

Major Research Paper

Gendered Heart Job? Exploring Emotion Management and Care Work
in a Voluntary Service Context

A case study based on social service volunteers' long-term relationship with
special needs clients

Yujuan Cai
(300024859)

University of Ottawa

Table of Contents

Introduction.....	2
Literature Review.....	6
Emotion Management	6
What is emotion management	6
Emotion management in work/family social settings.....	11
Voluntary Social Services for Special-Needs Clients	15
Care Work, Emotions, and Volunteering.....	17
Methods.....	24
Setting.....	24
Participants	26
Interviews	28
Advocates' Emotional Involvement with their Matches	30
“Sunshine”: Positive Energies in Daily Life.....	30
“Not All Roses”: Unhappy Moments and Unfavourable Incidents	32
Subtle and Inconspicuous Emotions: Momentary Frustration and Worries.....	34
Intense and Discernible Emotions: Strong Disappointment and Anger Confrontation.....	39
Friendship Care: Emotional Connection and Role Orientation	45
Relational Emotion Care Work	45
Emotional Connection and Relationship Fragility	48
The Care Work Across Genders.....	52
Discussion and Conclusion	56
Discussion	56
Conclusion.....	63
References.....	67

Introduction

Emotion management has received increased attention across a wide range of fields in recent years. In particular, the Sociology of Emotions has seen emotion management become an important sociological subject for understanding the complexity of human emotions. Erving Goffman pioneered the investigation of emotions by introducing a micro-lens into social interactions, and he claimed that we try to manage the impressions of ourselves formed in the minds of others, and that emotions occur between persons through these interactions (K. J. Lively & Heise, 2014). Then, a second academic breakthrough of this sub-discipline rests on Hochschild's consideration of social structure in the form of "feeling rules" (Hallett, 2005, p. 249). Notably, Hochschild proposed an emotion-management perspective which provides a new insight – emotional experiences and expressions of individuals are not necessarily natural or genuine; rather, they are shaped by cultural scripts and interaction processes, and are guided by feeling rules and behavioural norms (Hochschild, 1990; Thoits, 1990).

In everyday life, emotion management is typically employed to produce a socially acceptable state of mind in oneself in response to the situated setting. Many examples can be listed: Walmart greeters constantly produce welcoming smiles to customers, although they may feel bored and listless; funeral attendees show

expression of sympathy and sadness but some of them may initially be in a good mood in response to other positive events; weary mothers create feelings of cheerfulness for their children and husbands when return home even though they may have experienced an exhausting day in the workplace.

Very interestingly, it becomes important to engage the framework of care work when individuals need to conduct emotion management for making reasonable impressions in the minds of particular interacting people. The affective labor (“caring about”) (Abel & Nelson, 1990) of care work virtually resonates with the essence of emotion management, and some research reveals the emotion-related dimension of care work across different occupations and milieus (e.g., Erickson, 2011; Lopez, 2006; Mellow, 2007).

The investigation of emotion management applied to various social settings has created massive interest among scholars, while *the workplace* and *the home* would be the most heavily researched areas. However, the assumed dominant public-private dichotomy restricts the study of how emotions are experienced and expressed by volunteers who work in a voluntary service context (Thornton & Novak, 2010). The emotional dimension of care work in this context also seems overlooked (Mellow, 2007). Hence, I argue that research on emotion management in this untraditionally-defined setting, integrating the emotional dimension of care work, is important.

I am also inspired by studies looking at gender differences regarding emotion management at home and in the workplace, and therefore, a gender perspective is employed to examine emotion management, as well as to gain some insights from exploring whether gender variations can be observed in the voluntary service context.

The primary aim of this paper is to (1) unpack emotion management in a new social arena with an exploration over possible differences of emotion management from a gender lens; and to (2) help understand the specific care work in relationships between volunteers and their special needs clients. This is undertaken by looking at caregivers' emotional involvement in the process of interactions, which might offer some important insights into the emotional labour involved in a broader care network of interpersonal relationship. The specific questions that drive the research are: (1) what emotions do volunteers present to their paired clients with special needs when they undertake care work? (2) What shapes their emotional expressions and how do they manage their emotions? (3) How is care work informed by their emotion management? (4) what gender differences might be found in terms of their emotion management and care work?

This study employed a qualitative case study approach to investigate social service volunteers' emotional experience with their special-needs clients. I selected Everyday Champions (a matching program between volunteers and clients; abbreviated as EC) offered in Citizen Advocacy of Ottawa-Carleton (a voluntary

organization; abbreviated as CA) as my case program and data was acquired through interviews with volunteers and a program manager. This case selection was primarily based on the fitness of my research questions and objectives, as well as the accessibility of participants.

This study hopes to contribute to this growing area of research in the Sociology of Emotions by exploring volunteers' emotion management towards their special-needs clients within a new milieu. Moreover, the integration of care work is important for our increased understanding of how emotion management unfolds in special caring activities. In a broader sense, this research hopes to make contributions to the elaboration of theories and some empirical research regarding emotional experiences and gender studies. Admittedly, this paper is unable to encompass the entire interactional process between the volunteers and clients, and due to the study scale constraints, this paper cannot provide a comprehensive review of general voluntary services.

