schizophrène—ben, qui ont le diagnostic de schizophrénie, et ils en arrachent. Ils fument des cigarettes, ils ont la bouche ouverte, ils ont les yeux dans la graisse de bine. Je vois très bien qu'ils survivent, ils vivent pas. Ils passent leur journée à fumer des cigarettes, ils mangent 3 repas par jour, ils se réfugient dans leur chambre. Et qu'est-ce qu'ils font de leur vie? C'est quoi leurs rêves à ces gens là? Ils en ont pas. Leur rêve c'est de ne pas mourir demain

matin. [Moi : Donc c'est le traitement médical qui les réduit à ça?] Oui, les médicaments les rend amorphes, gelés, et en étant gelés, ils marchent comme des zombies. Et un zombie, qu'est-ce que tu veux qu'il fasse comme rêve. Et les endroits, les foyers où ces gens vivent, ils ont pas le droit de parole. Ils mangent ce qu'il y a, ils paient le gros prix pour être nourris 3 fois par jour. Ils paient environ 800$ par jour pour leur chambre, leur repas. S'ils reçoivent 1000$ d'aide sociale, ben ils ont juste 200$ pour leurs activités et loisirs du mois. Ils peuvent pas voyager, ils peuvent rien faire. Ils peuvent pas accomplir leurs rêves, ils ont pas l'argent. Ils sont surmédicamentés. Et si le personnel trouve qu'ils vont pas très bien, ben ils appellent le médecin pour rehausser le médicament. [Moi : Ça c'est dans les habitations supervisées?] Oui.

Knowledge building and sharing

Julie: Et puis je suis formatrice pour L'autre côté de la pilule. [Moi : C'est quoi L'autre côté de la pilule?] C'est sur la vision critique de la médication, les effets secondaires, tout ce qui englobe. C'est une formation de l'AGIDD-SMQ. Oui, ça fait 4 ans que je suis formatrice, au mois d'octobre ça va faire 4 ans. Donc je donne quelques formations par année avec une autre personne, donc on parle de médication, de santé mentale, des compagnies pharmaceutiques. Mais ça c'est en partie grâce à CAMÉÉ, mais surtout de moi-même, c'est tout le cheminement que j'ai fait ici qui a fait qu'on est venu me chercher pour être formatrice, parce qu'on m'a vu ici évoluer, et puis ailleurs. Donc je fais ça, je fais des cours de peinture, j'adore peindre, c'est ma passion.

Nathalie: Et là je leur ai fait réaliser comment ils avaient pu prendre ce recul aujourd'hui parce qu'ils avaient cheminé, et cetera. Et après je suis allé même plus loin dans le dévoilement : Pourquoi on veut parler qu'on entend des voix? Est-ce qu'on a un rôle pour éduquer nos proches autour de nous? Si tu vas dans un groupe d'EV et que tu développes plein de stratégies et que tu n'en parles à personne, si tes proches, ton réseau connaissent tes stratégies, p-e qu'ils vont t'aider à les mettre en place ces stratégies-là. Ça va p-e être plus normal pour eux de dire : as-tu pensé à donner r-v à ta voix pour plus tard?

Movement literature and history

Serge: [Moi : Tu m'as parlé un peu de l'histoire du mouvement des EV, de Marius Romme, de Ron Coleman, et tout ça. Peux-tu m'en parler un peu de tout ça?] Je connais pas ça beaucoup, mais je sais que le premier qui a mis ça sur pied c'est un psychiatre, Marius Romme, avec une patiente qui avait—sa patiente il lui donnait une médication, et une autre, et une autre, et ça l'aidait pas pour ses voix, et tout ça. Et il dit : je vais l'écouter, pour voir, c'est quoi ces voix-là. Et il se met à lui poser des questions sur ses voix, et tout le kit. Et là la patiente elle commence à prendre du mieux, et du mieux, et du mieux. Là il dit : batinse, que c'est ça? Là il fait une émission de télé, et il dit : avec ma patiente, je suis venu avec un mieux-être avec elle. On pourrait regarder dans la population s'il y aurait d'autres personnes intéressées. Il a eu 500 appels, et il a eu environ 300 appels d'EV là-dessus. Ça fait qu'il a ouvert des groupes au Royaume-Uni. Ça fait qu'ils ont ouvert des groupes au Royaume-Uni. Et il s'est mis à prendre des observations, et il a réalisé que le fait de nous en parler entre nous autres, entre EV, ça faisait du bien, déjà.

Kevin: It was the particular kind of activism that was involved at the center of it. You might be able to ask somebody like Paul Baker about that kind of thing. He would be aware of who was involved around that time. [Me: And who's Paul Baker?] Paul Baker's in the UK. He's a key person in the HVM. He was the guy

who went to the Netherland and saw what Marius Romme was doing and went back to Manchester, and put his efforts into the small group approach. There's a little book, I think it's called "Everything you ever wanted to know about HV" or something like that. It's a little text. It's a very good read actually. Have a poke around and see if you can find it and I can help you find it. It's written by Paul Baker. There's a lot of information in there that's been lost in the last few years, you know. What is it that they were trying to create with HV? And this is what we need to do for ourselves and for others.

Network of hearing voices groups

Richard: On apprend, parce qu'à force de t'impliquer dans le réseau, et dans le système, tu réalises que comme aux ÉU, dans les réseaux d'EV j'ai appris énormément. Il y a le Réseau international, et il y a le Réseau québécois des EV. C'est des regroupements de plusieurs groupes à travers la province qui se réunissent mensuellement ou aux semaines. Et on se donne des trucs entre nous-autres. Entre les différents groupes. Des fois il y a des rencontres comme des genres de cafés urbains. [Moi : Ça fait que ça crée un réseau provincial et un réseau international d'EV.] Oui, dès que tu es connecté sur Facebook tu peux chatter avec d'autres.

Nathalie : Et il y a certains hôpitaux qui offrent des groupes d'EV fermés. Je sais qu'à [établissement de psychiatrie légale] ils ont commencé un groupe d'EV entre autres. Me semble qu'il y a d'autres hôpitaux qui en offrent aussi, c'est souvent des groupes fermés. Mais dans les autres groupes, au Quebec ça s'est beaucoup développé, au Quebec il y a environ 35 groupes. Et pour arriver dans un groupe, il faut que tu en aies entendu parler. Et donc le psychiatre pourrait référer des gens. [Moi : Et il y a tu des groupes qui se développent dans le secteur public? Tu dis qu'il y en a un à [établissement de psychiatrie légale]?] Ben maintenant les Percepteurs de sens sont au Rebond, mais ça a commencé au [hôpital psychiatrique], c'était d'abord un groupe fermé au [hôpital psychiatrique]. J'ai un doute à savoir si [hôpital psychiatrique] en a un. Et je pense qu'à Quebec il y en a aussi, mais j'ai pas le recensement. Les groupes ouverts oui, il y a 2 ans j'avais fait un sondage. [Moi : Donc environ 35 actifs en ce moment?] Oui. [Moi : Et ça a eu une croissance assez rapide, ça a commencé quand les groupes d'EV au Quebec?] Le premier groupe au Quebec a été fondé avec le Pavois avec environ 7-8 ans. Je pense que les gens ont vu le bienfait que ça apportait aux EV. Donc je pense que c'est comme n'importe quoi, quand il y a un certain succès, les gens y adhèrent. Et je pense qu'au départ les gens étaient très fermés à cette approche-là, c'est un peu la même chose avec le suicide : les suicidaires peuvent pas parler de suicide ensemble, ils vont tous se suicider. Ben non! Donc c'est un peu la même idée, les entendeurs qui parlent de leurs voix ensemble ça va alimenter leurs voix. P-e que c'est parti de là l'idée d'avoir un intervenant. Mais c'est pas vrai.

Peer-to-peer governance

Jean-Nicolas: Tout le personnel de CAMÉÉ a déjà passé, un jour ou l'autre, sur une période plus courte, plus longue, par l'hôpital psychiatrique. Ne serait-ce qu'à l'urgence, rentrer et presque sortir. Ça fait qu'il y a une compréhension qui est là. Et puis moi, ça ça fait partie du CV qui est demandé aux gens maintenant, tu sais (JR : Mhh, mhh). Qu'ils comprennent c'est quoi la détresse, tu sais. Là aujourd'hui, tout le monde, tous les employés de CAMÉÉ viennent du Congo, c'est bizarre à dire, mais c'est des enfants de la guerre, c'est des gens qui sont arrivés ici, qui ont vécu des choses, et qui ont une compréhension, peut-être, de c'est quoi la détresse. Ça fait partie de ça. Certains là-dedans ont aussi connu

comment on accueille les problèmes de santé mentale au Quebec et en Amérique du nord.

Richard: [Moi : C'est quoi Reprendre pouvoir ?] C'est un groupe d'usagers, il peut y avoir différents diagnostics. Avant ça on était patients partenaires ici à [hôpital psychiatrique], on faisait les comités quand ils voulaient consulter des patients, ils faisaient appel à Reprendre pouvoir et là on avait deux personnes de Reprendre pouvoir qui allaient sur le comité. Et là quand ils voulaient implémenter des nouvelles politiques, des nouvelles structures, ils demandaient les opinions des usagers. Je trouvais ça très intéressant parce que c'est la première fois que les administrateurs et les gestionnaires consultaient des patients pour savoir les meilleures pratiques en santé mentale. C'est la première fois que ça se faisait. Par et pour, il n'y a pas d'intervenant. Une semaine c'est comme un genre de CA. [Moi : Comment ça s'est formé Reprendre pouvoir?] Par des usagers, c'est un regroupement d'usager. Il y a eu de l'aide de l'Avancée, qui nous prêtait les locaux pour faire nos réunions, et ils nous fournissaient le café. [Organisme communautaire en SM] c'était avec [hôpital psychiatrique], c'était un genre d'accompagnement vers le retour aux études ou le retour à l'emploi. Mais eux ils nous donnaient un endroit pour faire nos réunions et même un petit budget pour acheter du café et des biscuits.

Public events and relations

[Poster for the 2018 International Hearing Voices Day event in Montreal]: Les voix du monde Venez souligner et célébrer la JOURNÉE INTERNATIONALE DES ENTENDEURS DE VOIX avec nous. Vendredi, 14 septembre 2018 De 16h à 19h. Au Bistro Mousse Café 2422 rue Beaubien Est, Montreal (à deux pas du Cinéma Beaubien). Micro-ouvert. Surprise. Ouvert à tous. Gratuit. Invitation du Regroupement des groupes d'entendeurs de voix de Montreal et les environs: Les voix du monde. Info: [contact person email] ou [contact person phone]. Entendeurs de voix—Hearing voices.

[Extract from 4th regional meeting of hearing voices groups of the Greater Montreal]: FILM : « They heard voices » de Jonathan Balazs. Visionnement du documentaire de Jonathan Balazs, suivi d'une discussion enrichissante entre les participants, entre autres sur la stigmatisation, la médication, le phénomène des voix, l'espoir et le rétablissement. Plusieurs groupes d'entendeurs de voix (GEV) ayant participé au financement de la traduction par sous-titre ont mentionné qu'il n'avait pas reçu le DVD, alors que d'autres l'ont reçu. Après avoir contacté M.Balazs, il a renvoyé les DVD qui lui étaient revenus faute d'avoir les bonnes adresses. Cependant, il invite les GEV n'ayant pas encore reçu le DVD à communiquer avec lui directement par courriel afin de rectifier rapidement la situation : jonathan.balazs@gmail.com.

Social insertion

Jean-Nicolas: On essaie ici d'avoir un endroit où les gens viennent, ou les gens peuvent s'exprimer. Tu disais : je vais à tel endroit, l'université et tout, mais on essaie aussi CAMÉÉ de sortir de nos murs. Pendant 20 ans facilement, on était tout le temps enfermés ici. C'est bien, c'est le sens d'un abri ça. Sauf qu'à un moment donné c'était refermé sur soi-même. Et là on sort beaucoup de notre communauté. CAMÉÉ est un organisme très connu, à défaut d'être toujours reconnu à sa juste valeur, on est très connus dans notre coin. Demain on est au parc une bonne partie de la journée, on fait un picnic au parc, on fait des tours de bateau. C'est le bateau électrique, ça va bien avec ma capacité physique à moi. J'irai pas faire du kayak de montagne. On fait du bateau sur la rivière, c'est

très touristique, tout le monde peut participer même ceux qui sont à mobilité réduite. L'année passée pour nos 30 ans, c'est une des premières choses qu'on a faites, on a pris un des plus beaux spots du parc des Iles de la Visitation, le barbecue, on était là. On participe depuis 4, 5 ans à toutes sortes d'événements : le festival des boulettes, le ci, le ça. On est là, parce qu'on a une capacité de mobiliser. Et si on était tous seuls il y a pas grand monde qui irait. Mais comme on y va en groupe, et puis c'est CAMÉÉ, bien on est présents, les gens en profitent de ce qui se passe dans leur communauté. Parce que c'est ça aussi, c'est rassurant, c'est peut-être protecteur d'être fous entre nous, d'être vulnérables entre nous, mais la vie c'est pas juste entre nous. La vie c'est aussi tout ce qu'il y a dehors. Alors on essaie de sortir le plus possible. Et ça a des avantages. [Moi : Faire une mixité?] Absolument. Regarde je suis allé à un moment donné à un spectacle de la maison de jeunes à côté. Je trouvais que c'était bon. Je me disais : coudonc, on est 15 pingouins dans une salle de 240 personnes, tous ceux qui sont là sont, entre guillemets, payés pour être là. Tu sais. Où sont les parents, où sont les gens, comment ça se fait que le public est pas là? Il y a du talent, il y a des surprises, ils sont bons, c'est le fun, j'en revenais pas. Où sont le monde? Sur une salle de 240 places, il y avait 2 ou 3 billets vendus, ça a pas de bon sens. Après on est allés quelques uns. Après ça faisait 2 ou 3 ans qu'on y allait, les jeunes nous invitaient. On recevait une invitation écrite des jeunes, faut quand même le faire. Ils nous réservaient des places, deux trois rangées, avec un papier, ils mettaient : CAMÉÉ, CAMÉÉ, CAMÉÉ. C'est la meilleur pub qu'on pouvait avoir. C'est les jeunes qui nous invitaient. Et je te ferais remarquer que normalement ces jeunes-là font peur à notre gang, et puis notre gang fait peur à ces jeunes-là. Et là, ils nous invitaient. C'était super!

Richard : On commence pas avec le hockey cosum ou le badminton, commence à prendre une marche, 15m au début, et après une demi-heure, et après 45m. Une bonne idée aussi c'est un animal, ça fait comme la zoothérapie, ça garde compagnie, tu arrives pas dans une maison vide. Quand tu arrives à la maison tu peux promener ton chat ou ton chien. Ça te fait sortir de la maison, voir d'autres personnes, ça te rend sociable. Je dis que le rétablissement c'est plusieurs facteurs. C'est différent pour chaque personne. La personne reprend contrôle sur sa vie. . . . L'Échelon offrait tellement de cours : estime de toi, ou la chorale, ou cinéma-maison, café-rencontre. C'est plein d'activités. Il y avait toujours quelque chose qui pouvait toucher une corde que tu aimes. Là tu rencontres d'autres gens qui sont semblables—tu te sens pas jugé, tu te sens accepté. Là tu te sens normal, tu te sens pas comme quelqu'un de l'extérieur. Déjà ce sentiment-là ça fait beaucoup. Quand tu te sens accepté et tu es pas rejeté par les autres. Souvent dans la société quand tu dis que tu as un problème de santé mentale, les gens ont peur, la majorité des gens tu dis que tu as un problème de schizophrénie, les gens disent : il est imprédictible, il peut être violent n'importe quand. Les gens ont peur de nous. Et quand on va à l'Échelon ou à différents organismes comme ça on se sent acceptés, on sent pas qu'ils ont une peur. On est tous pareils, tu sais. À force de prendre des cours on évolue, on grandit, et éventuellement—on devient pair aidant ou… juste faire de l'entraide. Je crois beaucoup à l'entraide, je trouve que c'est riche. C'est pour ça que j'en fais encore du bénévolat. Je trouve que c'est important, je veux redonner. Il y a beaucoup de gens qui m'ont aidé et c'est ma façon de redonner.

Appendix 3—Voice Hearers (Analytical Section): Illustrative Quotes

The table presented below summarizes the overall matrix of codes developed for the analytical and framework sections of the study of voice hearers.

	Ethos	*Meaning*	*Identity*
Problematizing of ideology	Functioning and social control Legal coercion Medication	Diagnosis Invalidation Normality and recovery Expert knowledge	Social identity Marginalization of community Professionalism
Utopian projecting	Emotion First-person account Gaining voice Peer-led HV groups Utopian refuges	Aspirational vision Experiential knowledge Holistic understanding Meaning-making Trauma Unusual perceptions	Belonging Lived experience Collective identity Identity reconstruction Public speaking
Accommodation	Acceptance of ideology Clinician-led HV groups Collaborative ethos Empowerment	Medication self-management Psychosocial therapy	

Below, I split the matrix of codes vertically to present in separate tables illustrative quotes for the "ethos," "meaning" and "identity" columns of the matrix. This table presents illustrative quotes for notions under the *ethos* component of the matrix:

Components of ethos	*Notions*	*Illustrative quotes*
Problematizing of ideology	Functioning and social control	*Marc:* La psychiatrie contrôle les crises, empêche les gens de se faire mal en s'isolant, et contrôle la médication… essaie d'ajuster la médication. Moi je suis impliqué depuis 2 ans avec le réseau des EV, c'est pas la psychiatrie qui fait ça les entendeurs de voix. Ah, à [hôpital psychiatrique X] il y a un groupe, à [hôpital psychiatrique Y] aussi. Ça commence. Mais le vrai travail des groupes d'EV se fait par les moins bien payés. Qui est à l'avant-garde? C'est les moins bien payés, le monde du communautaire. Moi j'ai un groupe que je vois aux 2 semaines, j'ai 8 personnes. Sur les 8 personnes j'en ai 2 qui sont pas suivis en psychiatrie, c'est leurs travailleurs sociaux qui les a référés parce qu'ils étaient isolés, et ils ont jamais été médicamentés. Des EV non médicamentés, c'est rare anthropologiquement aujourd'hui. Je suis bien fier de les avoir. Ils ont été accueillis formidablement dans le groupe. Et puis j'ai prévenu tout le monde que… tout le monde se rend

compte qu'ils sont pareils finalement, on est tous pareils, tu sais.

Esteban: Et les assurances souvent obligent quasiment les personnes à aller voir un psychologue cognitivo-comportemental, parce que c'est plus vite, parce que c'est axé sur les symptômes et sur ce qui est visible pour les personnes mais aussi pour l'extérieur. Comportemental, c'est qu'il faut que tu change ce que tu fais parce que la société, il faut pas que tu fonctionne comme-ça, tu sais, il y a quelque chose d'aberrant.