The overall structure of the study takes the form of five chapters. The first chapter provides a brief literature review around the key concepts (emotion management and care work) and the social context (voluntary social services and volunteering). Chapter two considers both the source and method of study which includes a specific setting, case selection, and interviews. The third and fourth chapters present the research findings by analyzing volunteers' emotional

involvement with their matched clients and volunteers' care work as a form of friendship, respectively. The final chapter discusses the significance of the findings and summarizes the project's main findings.

Throughout this paper, the term "emotion management" refers to individuals' conscious and deliberate efforts to control and regulate feelings to ensure that their desired emotions occur "naturally." While a variety of definitions of the term "care work" have been suggested, "care work" in this paper is described very practically as all emotion-related activities undertaken by volunteers to care for their clients.

Literature Review

Emotion Management

What is emotion management

The concept of *emotion management* was first proposed in Hochschild's (1979) article *Emotion Work, Feeling Rules and Social Structure*, where she argued that individuals made efforts to manage their feelings (e.g., evoke happiness and inhibit worries) in ways appropriate to the situation (Hochschild, 1979, p. 571). Her introduction of an emotion management lens made a groundbreaking inquiry into links between emotive experience and social structure. However, she did not fully clarify the notion of emotion management in her initial research; it is problematic to use "*emotion management*" synonymously with terms like "*emotion work*" and "*deep acting*" whereas these terms actually develop their specific connotations related to

emotions. Specifically, “emotion work” denotes “the act of trying to change in degrees or quality an emotion or feeling,” believing that this term emphasized the effort of trying rather than the outcome that may be recognized as failed or successful acts of management (Hochschild, 1979, p. 561). Synthesized from Goffman’s two types of acting, Hochschild claimed that “deep acting” is what “goes well beyond the mere ordering of display” (Hochschild, 1979, p. 563) in contrast with “surface acting” referring to the direct behavioural expression (e.g., the given-off sigh).

The first important debate triggered by Hochschild works is around “appropriate situation-feeling fits” by investigating the misfits of situations. She claimed that emotion management is “the type of work it takes to cope with feeling rules (or display rules)” to fit appropriately to the situation (Hochschild, 1979, p. 561). However, Peterson (2006) distinguished feeling rules and display rules (how people are expected to *feel* and *show* their emotions in particular situations) by interpreting emotions in a given cultural context. In empirical research, emotional display rules in the workplace probably gain closer attention for some scholars. For example, Moran, Diefendorff, & Greguras (2013) compared the expressivity of emotion in emotional display rules under different contexts and found that individuals tended to express their emotions less at work than outside of work. By comparison, Diefendorff et al. (2011) focused on the interaction between unit-level display rules and individual-level display rules as shared norms regulating emotion expression in the healthcare setting.

Although theoretical perspectives on emotions have been developed, two significant theoretical contributions to emotion management are worth mentioning here to inform the current study. The first theory rests on Hochschild's (1983) classic analysis of the commercialization of airline attendants' feelings, which reveals the corporate feeling norms, status and gender stratification in the context of market demands. In Hochschild's Emotion Management Theory, service workers perform emotional labor for profit whereas their genuine emotions must be suppressed and the mandated feelings must follow the organizational norms. Moreover, Thoits (1990, p. 191) proposed a model of subjective emotional experience that identifies four components to probe emotion management: (a) situational cues, (b) physiological changes, (c) expressive gestures, and (d) an emotion label. One's emotions may be altered if one of the four interconnected components changes. Affective Control Theory (ACT) is another commonly used theoretical model, especially in the quantitative studies (see Smith-Lovin & Heise, 2016, Chapter 2). It is grounded in three affective dimensions – *evaluation* (goodness vs. badness), *potency* (powerfulness vs. powerlessness) and *activity* (liveliness vs. lifelessness) (K. J. Lively & Heise, 2014, p. 53). Noteworthy is that individuals' sentiments are interrelated with settings, role identities, behaviours, and attribute character traits through the above-mentioned dimensions of affect (K. J. Lively & Heise, 2004). The remarkable variability of settings, role identities, behaviours, and personal attributes are all

essential elements of social interactions. In short, ACT can represent these elements in quantitative forms (e.g., numerical figures and model equations) through three explanatory dimensions – Evaluation, Potency, and Activity. For example, volunteers might be seen as very good, powerful, very active identities for helping particular disadvantaged groups and such identity is expected to correspond with consistent behaviours such as taking care of clients, in line with the cultural sentiment of being ready-to-help volunteers. However, other empirical research has provided different insights into understanding emotion management more recently. For example, Thompson (2011) applied developmental systems theory to examine how unregulated emotions are managed developmentally to adapt to varying neurobiological and situational demands.

A number of various terms were used to reveal the *strategies* for managing emotions, and these terms contribute to the understanding of the complexity of emotion management process differently. For example, Thoist's two modes of emotion management strategies and emotion culture (feeling rules and display rules) can be connected to elaborate *surface acting* and *deep acting*, respectively.

Individuals might only have to perform *surface acting* in order to act in accordance with the display rules, and this type of acting simply concerns altering one's outward expressions and appearance in order to deceive others' ideas about one's expressions (behavioural mode). By contrast, *deep acting*, which involves an attempt to create an

authentic emotional reaction, means that one must change one's experience of emotion by deceiving oneself about the nature or extent of one's feelings.