Legal coercion

Serge: Mais par rapport aux soins, c'est ça, et la deuxième fois qu'on m'a amené en contention, c'était des policiers qui étaient venus me chercher à la maison parce que j'avais trop fait de grabuges, là, je m'en confessais. Quand on a descendu tout le long, on était chummy, ça allait bien. Mais quand on est arrivés à l'hôpital ils sont venus me pointer direct en face de la porte de contention. Je suis devenu tonique un petit peu. Et là j'ai vu 2 gardiens arriver. Là j'ai dit : ils sont 4, ostie! Ça fait que là ils me poussaient tranquillement, sans me toucher, mais à m'encercler un peu pour que je rentre dans la pièce, comme un animal. Scuse moi, je décris la scène que j'ai vu. Et moi j'ai fait le con, et j'ai rentré, et j'ai fait comme si de rien était, mais j'ai bullé les deux agents sur les deux policiers qui ont tombé les 4 sur le cul par terre. Et on vient fort dans ce temps-là, hein? Ça fait que j'étais pas content qu'ils m'amène de même en contention. Là je m'en vais bientôt, je dirai pas le nom mais c'est un centre important ici à Quebec, je m'en vais donner de l'information à des intervenants et tout ça. Quand on a un entendeur de voix et qu'on a une belle alliance avec lui, pourquoi la briser en allant ouvrir une porte de contention? Il y a des questions que j'ai à poser, et j'espère me rendre dans des corps policiers, j'espère me rendre—je suis rentré dans des universités, des cégeps, ça va, mais je veux rencontrer des policiers, des travailleuses sociales, des infirmières, des infirmiers, des psychiatres, des internes, toutes sortes de monde. [Moi : Pour leur faire comprendre qu'est-ce que c'est un EV?] Oui, et puis de dire : l'alliance avec l'entendeur, si vous l'avez, ben gâchez-la pas avec une maudite porte de contention!

Karl: And... I still believe that the medicine we live contributes in keeping people sick. I'm not saying it's all bad, I mean. People get cured. People do get cured. But the… uhm.. notion of… because I have to fight people that still believe I'm sick. And.. at 42.. I have no right to say 'I want to stop taking those pills' and I have an order from the law that tells me that I have to take them. And I have experienced not taking them for years –because, for long periods, I don't take them- and it doesn't change a fucking thing, OK? And it's… to a first degree I understand them. I can play the game. But then it

becomes… which is stupid… pride. But it's not because it's a principle of respect. Where I say. Can I have the right to refuse this shit and choose the way of getting better myself?"

Medication

Julie: J'ai pris beaucoup de médicaments, tu t'en rappelle Jean-Nicolas, j'étais gelée comme une balle, c'était… C'est là que je me suis rendu compte que je me poser des questions sur la médication, c'est ici. En parlant avec toi et d'autre monde, parce qu'étais plus capable de lire moi non-plus, moi qui adorais lire. J'avais de la misère à m'impliquer. Là j'ai vu mon psychiatre j'ai dit : là il y a quelque chose qui marche pas avec la médication. J'ai failli tomber en bas de la bolle de toilette et me cogner la tête. C'est moi qui a pris comme en charge la médication, en parlant au médecin. Regarde, là, il y a ça, il y a ci, il y a ça. Et puis en à un moment donné, il était rendu à sa retraite le médecin, et puis il s'est dit : regarde, puisque je suis assez stable et que j'ai jamais été hospitalisé, il s'est dit : regarde, ça va être ton médecin de famille qui va s'occuper de toi.

Richard: Quand je suis revenu de l'enterrement, tout le monde me disait : Richard, baisse ta médication, tu es zombie, t'as pas d'émotions, tu sais. Quand je suis revenu de l'enterrement, je suis allé voir mon psychiatre, j'étais suivi à [établissement de psychiatrie légale], j'ai dit : faut que tu basse ma médication, ma mère vient de mourir et j'ai pas pu pleurer. Là tranquillement, sur 2 ans, il baissait, mais graduellement ma médication. Et après environ 2 ans, j'ai dit woh, là baisse-le pu, les voix ont augmenté beaucoup. Là il a dit : ok, on va l'augmenter une petite affaire. J'ai dit j'aime ma qualité— j'avais une meilleure qualité de vie. Là je pouvais rester réveiller plus longtemps, j'avais plus d'énergie. Ma qualité de vie s'est beaucoup amélioré en baissant la médication. J'ai dit, je voulais pas qu'il le remonte. [Moi : Qu'est-ce que ça fait la médication? Tu parles des médicaments antipsychotiques?] Comme moi je prenais du Seroquel, du Risperdal, du Quimadrin pour les effets secondaires, j'avais aussi un antidépresseur, du Wellbutrin, et j'avais quelques autres médicaments. À [établissement de psychiatrie légale] je connaissais pas tellement—je prenais ce qu'ils me donnaient. J'en revenais même pas que je questionnais même pas. [Moi : Ils t'en ont donné plusieurs?] Ah, oui, oui. J'avais 18 pilules par jour. J'avais je pense 9 le matin et 9 le soir. [Moi : Plusieurs médicaments différents?] Ben je pense que oui, j'avais des antidépresseurs, j'avais 2 antipsychotiques, j'avais un pour les effets secondaires, parce que j'avais beaucoup d'effets secondaires. J'avais comme les bras et les jambes—comme si tu avais des fourmis—tu sais quand tu as les bras et les jambes angoudis, c'était tout le temps, c'était comme s'il y avait des fourmis. J'avais engraissé de 100 livres en dedans de 2 ou 3 mois, j'étais tout le temps fatigué. Il y en a qui disent, c'est comme si tu

		essaies de monter une montagne devant toi. C'est laborieux juste faire ta routine, tu sais. J'ai trouvé ça très lourd.
Utopian imagination	Emotion	*Serge:* Ah, dans mon parcours, je pense que la colère m'a tenu en vie paradoxalement. Parce que j'en ai voulu à du monde, à ma mère, à mon père, à l'univers. Et puis je pense que le fait d'en vouloir ça peut tenir en vie, ça me donnait une raison de vivre à quelque part, je pouvais en vouloir à quelqu'un. Non, mais j'étais en tabarnak. Quand Nathalie est décédée, j'étais en tabarnak. Quand j'ai dit aux infirmières : je vais vous faire décompenser toute la gang! Jack Nicolson dans Vol au-dessus d'un nid de coucou, c'était un enfant de cœur à côté de moi, comprends-tu? J'étais désorganisé, j'étais en tabarnak. De toutes ces pertes-là que j'ai vécu dans ma vie, je suis en tabarnak, dans le fond! Ça fait qu'il faut pas que je dise que je le reconnais pas. Maintenant que je le reconnais je suis moins en tabarnak à quelque part, parce que je le reconnais. Tu sais, je veux dire, je fais du pouce un peu, ça marche, j'avance un peu, mais il reste en arrière de moi— quand je tire sur le rideau de la colère, derrière la colère il y a une peine, une tristesse, une mélancolie vraiment viscérale et dévastatrice. C'est ça que j'ai le plus peur. J'ai bien plus peur de ça que de la colère. La colère, non, ça me rend juste dans un personnage que j'haï pas, un espèce de despote, et les voix quand ils marchent pas à mon goût ils connaissent le despote. [Moi : Et la colère est-ce que tu la canalises dans tes engagements d'aujourd'hui?] C'est une bonne question. On dirait que je veux pas trop montrer ça aux gens la colère. J'ai l'air d'un gars gentil, tout patient, zen, dans le fond, non (rires), je suis renfrogné, triste, déçu, avers—mais, il y a tellement des bons coups, mais tu comprendras qu'au niveau que je suis de personnalité, des traits qu'on dirait, ben ça va dans l'angoisse un peu, mais ça va dans… Je sais pas. Des fois je clive les choses, je vois du beau et du pas beau après ça. Mais j'essaie de faire le pont entre les deux, parce que je sais que tout n'est pas beau, tout n'est pas pas beau.
		Kevin: I read a lot of Franz Kafka, and the Metamorphosis, it was how I was experiencing Toronto at the time. I would feel completely alien, like a cockroach, having a hundred thousand voices. I wanted to die, I wanted to disappear. So one day, I didn't know what to do, I woke up the next day, and I was still having that, still hearing the words, still feeling the same way, but I realized "I'm ok, I'm ok". And I could see through how, it was really complicated. It was all mixed up. That angry voice, the first one, what he did to me. And it was driven from anger, and I get it. And I have kind of a right to be angry. For a period of time I experienced my dad as being mostly angry. He was working a lot, coming home exhausted, eat dinner, fall asleep, put tv on and then a lot of yelling. With this experience of sitting through that, it broke like a fever, I could see the difference, I could now distinguish three

different angers, and figure out which was mine. And I've basically been trying to control anger within me, as we all do in society. As with all emotions. And anger is an especially difficult one because of the way it can sort of turn. Peter Levine says that anger turns the power to rage. And I've seen that, what it does on me and what it does to a lot of people. But I've learned to just feel it, and so I experience anger in a very different way now. I can feel it through my body. It's actually kind of cool. I've learned that anger is like a potato. If we eat a potato raw, it's poisonous. There are chemicals just under the skin that will make us very ill, violently ill, it might kill us. But if we prepare a potato, if we cook a potato, then the poisons get transformed. And now the potato gives a lot of energy. So if we learn to treat anger in the same way and understand what it's about, it gives a lot of energy for the longer term, a lot of resources to stay focused, to stay on a path where we know clearly what we want to do in the world. So I've learned to try and think about anger that way. And you know what, it's kind of cool. [Me : So you seem to be making a connection between your feelings of anger and your commitment?] Yeah, absolutely. Cause it's a real shift in terms of, if somebody is struggling with their voices, they're feeling powerless, it feels like the voices have power over us, and we feel powerless. If you can figure it out, how to flip it. So that you can—how can I use this in a useful way in the world to be who I want to be, or to play my part in the kind of world I want to live in.