Admittedly, the processes of emotion management lie at the junction of body and mind. From a multidisciplinary perspective, questions are much debated regarding whether the elicitation of emotions is unconscious, and the sequence of the point of emotion elicitation and the point of emotion management (Hunt, Walby, & Spencer, 2012, pp. 71–73). However, Rosenberg (1990) pointed out the reflexivity of emotions: the capability of perceiving the self as the object of its own cognition as well as taking self as the object of its own manipulation and regulation. This viewpoint further sheds light on the idea that the internal physiological state of emotions can be subject to being “worked on,” and therefore, emotion management can be mingled with elements that may be distinguished from the physiological or bodily experience.

Emotion management examined in this paper differs from the physiological changes within the inner body but it echoes many sociologists' interests with the majority focus on individuals' *conscious and deliberate efforts* to control and regulate feelings to ensure that their desired emotions naturally occur afterward (see Hochschild [1979] for the interactive account of emotion and social psychology).

Emotion management in work/family social settings

Two essential terms that fit under the broader umbrella of *emotion management* are *emotional labor* and *emotion work*. In sociological scholarship, the term “emotion management” is sometimes used interchangeably with “emotional labor” and “emotion work.” However, they may be distinguished in various social milieus: emotion management can generally be adopted in any setting, whereas *emotional labor* is applied to paid work and governed by economic criteria but *emotion work* is applied a more private and non-profit-related context (Waldron, 2012, Chapter 1). More specifically, individuals are involved in *emotional labor* when emotion management is exchanged for a wage in the context of paid employment (Eller & Ross, 2009). Hochschild defined labor as which “requires one to induce or suppress feeling to sustain the outward countenance that produces the proper state of mind in others” (2012, p. 7). In contrast, *emotion work* is unpaid and not related to financial rewards in a private setting (Ritzer, 2004, p. 183).

Following with the primary difference of these two concepts, a large volume of empirical research has been conducted in emotional labor in the workplace and emotion work at home, respectively (Stets & Turner, 2014, p. 368).

Empirical research on emotional labor in the workplace

Emotional labor is undertaken within a paid professional setting, directed at a customer or client. Hochschild initially pinpointed standards of jobs that involves

emotional labor: *face-to-face or voice-to-voice contact with the public, creation of another person's emotional state, and employees' emotional activities in accordance with employer command* (Peterson, 2006). In this sense, an emotional laborer shall require to manage one's own emotions for satisfying their customers.

In Hochschild (1983) research, flight attendants need to behave in a joyful, motherly manner to make customers feel at ease and entertained during air travels. Because the requirement that flight attendants shall project a friendly personality was imperative for the position, flight attendants were required to master certain techniques to sharpen their skills in regulating their emotions and display their emotions properly. In stark contrast with the highly formalized emotion rules governing the behaviour of the flight attendants, workers in other service industries received only vague instructions to create a happy and friendly attitude to clients, and directives were neither strongly enforced nor emphasized in professional education (Smith III & Kleinman, 1989). However, it is also interesting that emotional detachment is required as an essential rule in some professions. For example, in Smith & Kleinman (1989)'s study, they found that the teaching in medical schools contained a hidden curriculum of unspoken rules and resources for managing unwanted emotions, and medical students employed knowledge of this professional education to regulate their emotions as important preparations to become qualified doctors. Instead of creating intimate contact with their clients, they learned "affective neutrality"

through emotion management techniques that included *transforming the patient or the procedure into an analytic object or event* and *accentuating the comfortable feeling that comes from learning and practising “real medicine,”* and so forth. The examinations of various occupations convey a message that although more workers conduct emotional labor as part of performing their work roles (i.e., exhibiting happiness), differences in feeling rules and display rules can be noticed across the requirement of particular jobs. Grandey et al. (2013, p. 3) identified the “occupational requirements” lens to highlight that organizations and occupations attempt to impact individuals’ emotions that they feel and display in the workplace.

Notably, some scholars have studied gendered differences regarding emotional labor. Pierce's (1996) work showed the gendered division in law firms, where more men worked as trial lawyers but paralegals were mainly occupied by women. Male lawyers were expected to engage in displays of *hyper-masculinity* (e.g., be aggressive to intimidate uncoordinated clients) and “strategic friendliness.” However, female paralegals were required to perform the nurturing emotion work with their self-presentation as the non-threatening and kind “mothering paralegals,” involved with *deference* and *caretaking*. Moreover, varying emotion norms applied to different genders even in circumstances where they were in the same job. Hence, women tended to confront a double standard where the job was to require an uncompromising attitude and aggressive behaviours, but they might be blamed for not being kind. More

importantly, males' higher status in the workplace and the expectations of masculinity indicated that they were not expected to follow the same emotional labor standards as their female counterparts. Overall, Pierce's work suggests that this gendered emotional division of labor establishes status differences in the professional context, and also reproduces and reinforces the status hierarchy (Peterson, 2006).

Empirical Research on Emotion Work in the Family

As is stated by Hochschild (1983, p.68), "The deeper the bond, the more emotion work, and the more unconscious we are of it." This implies the performance of emotion work in a familial arena remains below the level of consciousness, which partly explains why relatively less empirical work has been undertaken in this area. Within this context, the degree and the ways of regulating our feelings in accordance to cultural norms or responding to family members are more likely to be unconscious, and also rather difficult to capture and identify. But even the most intimate of family relationships cannot be devoid of emotion norms. Elliott and Umberson (2008) believe feeling rules and emotion management are not absent even in the most intimate of family relationship, and family members (e.g., husbands and wives) engaged in emotion work voluntarily to maintain their fundamental social bonds (e.g., marital satisfaction).

The complex inter-relationship between the agency, cultural norms and structured inequality run through the literature on emotion work in the familial

context. For instance, Brody (2000) argued gendered inequalities in families intertwined with ideologies to produce emotive compliance with one's status or identity while individuals' identities or self-meaning (i.e., femininity and masculinity) in the micro-level gendered practices were clarified (also see Coltrane, 2000).

Therefore, emotion work in the familial context indicates that emotion management cannot be avoided even in the close relationships. To extend this point, I argue that the interpersonal relationship – “friendship” with special-needs clients engaged by volunteers may see a particular kind of emotion management in a voluntary social service context. Particularly, Brody (2000)'s study inspired me in regard of self-presentation in their emotive expressions in the contact with clients.

Voluntary Social Services for Special-Needs Clients

Understanding the content of social services is fundamental for delineating volunteers and their work in practice. Social services constitute “the activities of human services personnel in promoting the health and well-being of people and in helping people become more self-sufficient, preventing dependency, strengthening family relationships, and restoring individuals, families, groups, or communities to successful social functioning” (Barker, 2003, p. 407). The wide range of services includes (but not exhaustively) covering daycare, employment training, fostering care, children protection, rehabilitation, residential provision, homemaker services, and

sheltered workshops (Kramer, 1987, p. 240). Social services are organized primarily for the populations considered as belonging to less advantaged groups (e.g., children and families, youth, the elderly, the physically disabled and the developmentally disabled) in society who are in need of additional support to achieve or promote social well-being (Juan-Toset & Morata-Garcia-De-La-Puerta, 2012).

Notably, a vital concern of social services lies in how to approach the targeted recipients by service delivery and policy intervention. Some researchers have attached significance to social support, human capital and social capital to social services to empower the disability community (e.g., Ashida & Heaney, 2008; Goldberg, Rollins, & Lehman, 2003). Lack of access to these resources for this population may undermine their improvement of all-around health because mental issues such as social isolation or loneliness create barriers to social integration (Kogstad, Mönness, & Sörensen, 2013). Moreover, social factors such as social perceptions and prejudices towards the disabled individuals (Huebner & Thomas, 1995) and low-self esteem resulted from the challenges of fulfilling social and occupational roles (Tsukerman, 2013) caused by physical pain, daily hassles, physical limitations, and social stigma. To improve social engagement and life quality of the disability community, various volunteering programs (e.g., community support programs) were launched, to increase social support for people with special needs by matching volunteers and involved clients social relationships, such as the intentional friendships (McCorkle et al., 2008)

and face-to-face peer support (Kinnane, Waters, & Aranda, 2011). Following this, it worth studying volunteers' interactions with the special-needs clients in terms of emotional care work, to uncover the notion and practice of volunteers' approaches towards the vulnerable population.

Care Work, Emotions, and Volunteering

Emotional management has variations in practical relationships because emotional exchange occurs in interpersonal social interactions towards others. A social space enables these actors to exchange their feelings, observe others' emotional reaction, and perform their emotion management (Waldron, 2012, Chapter 4). Therefore, the relationship between volunteers and special needs clients should shed some light on volunteers' emotion management.

Studies in this regard appear to portray the relationship between voluntary workers and their clients as “service providers” and “service receivers.” One of the most well-researched angles in the scholarship is the investigation of positive outcomes on service receivers brought by volunteers' offering their help by various means (Kinnane, Waters, & Aranda, 2011; Mmbando et al., 2009; Read, 2014; Thomas et al., 2007). Volunteers are seen to represent dedicated and friendly caregivers when they are involved in activities within social healthcare systems such as through end-of-life care, palliative care, and supportive care (Hui et al., 2013).

The association of “caregivers” image to volunteers provides another insight to understand the interactive link between volunteers and their clients with special needs – “caregivers” and “care recipients” on a voluntary basis and without financial payment.

When approaching the term of “care,” it is important to start with Fisher and Tronto’s broad understanding of care. In earlier studies, they broadly defined care as “a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web” (Fisher & Tronto, 1990, p. 40). Such a notion of care is revealed as a practice that involves people engagement and a set of values and conditions. Moreover, Engster (2005) developed a comprehensive argument to advance the examination of caring practice. Care was conceptualized as “reproductive labor of human life in an indirect or secondary way” (p. 51) and caring activities like feeding and clothing occurred to fulfill needs. Care was unpacked as a form of reproductive labor that achieves three aims essential for individual survival (i.e., the basic biological needs for survival and basic functioning), development (i.e., to foster their basic capabilities for functioning in society and pursuing good life), and social reproduction (i.e., to avoid or relieve suffering and pain).

The framework for the process of care was identified by Fisher & Tronto (1990). It restated the four phases of care while highlighting the multi-dimension of care. Care encompasses (1) *caring about*, which involves recognizing and identifying needs, understanding needs, and employing various strategies for action; (2) *caring for*, which requires assuming responsibilities for launching caring activities, calling for empathy and judgment; (3) *caregiving*, which includes concrete work; and (4) *care receiving*, which includes reactions of others to whom the service is directed (Phillips 2007, p. 31).