First-person account

Serge: C'est ça, c'est toute une sortie du garde-robe. T'es marginal et coco, et moi je fais des témoignages de mon vécu. Auteur, conférencier, animateur, formateur et entendeur de voix. Alors c'est ça, tu parles de moi comme entendeur de voix, tu cites mon nom, tu peux donner une référence bibliographique, n'importe quoi, je suis tout à fait ouvert à ça. À date ce que tu me parle ça correspond tout à fait à ce que vis. Je vais signer ton formulaire de consentement avec plaisir.

Richard: Moi j'étais isolé dans le bois, j'étais complètement déconnecté, je pensais que c'était la 3e guerre mondiale, j'étais complètement déconnecté de la réalité. Je pensais que tout le monde était décédé, le seul coin qui avait survécu c'est ou est-ce que j'étais. Je voyais du monde de temps en temps, que je me disais : c'est comme un petit havre, je sais pas pourquoi mais ça a été protégé. J'ai pleuré pendant deux semaines. Je m'endormais en pleurant, je me réveillais en pleurant. J'ai pleuré la mort [imaginée] de mes enfants, de mon frère, ma sœur, ma mère, tout le monde.

Gaining voice

Jean-Nicolas: Ici on trouve que c'est très important qu'il y ait toutes sortes de moyens d'expression. Et puis c'est très important, même quand les gens sont convaincus qu'ils ont

rien à dire. C'est pour ça qu'on s'est toujours arrangé pour qu'il y ait des activités d'expression par la parole, par le dessin ou la peinture, à un moment donné par l'écriture on a essayé beaucoup, là par la musique, ok. Parce que les gens, des fois, je ne sais pas s'ils ont une fibre artistique de naissance, ou naturelle, mais le fait d'avoir d'autres médiums pour s'exprimer, il y a quelque chose qui sort, et puis c'est comme important. Même quand ils sont convaincus qu'ils ont rien à dire, je le répète, là. Plein de gens, comme Julie, elle arrivait, elle s'assoyait, elle ne parlait pas. Et puis elle avait son frère à côté d'elle. Elle ne venait jamais seule, elle venait s'il était là. (Julie : Avec ma canette de Pepsi Diet.) Et puis le rituel qui était là, elle envoyait Claude chercher la liqueur dans la machine, il revenait, s'asseyait. Si on ne lui parlait pas, elle ne nous parlait pas. Et puis si on lui parlait, elle nous répondait par des monosyllabes, et puis c'était des phrases très courtes. Et puis là depuis tantôt, elle parle autant que moi.

Esteban: J'ai écrit beaucoup de textes, beaucoup, depuis la première année que j'ai commencé à la voir, j'ai commencé à écrire, et quand je rentrais confus une façon de remettre les choses en place, j'écrivais, et parfois je tombe par hasard sur des choses que j'ai écrit je me dis : pourquoi je suis resté aussi longtemps avec elle? . . . Avec le psychologue que j'ai présentement, c'est la parole. Il m'a pas demandé si j'arrivais avec un diagnostic. Et l'histoire d'objectif. À la première rencontre, je dis : j'ai pas d'objectif, et il y a personne qui peut m'aider parce que j'ai pas d'objectif, selon mon médecin et ma psy. Je lui dis : c'est un de mes problèmes, j'ai besoin d'avoir assez envie d'être en vie pour avoir un objectif. Et mon nouveau psy, il dit : pourquoi se fixer un objectif? De toute façon la plupart des gens leurs objectifs changent en cours de route. Et donc il me prend comme je suis. Et je me sens beaucoup mieux là-dedans, c'est beaucoup plus léger sans être moins sérieux.

Peer-led HV groups

Kevin: Yeah, fundamentally, HV is a self-help movement. [Me: I guess it's a radical challenge to professional solutions?] Yeah. So, I have a little bit of difficulty, and sometimes the little is not so little—difficulty when mental health professions want to start a HV group with all the people in their clients. Cause for me that is not a HV group. It might be a good thing, but for me it's not a HV group. My test is that, for me, there has to be at least one person in the room who is seen to be in some kind of leadership role, who can say "I hear voices and I'm ok", some notion of that. If you don't have that, then for me it's not a HV group, it's something else.

[Extract from observation notes on a by-and-for hearing voices group] Entrevue très riche sur le groupe des entendeurs de voix de CAMÉÉ (un groupe sans intervenant), la philosophie

		du groupe d'entraide par et pour (selon JNO, la liberté est thérapeutique, ce qui est contraire à la philosophie psychiatrique), l'histoire de l'activisme en SM au Quebec (GAM, AGIDD-SMQ, RRASMQ, etc.). Avant l'entrevue, JNO et JR m'ont présenté tous les membres présents, qui m'ont tous dit bonjour de manière très accueillante. L'esprit d'accueil et d'ouverture présente une différence frappante par rapport à l'approche psychiatrique. JNO et JR ont tous deux choisi l'option 1 du formulaire de consentement (divulgation totale), ce que j'ai rarement vu dans le secteur public, où, à l'exception de Vitor Pordeus, les gens ont généralement peur d'être identifiés.
	Utopian refuges	*Suzanne :* C'est des maisons écologiques, je vais être capable de me le payer, j'ai des fonds pour ça. Et la terre agricole pour manger bio c'est génial. Il va peut-être y avoir un sanctuaire d'animaux protégé, un lac pour se baigner, un boisé pour marcher dans la nature. Pour moi, c'est paradisiaque. Pour moi c'est le but ultime de ma vie, c'est de vivre dans une place comme ça. Et tu sais, s'il y a quelque chose qui casse dans ta maison, ben tu vis en communauté ça fait qu'il y a plein de monde qui peut t'aider. Et même si j'ai pas d'auto, je peux avoir du covoiturage. Il me semble qu'il y a des solutions à tout.
		Marc: Moi j'allais dans des meetings dans le fond d'un rang dans le début des années 70 ou est-ce qu'on parlait d'agriculture biologique, et c'était quasiment une réunion secrète, là, parce que tout le monde trouvait ça trop capoté, et trouvait ça trop radical. Bon, tu sais, ça a pris 40 ans pour que l'agriculture biologique—tu sais, c'est un Français qui nous parlait de ça. En tout cas. C'est comme ça que ça a commencé.
Accommodation	Acceptance of ideology	*Serge:* Moi je partirais de—je vais le dire carrément—j'ai trois diagnostics : moi je suis schizoaffectif, mais schizophréniforme, avec élément bipolaire, et un trouble de personnalité narcissique.
		Suzanne: Je vais voir si je suis capable de le gérer, et si je suis pas capable de le gérer je vais aller voir le psychiatre. [Moi : Et qu'est-ce qui peut t'aider à le gérer ?] Il y a des moyens. Mais je suis pas sure que je serais contente de vivre une vie avec des voix. C'est très difficile de faire sa vie et d'entendre des voix en même temps. J'ai dit à mon médecin, j'ai dit écoute : si je recommence à entendre des voix, je vous promets que je prends la médication.
	Clinician-led HV groups	*Serge:* Dans un 2e volet on donne des stratégies, de l'information, des études, des statistiques, tout un volet théorique. Pour équiper, pour outiller l'EV, pour lui donner le goût d'aller plus loin. Ça fait que ça se passe comme ça dans le groupe. À l'extérieur du groupe, il y a l'agente de rétablissement, qui assiste au groupe à toutes les semaines,

qui voit les gens individuellement. [Moi : Ça c'est une intervenante ?] Oui. [Moi : Et ça c'est pas une EV ?] Non, elle n'entend pas de voix. Elle est agente de rétablissement. Elle veille à aiguiller la personne vers le rétablissement. [Moi : Mais ça il y a des groupes qui ont un intervenant comme ça, et il y a d'autres groupes qui fonctionnent uniquement par-et-pour, seulement des EV entre eux?] Oui, parce qu'ils m'ont pas connu encore. Je fais une blague (rires). Non, je dis ça parce que le vrai travail, Mathieu, il se fait avec l'agente de rétablissement. Je vais t'expliquer pourquoi. L'agente de rétablissement c'est une vision globale. C'est plus que systémique, même, quasiment. C'est un approfondissement qui est nécessaire mais qui est en extension au groupe, mais qui peut pas se faire dans le groupe. C'est une intervention qui est ajustée en fonction d'eux, avec elle, selon qui est en face de la personne, dans le respect aussi de son rythme, de ses valeurs, de ses croyances, de tout son système à lui. Alors que dans le groupe on peut pas faire ça. Moi dans le groupe je vais partager ce que j'ai vécu, mais je peux pas mobiliser le groupe pour dire : j'aimerais bien ça que vous m'aidiez à voir plus loin là-dedans, auriez-vous des réflexions ? [Moi : Et cette agente de rétablissement, elle va rencontrer chacun des participants ?] Chacun qui le veut.

Suzanne : [Moi : Donc toi ça fait environ 2 ans que tu as commencé à participer à un groupe d'EV ?] Oui. [Moi : Je suppose que tu es allé une première fois et tu as décidé d'y retourner ?] Oui. [Moi : Qu'est-ce qui a fait que tu as décidé d'y retourner et que tu continue à y participer aujourd'hui?] Parce que quand je parle des choses tabou qui me sont arrivées en Espagne, les gens me croient. Les gens me disent pas : t'es une malade mentale, tu dis n'importe quoi, t'es en psychose, non. Ils m'écoutent, ils me croient, et ils me disent qu'eux aussi ils ont vécu des choses similaires, et on s'entraide. On s'écoute mutuellement et on s'entraide, parce que je peux pas dire à mon psychiatre : il y a quelqu'un qui a lu dans mes pensées et qui m'a dit qu'il était un ange. Ben c'est sur qu'il va me dire : t'es malade, là, il faut que tu prennes des médicaments. Ça fait que le seul endroit que j'ai trouvé c'est les groupes d'entendeurs de voix. Et Louise aussi elle me juge pas. Quand j'y parle, elle m'écoute, elle me juge pas. [Moi : Louise c'est une intervenante?] Elle n'est pas EV. [Moi : Mais elle participe au groupe aussi comme co-animatrice?] Oui, oui. [Moi : Et c'est quoi son rôle à elle dans le groupe?] Ben, d'animer le groupe, de donner des outils quand on veut gérer les voix. Moi pour l'instant j'en entends pas, ça fait que j'ai ça de moins. [Moi : Louise est-ce qu'elle participe à l'égal des autres ou elle fait juste superviser?] Non, des fois elle parle de son fils, qui est très—je pense qu'il est peut-être schizophrène. De là sa motivation de nous aider. Ça fait que non, des fois elle s'ouvre. Et on apprécie.