But the generalized understanding of the concept of care does not truly capture the complexity of care because these four phases of care fail to represent the nature of care that is based on the caring activities and practical experience by care workers in the reality. Care workers engage in caring from multiple dimensions by investing their time, efforts, and skills. As a matter of fact, emotional connection between care workers and care recipients is essential to undertake such activity because care work can be most efficiently facilitated and tailored to the needs of individuals receiving care by established trust and rapport in this relationship (Mellow, 2007). In this sense, the emotional dimension is unarguably included in care work, which is closely linked to the concepts of emotional labor and emotion work. This further relates to how care work is represented in various social spaces and intersects paid and unpaid work. Care work within formal organizations regularly refers to work conducted by service

workers, healthcare-related professions in particular (e.g., nurses, doctors, social workers). Among them, nursing is probably the most well-researched profession in the current scholarship. Regarding emotional labor, nurses' care work has been examined from the bureaucratically set feeling rules for emotional care at the organizational level. For example, Lopez (2006) proposed "organized emotional care" to reveal the supportive nature of effective care work for the development of caring relationships between service providers and recipients. The private domain, where informal neighbourly settings and family life are located, sees a large portion of care work including unpaid household labor primarily undertaken by women (Erickson, 2011). Across professional and domestic spheres, the emphasis of females' multiple positions as caregivers reflects the persistent gendered effect in constructing culturally appropriate gender identities, which is in lines with Lan's (2003) observation of "structural continuities of feminized domestic labor" across public and private spheres. Therefore, care can be seen as a *gendered* concept not only due to the female dominance in performing care work but also because of the constructed gender identities in performing such type of work. The gendered characteristic of care is based on the normative assumption of gender stereotypes – women are naturally predisposed to be portrayed as the carers of emotional needs and to be emotionally able to tend to the young and the old, nurse the sick, and so on (Fisher & Tronto, 1990; Theodosius, 2008, Chapter 2).

Apart from Joan Tronto's definition of care, her investigation into an ethic of care also marks a milestone in the development of care ethics research and invites the succeeding scholars to enrich this field in an innovative manner (Kaufman-Osborn et al., 2018). In the review of ethics research, the personal development of individuals as moral beings were mostly linked with an "ethic of care," demonstrated by Carol Gilligan's work on moral psychology and Nel Noddings's research in ethics and moral education (Robinson, 2018). In stark contrast, Tronto's approach to care is to understand an ethic of care within a moral and political context. She argued that care represents a different way of thinking about morality that distinguished itself from dominant and principled ethics but the penetrating power relations may impede the recognition of care. Furthermore, care is not only a "thinking" and "being" model, but also an integration with "doing," which indicates the relationship between an ethic of care and particular practices of care – care work also involves approaches of moral practice of care (Kaufman-Osborn et al., 2018, pp. 14–15).

In addition, the ethics of care is an important concern when volunteers conduct emotion management in their interaction with their client, and this is mainly because (1) care is an integral part of a complex arrangement of personal relations among caregivers and care recipients (J. Phillips, 2007, p. 83), and (2) extending emotional guidelines restricted by social norms, there assumingly exist obvious and latent feeling rules regarding volunteers' direct contact with their clients. In this study, I

argue that volunteers may have a basic sense of appropriate or inappropriate affect towards their special-needs clients. And this is another approach to understanding “a desirable code of conduct for the stigmatized” by Goffman (Goffman, 2009, p. 25).

In volunteering care work, interpersonal relationships are subject to variations with respect to the extent and means of emotion management. For example, an individual’s emotion management can differ as a result of their previous life experience, as well as a result of their sociodemographic characteristics such as gender, age, and social identities such as occupational prestige and social class, etc. (e.g., K. Lively, 2008; K. J. Lively & Powell, 2006; Gee and DeCastro, 2001).

Care Work in Volunteering

Mellow (2011) probed the constraints and opportunities for hospital volunteers under a for-profit organization context where job descriptions and rules were created to definite the involvement of volunteers, by gathering data from four large hospitals in Alberta, Canada. The study revealed that volunteers sometimes performed their role in a manner different from organizational specifications on voluntary work – they transcended these constraints and canvassed other opportunities for caregiving, thereby building a more intimate relationship with hospitalized individuals.

In order to take a closer look at care work and stigmatization, an interesting study by Phillips et al. (2011) drew on a rich example of care providers who cared for sex workers in non-profit organizations. This special client group can be considered as

vulnerable because of their experienced social stigma of prostitution and social marginalization. Indeed, the examined care providers were formerly involved in the sex industry, and therefore had been subject to similar processes of derision and discrimination as their client group. This study shed a unique light on the implications for occupational health among those working with vulnerable populations in a female-exclusive setting – “in many respects one of the marginalized women serving other marginalized women.” (p. 238)

Overall, the current literature clearly maps out the broad application of emotion management in various social settings while excellent examples can be *emotional labor* for paid work in workplace and *emotion work* for non-financial rewards at home. Indeed, different understandings of emotion management reveal variability of settings, role identities, behaviours, and personal attributes – the essential dimensions of social interactions where actors involved to exchange their feelings, observe others’ emotional reaction, and perform their emotion management. Therefore, my study aimed to explore approaches of emotion management in a voluntary social service context which is less documented and understudied to some extent in the current scholarship. I believed integrating care work framework can help to pinpoint how emotion management is performed by volunteers, because emotional connection volunteers and clients is essential to undertake caring activity and care work can be most efficiently facilitated and tailored to clients’ needs by established

trust and rapport in the personal relationship. It also should notice that a gender lens of emotion management was given special attention and this is mainly because varying emphasis in representation of females' and males' positions were displayed across professional and domestic spheres regarding their emotive experiences towards particular groups. Thus, new insights might be found if investigating how volunteers of different genders conduct their care work directed at clients with special needs in practice.

Methods

Setting

Citizen Advocacy of Ottawa-Carleton is a non-profit social service organization and functions as the disability community advocacy organization supporting people of all ages across the disability spectrum in the local Ottawa region. Since Citizen Advocacy of Ottawa-Carleton was founded in 1974, the organization has been actively creating match relationships between individuals with disabilities and community volunteers. The CA has three major service sections (Family Support & Planning Services, Fetal Alcohol Resource Program, and Matching Program) overall¹ to improve the lives of individuals and their households, and to enable their greater community participation. Of the programs, a featured matching program

¹ The author's note: the CA does organize other featured programs not fitting into the three major categories, such as *Siblings Group* and *Walking in My Shoes* etc ("Annual Report 2018," 2018).

Everyday Champions stood out for its special one-on-one configuration; matches are intentionally made by the organization constituting a local volunteer paired with a resident who lives with disabilities². Up to date, the CA has a total number of 520 volunteers, 298 of which are in the matching program. 208 female advocates (70%) have registered in the program in stark contrast with only 90 (30%) male advocates have participated. It is also noteworthy that the numbers of special-needs people on the waiting list for a match; there are 142 (47%) female friends and 162 (53%) male friends³.

Volunteers, also referred to as advocates, in this program are expected to “build friendship” with special-needs residents and maintain a regular connection with their paired residents for twelve months. Apart from the general notion of the clients, local inhabitants with disabilities are also known as “friends” and are formerly referred to as “protégés.” With the minimum long-term commitment of 12 months, advocates are expected to offer practical help, explaining complicated terms, helping to speak up clients’ rights and giving clients companion and encouragement (“Volunteer Information Session,” April 9th, 2019). Therefore, when addressing issues with these clients, volunteers are more likely to be set by stricter requirements of emotion regulation, compared with the general clients.

² Note: according to the program supervisor, the EC also has group matches between volunteers and residents with disabilities, however, the one-on-one match form is the majority.

³ Data provided by the program coordinator Linda in the CA.

The long-term relationship between an advocate and a “friend” potentially indicates the volunteers make a contribution by investing considerable amounts of time, energy and attention, which are essential prerequisites for the care work. The care work by advocates actually occurs in their volunteering, with an emphasis on their emotional involvement in the friendship building. Moreover, because clients all come from the disability community, it can be argued that this population is more likely to be negatively affected by encountered situations and have more difficulty coping with their negative moods, at the same time, they are prone to be positioned at a disadvantaged status, which results from multiple reasons like physical limitations, social stigma, the needed for assistance and reliance on others (Calderbank, 2000; Morgan, 2016; Stets & Tsushima, 2001). Therefore, I assume that volunteers may be more meticulous in the friendship building process because their “friends” can be very vulnerable and sensitive to the way others treat them. In short, the EC program was selected for exploring the volunteers’ emotional experiences because of the special client group and the long-term relationship.

Participants

The total number of the participants was five based on my MA academic committee, research space restriction, and time limitation. All of them are personnel closely involved in the EC by the CA; they included (1) one volunteer team manager

who supervises the program, and (2) four volunteers who are currently participating in the program.

Four volunteers (self-identified as two females and two males in gender) were selected to maintain gender parity, and to explore potential gender differences when they were managing their emotions with their clients and different interpretation of their emotional experience in care work. The following table shows basic information about the participants.

Table 2.1 Research Participants Information

Informants	Name*	Gender	Age*	Matched "Friend" (Gender) (disability)	Interview Date
Program Supervisor	Linda	Female	/	/	May 2
Advocates	Ellen	Female	In her 40s	Karen (Female) (Intellectual disability)	April 16
	Amy	Female	In her 50s	Vicki (Female) (Blindness)	April 16
	Mathew	Male	In his 60s	Robert (Male) (Developmental disability)	April 13
	James	Male	In his 20s	Sam (Male) (Developmental disability)	May 6

*Note 1: all names are pseudonymous.

*Note 2: as an information reminder, the ages of advocates are given in brackets, following the names of advocates. E.g., Ellen (in her 40s)

The volunteers' age varied from 20 to 60, but the matches are basically in the same age group. The length of their commitment as a matched friend varies: James is in the midway of his expected 12-month commitment while Mathew has been friends with Robert for almost 5 years. The two women volunteers both have connected with

their respective clients for approximately 12 months. Additionally, Amy has previous experience of being an advocate for other people with special needs in the EC Program prior to the current match.

In terms of the program supervisor, Linda is “at the first point of contact for a volunteer” in charge of volunteer recruitment and training. For example, she is responsible for volunteer canvassing by a variety of outreaching activities (e.g., social media or off-line presentations), and inviting volunteers to the “intake process”, including information sessions and on-site training.

Interviews

The exploratory and interpretative nature of this study favours qualitative methods by taking the form of a case study (Creswell & Poth, 2016). The in-depth interview was employed in this study to collect data with the purpose of describing volunteers’ emotional experiences when conducting care work to their clients.

All invited participants attended a one-on-one interview with the principal researcher and each interview took approximately 45 minutes. Regarding advocates, the focus was on their emotional experiences when doing care work in a long-term relationship with their clients. The volunteer team manager was asked about ideas of volunteers’ presenting emotions and engaging in the care work to the clients from an administration perspective.