Collaborative ethos	*Serge:* Moi je perçois qu'on est comme dans un paradigme actuellement. Je sais pas si t'as étudié un peu le phénomène des paradigmes? Lorsqu'il arrive un paradigme, on change notre façon de penser, de concevoir, d'agir, et puis ça a tendance à soit basculer d'un bord ou basculer de l'autre. Je pense qu'avec l'approche alternative, en ce moment, on est entrain de basculer d'un bord, et oublier qu'on est 75, 80% à prendre la psychiatrie de l'autre bord de la rive. Mais là quand on y va on a juste des éclairs dans les yeux et puis : les câlice, les tabarnak de psychiatres, ils font juste nous donner des pilules et nous attacher, câlice! Je pense qu'il faut changer notre vision et dire : là il va falloir se parler, il va falloir qu'il y ait un dialogue entre les entendeurs qui ont trop de médication, qu'on voit marcher des fois à pas de tortue, physiquement, le dos courbé, comme j'ai fait à mes dernières années. Mais je pense que c'est de dire : ça serait tu possible de donner moins de médication et de donner plus de groupes? Pourquoi ils initient pas des groupes dans les hôpitaux? En tout cas. Je me dis : la psychiatrie traditionnelle a à accueillir ce nouveau modèle-là de l'approche alternative, du modèle des forces. Mais là on dit : t'as les forces à l'intérieur de toi nécessaires pour t'en sortir mon homme. On va les trouver, on va les découvrir, faut juste enlever les pelures d'oignon. Et puis à un moment donné on va trouver la bonne voie pour te sortir toi-même de ça. La psychiatrie dit : mais attendez, il y a un débalancement neurochimique. Il est entrain de prendre du Lithium parce que sa lithémie va être débalancée, et ci et ça. Les discours ont de la misère à se rejoindre parce que d'un côté on parle humain et de l'autre côté on parle médical. Mais tôt ou tard, ça va prendre—peut-être avec le personnel infirmier, le personnel d'ergothérapeutes en SM… Mais en tout cas, dans les hôpitaux il faut que les infirmières soient au courant de ça. Il faut que les psychiatres acceptent que les infirmières en SM, ergothérapeutes en SM, travailleurs sociaux en SM, et compagnie, les psychiatres et tout ça, ils doivent être éduqués pour savoir que leurs patients leurs disent pas tout.
Empowerment	*[Extract from the minutes of a regional meeting of alternative resources for youth organized by RRASMQ]* En bref, il est plus facile de médicaliser et de diagnostiquer les difficultés des jeunes que d'agir sur les déterminants sociaux et d'offrir une approche humaniste et globale pour répondre à leurs besoins. Les solutions identifiées par les organismes et les jeunes proposent de lutter contre cette médicalisation en intervenant de façon globale et en misant sur l'appropriation du pouvoir du jeune sur sa vie. L'accès aux services publics doit être garanti. Afin que le jeune ait un vrai choix, les approches et ressources alternatives doivent être reconnues et développées. Le droit à l'information doit également être respecté. Des formations doivent être offertes aux jeunes,

		aux parents et aux différents acteurs œuvrant auprès des jeunes. La lutte à la médicalisation des jeunes doit devenir un enjeu de société.

This table presents illustrative quotes for notions under the *meaning* component of the matrix:

Components of meaning	*Notions*	*Illustrative quotes*
Problematizing of ideology	Diagnostic	*[Extract from the minutes of a regional meeting of alternative resources for youth organized by RRASMQ]* Le diagnostic, un passeport pour plusieurs choses L'explication de la déviance de comportements, l'accès aux services de santé, d'emploi et de sécurité du revenu, la justification de problèmes de société, l'augmentation de consommation de médicaments chez les jeunes, la stigmatisation, la perte de confiance en soi et l'isolement, l'approche biomédicale uniquement, le travail d'intervention individuelle au détriment de l'approche collective, le rejet à la fois du milieu scolaire et du milieu de l'emploi. On appose un diagnostic sur les étapes « normales » de la vie du jeune. Un seul modèle humain est promu, celui de l'adolescent normal. C'est un éteignoir de l'espoir.
		Esteban: Eux ils ont cette vision-là, tout de suite, parce que j'ai un diagnostic, ce que tu dis est interprété comme si c'est toujours toi le problème. À partir du moment où je suis dans un système psychiatrique, ça devient comme : c'est toujours toi le problème. [Moi : C'est comme une étiquette qu'on te colle ?] Oui, c'est ça. Et le texte c'est un coup de gueule par rapport à ces étiquettes qui font qu'ils ne voient pas la globalité d'une personne. Tout ce que tu dis est réinterprété, et ça prend des proportions.
	Invalidation	*Richard:* Souvent, les médecins sont paternalistes un peu : prends les pilules que je te donne, reste chez vous tranquille, au pire aller fait du bénévolat, peut-être que tu ne travailleras plus de ta vie. Eux ils veulent notre bien, mais on peut contribuer beaucoup plus. C'est pas parce qu'on a un diagnostic de schizophrénie, de bipolaire, ou whatever, que notre vie est finie. On peut quand-même contribuer à la société. Moi aujourd'hui je paie des taxes, je contribue. Je me sens utile, tu sais.
		Esteban: Mais c'est pour ça que je le ferai pas parce que c'est quelque chose dans lequel je veux pas être. Et elle a mis ça sur le compte de la mauvaise volonté, tu veux pas t'aider. Donc le sentiment d'impuissance, et l'angoisse qui était de façon exponentielle. [Moi : Donc quand tu fais pas ce que ta

thérapeute te dit tu veux pas t'aider?] Oui, ça c'est classique aussi. Et je crois pas que ça soit la seule à dire ça. Quand tu dis quelque chose qui est pas conforme aux étiquettes, t'es pas normal. Et il y a quelque chose que j'ai écrit aussi, je sais pas dans quel texte, c'est quand-même ironique. Le discours de mon médecin, c'est—je suis doublement pas bien parce qu'en plus je suis anormal par rapport à la normalité de mon anormalité. C'est qu'on te donne une étiquette comme quoi t'es pas normal, mais en plus t'es même pas conforme à ton étiquette. Donc, woh, t'es du rebus, tu sais. [Moi: Donc t'es pas capable de te conformer à rien, en fait, même pas à ton étiquette ?] Exactement. Des fois mon médecin il dit : tu me contredis, t'es un esprit de contradiction. Si vous me posez des questions auxquelles je peux répondre oui, je vais vous répondre oui. Mais là vous me dites tout le temps : je te crois pas. Ça fait que ce que je dis c'est pas conforme alors ils me croit pas, et ensuite il va se plaindre que je le contredit.

Normality and recovery

Nathalie: Ben qui cé qui peut dire qu'il est rétabli? Ça veut dire quoi être rétabli? Ça veut dire que je rentre plus dans les normes de la société, que je suis fonctionnelle? J'entends mes voix, ça veut dire que j'entendrais plus de voix si j'étais rétablie? Je comprends les 10 principes du rétablissement. Je comprends que ça nous amène ailleurs. [Moi : MB : C'est quoi les 10 principes, ça vient d'où ça ?] Ben c'est un peu partout. Quand tu cherches sur le rétablissement on va parler d'empowerment, d'espoir, d'entraide, je me souviens pas des 10, là. Mais c'est toutes des valeurs qui te mettent dans un processus. Une des valeurs justement c'est que c'est un processus de changement. Moi c'est le mot rétablissement, comme tel, que t'as une maladie et soudainement tu l'as pu. Déjà pour moi le mot maladie je suis allergique.

Esteban (extrait d'un texte lu dans une soirée à micro ouvert): On veut vous guérir du mal de vivre, on veut se guérir parce que, quand même, on se dit qu'ils ont sûrement raison; on s'habitue à croire que la normalité c'est eux, et que c'est mieux. Mon langage peu à peu en est venu à être teinté de termes qui me mettent pourtant en dissonance avec ce que je vis, ce que je ressens. Je croyais tellement à leur « savoir mieux » que j'ai nié jusqu'à aujourd'hui cet inconfort, ce désaccord, entre ces mots et mon expérience du monde et de moi-même. Ils ont tenté de me mettre en boîte pour me guérir, j'ai cru moi aussi qu'il le fallait. Non pas me mettre en boîte, mais au moins guérir. Mais guérir de quoi? Guérir de moi? Je me suis rendu malade de vouloir aller mieux, et de ne pas réussir à rentrer dans la boîte. Parce que oui, j'ai

		essayé quelques fois de m'y conformer, mais c'est tuant. Plus j'essayais d'aller bien, moins j'avais le goût de vivre.
	Expert knowledge	*Rachel:* Les médecins sont toujours le Bon Dieu partout, mais la façon qu'ils… c'est comme, on a Allah, on a Jésus, on a Dieu, on a toute sorte de dieux, comment on va interpréter notre action comme dieux, c'est différent, là. Et ici, au Quebec, le Bon Dieu ne veut pas collaborer avec personne. Le Bon Dieu en Ontario, il veut collaborer avec du monde. Il y a tout un modèle de soins collaboratifs qui est développé en Ontario, qui est 15 ans avant nous. Le rôle des infirmières cliniciennes qui peuvent faire des tonnes d'affaires sont développées partout au Canada. Pas ici au Quebec—on est 10-15 ans en arrière. Alors je pense que le reste, ils sont plus collaboratifs. Et la santé mentale, la nature même de l'animal exige une collaboration, une intersectorialité.
		Marc: Quand je suis bien préparé, si je tombe sur un psychiatre ouvert et intéressé, ils sont contents d'avoir un intervenant qui accompagne. Je veux dire, c'est vraiment un test pour un psychiatre. Tu accompagnes un client… j'haie ça les appeler comme ça… t'accompagne un résident. Ben s'il a une face de bœuf parce que t'es là c'est un mauvais psychiatre, ou un mauvais médecin. Parce que t'es supposé être un allié pour aider à comprendre la personne ou est-ce qu'elle est et comment elle réagit à ses médicaments parce que toi tu l'observes au quotidien. T'es supposé être un collègue. Ça se fait à peu près pas. Les psychiatres ils veulent rien savoir de nous autres. Ils les gardent 15 min dans le bureau maximum, shlick, shlick, envoye la prescription. Ça fait combien par année, 300k$ un psychiatre? Je fais un meilleur travail que lui avec mon petit 32k$ parce que j'observe, j'essaie de comprendre les besoins de la personne. Je suis capable de nommer mes observations et de comprendre les besoins de la personne et d'aider la personne à exprimer ses besoins.
Utopian imagination	Aspirational vision	*Esteban:* L'utopie c'est quand tu penses quelque chose qui est irréaliste. Tu penses à des solutions qui sont irréalistes dans le système actuel, en tout cas, c'est irréaliste de penser que ça c'est possible. Mais c'est sur que mettre quelque chose en place avec—tu donnes de l'aide à tous ceux qui en ont besoin, ou qui disent en avoir besoin, mais c'est sur qu'il va y avoir des gens qui vont abuser. Ça fait que jusqu'où on peut aller. Si c'est des accommodements par exemples pour les étudiants. On peut pas accommoder tout le monde, s'il y a des abus ça serait impossible. [Moi : Est-ce que ça a une utilité l'utopie?] Ben c'est sur que ça a une utilité. Ça sert à réfléchir à ce qui peut être mis en place dans un système où les choses seraient—me semble que—ça sert à voir ce qui serait possible. Mais, en tout cas,

comment dire. Si on n'a pas ça on reste juste, comme, ok je vais me conformer à ce qui est là. S'il y avait pas l'utopie, il me semble qu'on développerait pas des solutions qui sont—parce que les choses qui se font c'est utopique peut-être pour certains, c'est utopique à grande échelle, mais peut-être qu'à petite échelle ça l'est pas nécessairement. Ça fait que si on commence à faire des changements qui semblent utopiques, si on se dirige vers cette solution qui semble utopique en faisant des petits changements de départ, c'est comme des engrenages, il y a des choses qui bougent autour. Alors ça sert à ça quand même, me semble, à faire changer des choses. Sinon c'est du fatalisme. Et puis là c'est comme : les choses sont comme ça, that's it that's all. [Donc l'utopie sert à sortir du fatalisme? À imaginer une voie de sortie du fatalisme?] Ouais, je dirais ça. Exactement. Et j'ai l'impression que si tu restes trop dans—si tu veux pas du tout aller dans l'utopie et que on reste dans ce qui est possible de faire, c'est comme tu me disais tantôt, pourquoi tu pose pas de questions, ça serait le même principe : je vais me limiter à ce qui est possible de faire.

Kevin: And the world is much more complex that we think it is, and be aware of push back. So I'm not actually trying to change the world but just kind of, be the change. What that means to me is that I can only change the parts of the world that I'm in, and if I want to live in a different world, I have to do that; I have to change the part of the world that I do occupy. Do it, and be in a way that you believe in, rather than sitting critiquing what everybody else is doing and talking about what they should do: they should do this, they should do that. What we've learned is that you don't push ideas on the world. What you do is you share the ideas and you find that the people are interested in working with you in similar ways, and you just get on and do it. So I see the HVM as a really good example of that: it's people who share an idea of how to be, and we get on and we're doing it. [Me: So I guess what you're referring to is an approach to community building?] Yeah, I mean that's where it comes from. That's how it sort of grew quickly in the UK after Paul Baker visited Marius Romme in the Netherlands. He saw what was going on there, and being a community builder, that was his role. Community work is about small groups. I think it's a very powerful idea. And you don't have to convince lots of people, you just find people who do want to come together and do something. And the way the world changes is if we all come together in small groups and do something, and then when you do something different you are teaching the whole world because the environment has changed, there's something different going on. I think that's

how it works. That's how it works in organizations, and it sort of works in society too.

Experiential knowledge

Serge: Oui, entre les 2 dépressions j'ai appris à m'accueillir plus comme être humain, et tout ça, et à rire de moi, et à être capable de marcher à travers le monde. Même si j'avais été le psychologue pompiste scrap, psychotique, hospitalisé, je m'en crissait. Mais je pense que c'est ça, la dépression elle pas nécessairement là juste pour nous faire trébucher, mais des fois quand on trébuche on a le temps de s'arrêter et de dire : ah, câline, je courais un peu vite.

Kevin: So tapping into my personal, private experience, if you like. Hearing voices, I hear them all the time. There are quite a few busy right now. And one thing that they do is that they offer me different perspectives on everything. 'They're talking to me all the time, right. And I find that very useful. It does take a bit of heavy work to do to learn from them. So the stuff that I've learned through my work intertwines, wraps around my personal in my personal experience in all kind of different ways. It's been so far a journey of learning how to make sense of my experiences.

Holistic understanding

Nathalie: Ben je te dirais que dans nos discussions on ne parle pas que des voix, mais en fait c'est une vision holistique le mouvement des EV, donc on ne peut pas prendre que les voix, on prend tout ce qui est en périphérie. Donc le rapport au réseau de la santé qui est très présent va faire partie des discussions, la stigmatisation va faire partie, le dévoilement va faire partie des discussions. Parce que ça fait tout partie à quelque part de reprendre sa propre voix et d'accepter à vivre.

Suzanne: [Moi : Qu'est-ce qui fait que tu penses que c'est pas un dérèglement chimique? Qu'est-ce qui fait que tu remets ça en question, cette idée-là?] C'est parce que j'entendais des voix démoniaques et j'ai remarqué que quand les prêtres priaient sur moi, ça partait. Je connais plein de gens qui prennent des antipsychotiques et ils entendent encore des voix. Je me dis, pourquoi ils prennent des médicaments s'ils entendent encore des voix? Ça donne quoi les médicaments, qu'est-ce que ça fait? [Moi : Et si tu réduis ou que tu arrêtes les médicaments et que tu recommences à entendre des voix qu'est-ce que tu vas faire?] MT : Je vais voir si je suis capable de le gérer, et si je suis pas capable de le gérer je vais aller voir le psychiatre.

Meaning-making

Serge: La deuxième dépression que j'ai fait elle était très différente de la première. C'est pour ça que selon moi c'est une quête de sens à partir du moment où la vie est trop violente et où la vie ne donne pas de sens, justement. Ça devient comme une porte de sortie : dire, ah ben tiens, je

vais perdre la tête un peu. Et je crois qu'on est appelés à en voir de plus en plus des gens qui perdent la tête. [Moi : Pourquoi?] Ben, avec les courses, là, le couple travaille tous les deux, ils ont les enfants, la garderie, après les devoirs quand ça grandit, ça devient fou raide, c'est une course contre la montre, tout le monde est braqué sur son écran. Je sais pas, j'ai comme cette impression-là qu'à un moment donné il va y en avoir plusieurs qui vont craquer. Et il y a plusieurs personnes qui sont à la course à l'argent, ils sont pas à la course à : qu'est-ce que j'aime moi.

Nathalie: Ces derniers temps elles [les voix] sont moins présentes, mais elles sont tout le temps là pareil. Avec du recul je sais que c'est un genre de mécanisme de défense que j'ai développé. Mais où est-ce que maintenant moi je me situe, et le mouvement des EV m'a beaucoup aidé avec ça, c'est de trouver un sens à mes voix. Donc quand mes voix me disent de me tuer, c'est peut-être qu'elles me disent de façon très maladroite de faire attention à moi. Ou peut-être de laisser la place à une nouvelle voix, pas une nouvelle Nathalie, mais d'explorer quelque chose de nouveau, de laisser mourir une partie de moi qui ne me correspond peut-être plus. J'ai peut-être un deuil à faire de l'ancienne Nathalie qui est complètement différente. Je suis capable maintenant de faire assez d'introspection et de me détacher aussi, de me dire : bien j'ai un parcours qui était celui-là, et je ne suis plus la femme que j'étais.

Trauma

Suzanne: Tu sais que la plupart des gens qui ont des maladies mentales c'est parce qu'ils ont vécu des traumatismes de vie. Je ne sais pas s'il y a une part d'hérédité, parce que dans ma famille, ma tante maternelle était atteinte de schizophrénie, mon cousin maternel, ma grand-mère maternelle, ça fait qu'il y a comme une lignée de schizophrénie dans ma famille. Je sais pas si c'est héréditaire. C'est des notions qui sont plus approfondies aujourd'hui, et je fréquente un organisme qui s'appelle Vers l'équilibre. Et eux ils disent que c'est pas de l'hérédité, mais plutôt le traumatisme qui est arrivé dans ton environnement. Donc apparemment, la schizophrénie pourrait se guérir si on guérit le traumatisme et tout ce qui t'a traumatisé depuis ta jeunesse dans ton environnement. Et moi je commence à croire à ça, je trouve que ça donne de l'espoir aux gens qui pensent que c'est une fatalité pour toute la vie. Je pense que la maladie est entrain d'être démystifiée, et puis je pense que ça peut se traiter hors pilules et médication.

Richard: Et mon père il était très, au début il était correct, mais il était violent physiquement et verbalement, il nous abusait physiquement et verbalement. [Moi : Envers ses enfants?] Oui, c'est ça. Il nous traitait comme des militaires. On vient d'une génération de militaires. Il nous traitait comme des

petits soldats, et puis si on écoutait pas c'est une claque, un coup de pied, tu sais. J'ai vécu avec ça, ça fait que je sais c'est quoi—un exemple : mon père souvent quand on faisait une bêtise, il disait : monte dans ta chambre, baisse tes culottes, ça pouvait prendre 5 à 10 minutes, tu sais. J'ai réalisé avec le temps, à force de manger des volées que, tu es porté à te protéger les fesses—parce que mon père c'est avec la ceinture ou une strap—on baissait les culottes, on mettait les culottes aux genous, on mettait les culottes aux genous, et on se couchait la bedaine sur le lit, et puis là il nous frappait.

Unusual perceptions

Julie: Et puis on s'en parle aussi à Apprivoiser les voix, de nos vieilles blessures. Des fois s'ils ont envie d'en parler, on en parle, s'ils veulent pas en parler, on n'en parle pas. Et puis à un moment donné, c'est comme un miroir. Des fois qu'est-ce qu'ils disent, parce que moi aussi j'ai eu des hallucinations. Moi c'était plus visuel qu'auditif—je les ai toutes eues. J'avais l'impression qu'on me touchait à un moment donné, je sentais des affaires, tu sais. J'ai tout vécu ça. Et puis des fois qu'est-ce qu'ils racontent, je le revois. Et puis il faut être fait fort, d'une certaine façon, pour mettre une barrière pour pas trop se laisser affecter par ce que la personne dit. Parce qu'il y a beaucoup—on est empathiques, on est un groupe, on se tient beaucoup. Donc on essaie de—c'est ça, on travaille là-dessus.

Marc: C'est une approche où est-ce que les voix entendues ou les perceptions dites anormales ne sont plus vues comme devant être éradiquées par la médication, éliminées comme des symptômes de maladie, mais sont respectées. Au lieu de vouloir les ignorer ou les faire taire avec trop de médication, on a décidé, on s'est rendus compte—d'ailleurs, c'est ces personnes-là qui s'en sont rendues compte, c'est les personnes EV qui ont parti ça—bref, c'est le chemin inverse de ce que la psychiatrie a fait depuis longtemps. On les écoute les voix, qu'est-ce qu'elles disent, on essaie de leur donner du sens. C'est quoi le sens? Toi, donne un sens à tes voix, comment ça se fait qu'elles te parlent comme ça? On pourrait-tu faire en sorte qu'elles te parlent autrement et qu'elles te respectent? As-tu été respecté dans la vie, toi? Non, hein, ben c'est peut-être pour ça que tes voix te parle de même. Peut-être que si tu essaies de te respecter, toi, tu pourrais avoir le respect de tes voix. C'est enclencher une relation avec les voix et de reconnaître qu'on a du pouvoir là-dessus et de reconnaître que l'origine de quelque soit—de respecter la façon de les nommer de la personne. Il y en a pour qui c'est des télépathes, il y en a pour qui c'est des anges, des esprits saints, des ci, des ça, le Bon Dieu, le Diable, les symboliques sont multiples aujourd'hui. Autrefois c'était pas mal plus, il y avait deux pôles : le pôle religieux et

		le pôle extra-terrestre. (rires) Hein, c'est pas pire, hein? Aujourd'hui les interprétations qu'en ont les personnes sont beaucoup plus variées. Et c'est de permettre de créer un lieu sécurisant où est-ce que ces perceptions-là et la façon qu'ils ont de les nommer c'est respecté et entendu dans une démarche de prise en main de sa vie, de rétablissement où est-ce qu'on essaie de faire la paix avec, ou de résoudre le conflit qu'elles contiennent, ou de le nommer, ou de changer la relation de victime.
Accommodation	Medication self-management	*Nathalie:* [Moi : Donc tu me parlais de Gestion autonome de la médication? Tu dis que ça c'est une approche qui est mise de l'avant des fois dans les groupes d'EV.] Ben moi c'est sûr que j'en parle. [Et toi c'est une approche que tu mets de l'avant?] Oui parce que je pense que plusieurs n'osent pas, quand ça parle de médication et qu'on pose davantage de question sur leurs médications des fois ils ne savent pas ce qu'ils prennent. Donc il y a un souci de vouloir s'informer. Et après ça il y a un effet d'être entendu, et je pense que c'est surtout ça qui ressort souvent, c'est que je comprends pas pourquoi, ou j'aimerais me sentir un peu plus vivant, un peu moins empâté ou léthargique, et j'y arrive pas, ou peu importe les effets secondaires, je veux changer de molécule, parce que tel effet secondaire. [Moi : Les gens parlent beaucoup de prise de poids, non?] Prise de poids, ça peut être des tremblements, des effets sur le foie, mais peu importe la raison, c'est d'être entendu par le psychiatre ou le médecin. Et souvent les personnes n'arrivent pas à argumenter, à faire valoir leurs points. Donc je pense que ce que donne la GAM c'est de donner des outils pour que la personne se prépare davantage pour ses rencontres avec le psychiatre. Et je pense que ça changera pas si on a devant soi quelqu'un qui est très conservateur et qui ne veux rien entendre, p-e qu'on arrivera pas à changer. Mais d'arriver avec plus de questions, de prendre des notes, de se faire accompagner si on veut
		Julie : Et puis je suis formatrice pour L'autre côté de la pilule. [Moi : C'est où ça, c'est quoi L'autre côté de la pilule?] C'est sur la vision critique de la médication, les effets secondaires, tout ce qui englobe . . . C'est une formation de l'AGIDD-SMQ. Oui, ça fait 4 ans que je suis formatrice, au mois d'octobre ça va faire 4 ans. Donc je donne quelques formations par année avec une autre personne, donc on parle de médication, de SM, des compagnies pharmaceutiques. Mais ça c'est en partie grâce à CAMÉÉ, mais surtout de moi-même, c'est tout le cheminement que j'ai fait ici qui a fait qu'on est venu me chercher pour être formatrice, parce qu'on m'a vu ici évoluer, et puis ailleurs. Donc je fais ça, je fais des cours de peinture, j'adore peindre, c'est ma passion.

	Psychosocial therapy	*Richard:* Et même depuis que j'ai fait la thérapie, ça fait 3 ans, j'ai réduit ma médication de plus que la moitié, parce ce qu'au lieu d'entendre les voix 10, 15 fois par jour, il y a des journées quand je suis très occupé je les entends pas du tout. [Moi : Le Bon Dieu, l'as-tu gardé lui?] Oui, le Bon Dieu il parlait pas souvent, mais quand il parlait c'était positif. Mais le diable c'était 10, 15 fois par jour, c'était fort, et ça prenait toute la place. Pendant la thérapie d'Avatar il fallait pas que je touche à ma médication. Vu que c'était un projet de recherche, si j'ajustais ma médication pendant le projet ils pouvaient pas savoir si la recherche sur l'Avatar était concluante parce qu'ils sauraient pas si c'est la médication ou la thérapie. *Julie:* Et puis là, à un moment donné je suis allé à l'hôpital de jour. C'est comme un hôpital mais seulement de jour pour des activités thérapeutiques avec une ergothérapeute. Et puis c'est mon ergothérapeute qui m'a parlé de CAMÉÉ et de Prise II. Elle m'avait donné deux organismes communautaires, un par-et-pour, CAMÉÉ, et l'autre plus avec des intervenants, Prise II.

And this table presents illustrative quotes for notions under the *identity* component of the matrix:

Components of Identity	*Notions*	*Illustrative quotes*
Problematizing of ideology	Social identity	*Richard:* Oui, moi j'ai beaucoup d'amis qui ont été à [établissement de psychiatrie légale] ou qui ont été hospitalisés et puis ils veulent pas être associés à n'importe quel diagnostic, parce que c'est stigmatisant. Même moi je l'ai vécu pendant quasiment 16 ans ou est-ce que j'étais pas capable de travailler parce que j'avais un diagnostic de schizophrène. J'ai eu 3 diagnostics : quand j'ai été à [établissement de psychiatrie légale] ils ont dit que j'étais schizophrène paranoïde. J'ai été 9 ans à [établissement de psychiatrie légale], là ils ont transféré mon dossier à [hôpital psychiatrique], là ils ont dit que j'étais schizoaffectif. Et puis mon dossier a resté à [hôpital psychiatrique] 5 ou 6 ans, là ils ont transféré mon dossier à mon omnipraticien, et puis c'est ça, et elle a dit que j'étais schizoaffectif bipolaire. On dirait qu'à chaque fois que tu vois un nouveau médecin c'est un nouveau diagnostic. Ça prend quelqu'un—il faut que ça se parle dans la société parce que souvent les gens, je trouve ça malheureux, mais à chaque fois qu'il y a une fusillade quelque part aux ÉU ou au Canada, ou n'importe quel—tu sais, les médias sont portés à dire : problème de SM. Et les gens associent, à chaque fois qu'il

	y a un malheur qui arrive, ah, il doit avoir un problème de SM. Et là ils associent violence avec SM, mais c'est pas le cas. Tu sais, la schizophrénie par exemple, c'est 1% de la population. Et puis sur le 1% il y a seulement 2 ou 3% qui comment des délits.
	Julie: Ils devraient travailler sur les déterminants sociaux, c'est ça le problème, c'est pas… Et puis justement, à Apprivoiser les voix, et dans d'autres ateliers que j'ai animés aussi, au début ils se présentaient : je m'appelle telle personne, je suis schizophrène, je suis ci. À un moment donné je leur ai dit : j'ai pas besoin de savoir votre diagnostique; premièrement moi je crois plus ou moins aux diagnostiques, je connais des gens qui en ont tellement qu'ils pourraient en faire un livre. Et puis deuxièmement, j'ai toi devant moi, une personne qui aime la musique, qui aime le cinéma, qui aime faire ça, donc tu n'es pas juste ton diagnostique. Il a fallu que je leur rappelle souvent, pour leur faire comprendre que vous valez plus que juste une étiquette. Parce que souvent on est perçus juste comme des étiquettes. Combien de fois on qu'on m'a déjà traité de parasite, de pourriture, de par ci par ça, par des gens que je ne connais même pas, ou quand j'ai commencé à aménager à telle place, ça c'est su que j'avais un problème de SM, ça a commencé. Pas à moi, mais (chuchotements), des commentaires désobligeants. Non, moi premièrement les diagnostiques aussi il faudrait—je trouve qu'ils sont donnés trop facilement. J'en ai entendu parlé, c'est effrayant, en 5 minutes un diagnostique au coin d'une table.
Marginalization of community	*Jean-Nicolas:* Mais quand je sortais de l'hôpital, c'était terminé, il n'y avait rien d'autre, tu sais. J'étais juste un autre fou de plus dans la cité qui se promenait et tout ça. Alors ça m'a toujours un peu étonné de n'avoir jamais entendu parler du communautaire en SM. Je connaissais déjà peu le communautaire, de manière générale, et en SM absolument pas.
	Marc: Il y a des milliers de personnes aujourd'hui qui travaillent dans le milieu communautaire avec des salaires de misère. Parce qu'ils ont leur diplôme mais ils ont pas été choisis dans le réseau. Hein, les cégeps, les universités, ils chient des milliers et des milliers de psychoéducateurs, d'éducateurs spécialisés, de bacs en psychologie, de bacs en travail social. Des milliers et des milliers. On va écrémer pour le réseau public, eux-autres ils vont avoir des bons salaires, on va écrémer ces cohortes-là, et les autres vont aller travailler dans le milieu communautaire pour des salaires de misère.
Professionalism	*Esteban:* Je n'étais pas malade mais je le suis devenu par le biais d'un diagnostic. Au moment de le recevoir, on ne vous dit pas que c'est comme une sentence. Pourtant votre

		parole vraie n'est plus entendue une fois qu'on a trouvé un ou plusieurs noms pour vous définir. Ce que vous dites ne vaut plus grand-chose, vous n'êtes plus quelqu'un qu'on écoute: vous devenez quelqu'un qui doit écouter et faire comme ils disent. Dès que je décrivais quelque chose qui ne correspondait pas aux critères de ces étiquettes qu'on m'avait collées, je n'avais plus aucune crédibilité. Dès que mon discours sortait du cadre de ces « troubles », on s'empressait de vouloir me faire retourner dans le carcan médical.
		Kevin: I was left having read this book convinced that of all the professions / academic disciplines, the one least equipped to understand and take lead on supporting people through what we call "mental illness" is the one that calls itself "soul healing": psychiatry.
Utopian imagination	Belonging	*Serge:* D'abord, [participer à un groupe d'EV m'a apporté un sentiment d'appartenance. Un groupe comme moi qui vivent l'injustice d'avoir 80, 100, 1000 voix par jour, c'est comme—de connaître du monde comme moi. Je suis tombé sur le cul, j'en revenais pas, j'ai fait : hein, câlik, c'est tu vrai? Du vrai monde comme moi.
		Karl: I wish I'd win the lottery to… have a bus and go around the city in that bus helping homeless people. Inviting them in to take a shower and give them some food, spend some quality time with them… I really wish I could do something to help people, to change things.
	Lived experience	*Serge (in a self-promotional document he shared with me for this research):* Serge évalue une journée typique à environ 400 interactions avec des voix ; les échanges pourraient osciller entre 7 et 777 interactions par jour ! En 1999, Serge déployait une psychose dévastatrice nécessitant une hospitalisation de trois mois. Après un rétablissement d'une durée de 4 années, Serge reprend des forces à la Maison de la Famille Rive-Sud de Lévis où il travaille. Puis, il deviendra psychologue scolaire jusqu'à ce que ses voix redeviennent envahissante.
		Natalia : J'ai pas entendu ça, c'est des amis qui essayaient de me conseiller mais pour moi j'étais pas là, j'étais pas dans cet agenda-là, j'avais pas besoin d'aide médicale; j'avais besoin de—je sais pas de quoi j'avais besoin mais je sais que je souffrais trop, ce qui a fait que j'ai attenté à ma vie et que je me suis rendu compte à un moment donné que j'avais pas le choix d'agir. Donc on m'a amené chez mon médecin, qui est un ami de longue date, mais avec qui j'avais quand-même certaines réticences à me confier. Alors je lui ai finalement dit, je me souviens d'être entrée là, chez le médecin, après une tentative de suicide accompagnée de mon ex, ou de mon futur-ex, on était en processus, tout ça s'est passé pas mal en même temps. Et

	je retrais là pour avoir un billet du médecin parce que j'avais manqué 2 jours mais je retournais travailler le lundi. Bon finalement je suis jamais retournée, mais j'étais vraiment décalée, j'avais pas conscience je pense de toute l'ampleur de ce qui m'arrivait. J'avais surtout une crainte par rapport à mon médecin qu'il dévoile tout à mon ex-mari. Je sais que j'avais une certaine crainte de perdre la garde des enfants, et je voulais pas me retrouver à l'hôpital.
Collective identity	*Marc:* C'était vraiment—je m'identifiais aux marginaux. Être marginal dans les années 60, 70, c'était connoté positivement, être marginal. On voulait se marginaliser, on contestait—l'ambiance de l'époque rendait la chose noble. Moi je vivais pas une exclusion dans ma marginalisation, j'étais fier de dire que moi, je veux pas vivre dans un système comme ça, je suis pas un esclave, et puis, bon. . . . Un groupe d'appartenance, c'est un groupe où ils peuvent nommer des choses qui vont pas être jugées. Ils vont avoir du support. On parle pas juste des voix aussi, on parle de toute la SM, on parle de la place qu'on a dans la société, on parle du rapport qu'ils ont avec leur psychiatre, leur médecin, et leur famille, et de ce qu'ils ont vécu, et les abus et les violences auxquelles ils ont survécu.
	Esteban: Oui, ça fait depuis tout petit, je sens que c'est comme ça. Mais je savais pas que je pouvais changer, je savais pas que je pouvais être qui j'étais vraiment. Déjà même à ce niveau-là. Donc je commençais à avoir plus confiance en moi. Mais ça n'a pas été facile de—c'était pas encore officiel le changement de prénom, mais, elle a suivi, ça faisait 7 ans qu'on était ensemble, c'était vers la fin, elle avait eu accès à tout ce qu'il y avait avant, que je suis pas bien dans ma peau. Avant même de savoir que ça existait. . . . Mais avant même de savoir que ça se pouvait d'être transgenre, mais avant ça je lui parlais déjà que le prénom ne faisait pas, que j'étais pas bien dans le corps que j'avais.
Identity reconstruction	*Julie:* C'est ma première toile à l'huile. Mais j'ai beaucoup d'expérience en peinture. Et puis ma professeure elle m'avait dit : Julie, pour ta première toile à l'huile tu as pris un sujet de professionnel. Elle m'a aidé un peu pour les miroirs parce qu'elle-même elle capotait. Elle dit : c'est dur. Et puis je l'ai réussie. Et puis c'est toutes des petites victoires que j'aime prendre. Et puis depuis que j'ai fait cette toile-là, n'importe quel défi en peinture ne me fait plus peur, parce que j'ai réussi. Et puis en peignant cette toile-là, j'ai mis de côté toutes mes blessures d'enfance, c'est très très thérapeutique la peinture, pour moi en tout cas. Je mettais toutes les frustrations, toute la peine dans un miroir, et puis l'autre miroir c'est comme l'espoir d'un futur meilleur, et puis que tout va s'améliorer avec le temps et puis beaucoup de travail. Et puis aussi j'ai d'autres projets.

		Serge: Ok, commence par me raconter un bon coup que t'as fait dernièrement, et tu nous raconteras ta semaine. Ça fait que là, la personne dit : ben là, j'ai fait telle affaire… Là : Oui, c'est beau ce que ta fait, je te trouve courageux mon gars! Heille, ta voix te disait qu'elle allait tuer ta sœur et tu l'as bravé pareil, heille, crisse, t'es un guerrier! Comprends-tu? Le principe c'est de se donner des claques sur les épaules entre nous autres. Parce qu'on a tous l'estime escamotée, scrap. À force de se taper sur la tête avec la culpabilité, la câlisse de culpabilité, la honte, le remord et compagnie. Alors que la vie c'est des expériences, c'est pas des claques sur la têtes. Donc il y a cet aspect-la de claques sur les épaules entre nous. C'est un groupe d'entraide. On se répare l'estime entre nous. Avec des voix négatives, il y a toujours—sur 4 voix en moyenne que les gens entendent, il y en a 3 négatives. Alors l'idée c'est de rendre ces 3 là le plus graduellement possible en alliance et en voix positives.
	Public speaking	*Serge:* À chaque fois que je donne une conférence, je dis : je suis un EV, je ne suis pas les EV. Attention, généralisez pas à partir de moi que c'est comme ça les EV. Et il faut le mentionner, ça. Moi je pense que l'éducation qu'on a à faire sur l'entente de voix au Quebec, ça devrait se faire par module. Je suis en train de l'écrire quasiment le livre, là.
Accommodation	-	