The analytic process of the interview data involved three major steps – data condensation, data reorganization, and data interpretation. First, I read and re-read all of the interview transcripts individually with field memos to familiarize myself with every participants’ overall emotional experience with their matches as well as important individualized stories highlighted by volunteers. This initial step helped me to locate what cases volunteers felt and displayed their emotions in contact with their special “friends”, and then I sorted these most relevant excerpts out for a further thorough examination. Because my analysis had been narrowed down to volunteers’ emotional “friendship building” (constant interactions with special-needs clients) according to my research focus, the subsequent step was to reorganize the highlighted part of data by coding and categorizing. I identified codes, categories, and themes based on the selected texts and written memos, and equally important, with the guidance of insights from the literature. For example, I noticed general categories of emotional expressions by participating advocates, some were subtle and mild whereas some were strong. And varying emotions were linked to different approaches to managing their emotions and constructing their “friendship” in caring for their matches, and this actually indicated main themes around emotion management and friendship care. In the final step, which though intertwined with other steps, I interpreted data by presenting selected vignettes that represented an explanatory significance to reveal details of participants’ emotional experience in the care work as

a friend. I also reconsidered the key concepts and the connections between focused themes to help me develop answers to my research questions.

Advocates' Emotional Involvement with their Matches

“Sunshine”: Positive Energies in Daily Life

Advocates were expected to regularly meet their paired special “friends” with disabilities. All the respondents reported to have met their friends at least four times a month.

Although the length of four matches varies, advocates indicated that they were in a very good relationship with their clients; They conveyed their positive emotions in the friendship building. For example, they used words like “I enjoy” or “I love” when asked about their volunteering, as well as their pleasant and comfortable tone on most occasions.

The volunteers' sense of contentment of their connection with special-needs clients can be demonstrated from their positive comments about their “friends”. All volunteers gave very generous compliments to their matched friends. For instance, Ellen (in her 40s) provided a detailed account of her client, Karen's busy schedule and showed respect for Karen's independence and her ability to arrange her billable work and community service hours in an engaging manner, as well as her wide interests in a variety of activities. Advocates were very confident about sharing their opinions about

their friends with detailed personal hobbies and characteristics. Another two illustrative examples are presented to depict volunteers' enjoyment of befriending their clients.

She's very intelligent. She's very active. That's why I was drawn to her. Because she likes to do things. She likes to go for coffee, for walks. She's a competitive swimmer in the Special Olympics. She loves music. So [we have] a lot of her outings. We try to go to musicals, movies, musical movies and things like that. There's very little explanation she needs because she's listening to the music. She sings, she plays the piano. She has a job. She works [from] nine [to] five at a place that assistance supports people with disabilities. I think she's a receptionist on a phone or something in a place. I'm not sure exactly what those places, but she's very active. She goes to church on Sundays, those to retirement homes to sing in the choir. So, she's very active and very smart. She's a show. I love having conversations with her. (Amy, female volunteer, matched with Vicki, interview on April 16)

She will see right through her mind and remembers everything. If you say, "Well, I'm going away next weekend to Montreal and you come back and say, 'we were really going to Toronto'", she'll catch you on. No, really, she just keeps it [pointing to the head] all in here. That's what I just am fascinated like that. She remembers everything. (Amy, female volunteer, matched with Vicki, interview on April 16, 2019)

From Amy's descriptions about her match, Vicki, it is obvious that Amy was attracted by Vicki's intelligence and the interactions with Vicki brought delight to Amy. Mathew (in his 60s) also conveyed his praise for Robert's talent in comprehending times and dates and responding to the related questions quickly.

He's great with dates and things like that. It's amazing. Amazing. How is it, I mean, even if I said like, you know, like September 20th, 1936 and [Robert can answer] 'it's on Wednesday', just like that, I don't know how you figure that out. But for me, I have to look at the calendar. (Mathew, male volunteer, matched with Robert, interview on April 13, 2019)

These vignettes provide clear evidence that advocates enjoyed their interactions with their friends. It also implies that they did not consider the disabilities

of their matches a big obstacle; instead, they discovered the “greatest part” of these individuals by “ignoring” their disabilities because they talked little about clients’ disabilities unless asked. Also, they voluntarily proceeded the mutual relationship with a positive eye to the special clients.

Emotion management can probably occur when individuals realize what emotions they truly experience as opposed to the feeling rules and display rules, and then follow the rules to appropriately fit a situation. Alternatively, and less likely, advocates regulate their emotions if what they feel can be presented and understood as appropriate. In this case, advocates make little effort because their positive emotions presentation is beneficial for the relationship.

“Not All Roses”: Unhappy Moments and Unfavourable Incidents

Volunteers did like the volunteering job and enjoy maintaining a harmonious relationship with their assigned disabled person. But it is unlikely they can feel delighted at every moment and they can always achieve agreement with their clients whom they met weekly. The program manager Linda noted that some unexpected tricky issues might occur when volunteers were friending special-needs persons. This is because volunteers were faced with the complexity and variations of practical circumstances that they might have little experience in addressing. This predicament

can arise from the fact that they rarely have friends with disabilities in the networks of their daily life:

...We also go through a few things like the Dos and Don'ts in the match. One of the easy examples is don't rush into the match, take it slow and steady as you're going through, as when you first met with somebody. Don't say in the first month we get on. So well, 'let's go away for the weekend' – because that's not what you would probably do in your normal life with anybody that you just befriend and he wouldn't be going away for a weekend or a night or whatever... So, it could be whether it's dealing with a group home or deal with people's families or finances, you know, people coming to them and saying or they're being with their friend. And their friend has decided to stop the medication. What are they going to do? And there are very few wrong answers. And it's all about getting people just to think a little bit more that; this match is not all sunshine and roses. we do talk about it having a really great impact on both people and being fun. But there are tough times, there are issues that are gonna come up and particularly when they match with somebody with a disability. We never had a friend that maybe they've only had people in their life were paid to be in their life. *So that issues that you don't think they're gonna be issues, can be issues.* You can have problems because of that. (Linda, program coordinator, interview on May 2, 2019)

Linda's accounts actually highlight the possible difficulties that volunteers may confront when they start being matched with persons with special needs; she clearly indicated that the crux was that no exact one-for-all solution could be guaranteed to fix the complicated circumstances where the special friends are involved in the practice. Therefore, it takes time for the process of establishing the initial contacts and the subsequent mutual acceptance, during which volunteers' emotional experiences can be diverse because of their *authentic* and *managed feelings intentionally shown to others*.

In fact, Linda's statement – the taken-for-granted things can pop up as unexpected and unpleasant problems – can be supported by the volunteers'

descriptions regarding their emotions in their care work. By summarizing and categorizing interview texts, two major types of negative emotions can be observed and they can be distinguished by the level of being noticed and the degree to which they affect the maintenance of the relationship. And correspondingly, how volunteers managed their emotions are illustrated under different circumstances, along with how they dealt with the difficulties or unexpected issues in the given situations.

Subtle and Inconspicuous Emotions: Momentary Frustration and Worries

Frustration is probably the most common feeling that is explicitly expressed by participating volunteers in this research when talking about the unpleasant situations in their commitment to being a friend with the matched clients. But these unpleasant situations primarily focus on the situations where the volunteers felt frustrated but they concealed their frustration to their disabled friends.

Advocates' frustration came from non-client-related issues such as structural difficulties in information acquisition and exchange, and was also associated with some client-related issues like clients' personalities or abilities to comprehend particular ideas and actions.

For example, Ellen (in her 40s) shared why she felt frustrated at the beginning of her match with Karen. She had difficulty in gaining information from Karen because Karen's foster family opted out of the engagement of the connection between

them. Moreover, the fact that Karen was not capable of reading messages on the Facebook Messenger (a messaging app and platform for users to send messages, exchange photos, make calls, etc.) made it harder for Ellen to communicate with Karen effectively. This slowed her becoming familiarized with Karen from a “friend” perspective and also caused inconvenience when planning their weekly activities. The lack of effective information exchange may not occur in this single case but probably prevails more or less during the process where advocates are expected to get acquainted with special needs clients. This can be attributed to insufficiency of clients’ particular abilities in communications, absence of cooperation from clients’ surroundings, and so forth.

... I couldn’t get the information from her, but also the foster family was hard to reach. I am on Facebook and I can use messenger for her [Karen]. And I have a phone number, but it seems that they [Karen’s foster family] don’t want to be involved in our relationship. And at the beginning, maybe the first few times, I sent her message on messenger to arrange the next meeting with the Karen. But she wanted me to contact her, although we both knew that she couldn’t read, so someone would have probably helped her, someone else would have to read the message and respond to the message [on her behalf]. So, I thought it was easier just to go straight to the foster family. But I failed. They don’t want to be involved. So, I’m trying not to contact them directly too often just when it’s necessary. And to just use messenger on Facebook for Karen and then hopefully someone will read the message to her and will help her respond to my message. So, it’s why when we are planning an activity together, and I cannot say, ‘Oh today I decide on something because there’s something happening in town.’ And I cannot go there with Karen by then. So, she sees that she has a message, and she finds someone to read the message and responds to the message. Ahead of time if it’s another day or two. So, I have to plan ahead of time.” (Ellen, female volunteer, matched with Karen, interview on April 16, 2019)

Ellen's example also provides evidence for Linda's argument that advocates may face difficulties they had never thought of or considered as problematic in the past. Mathew (in his 60s) also shared his unease about helping his client Robert change his bad habit of overusing mobile data. At that time, Robert had been charged extra money because he watched too many online videos using his cellular data. Mathew recognized this problem in Robert's family gathering but also noticed Robert's mother unsupportive and untrusting attitude toward Robert, which might have contributed to Robert's uncooperative position about being disciplined by others. And Mathew found that Robert had difficulties correctly understanding the difference between video clips (like films) and music videos in terms of data consumption. In order to help Robert, Mathew patiently explained the difference between these two, helped him use accessible WIFI, as well as checked Robert's data usage weekly.

I didn't know he was going over the data plan. I understand him enough that he doesn't get the difference. And his mom was on his back. And for the first time that we met her, you know, like calling him a liar. And so is his sister. She [Anthony's mother] was really heavy on him. And you have to be smart enough to realize that. And to me, it was obvious; he just doesn't get a difference. But of course, when I sat down to the next day because we were going out, I explained him with what a music video was... And I said 'you can watch them if you're a WIFI, you keep your WIFI on and to keep your cellular data off. Then you're not going to use data and if you have WIFI somewhere like Tim Hortons, then you can watch the video because they're paying for the WIFI... And for like three months every Monday morning, I was sending my text, and I said 'can you send me your usage'... so it's taken probably a good two and a half months for him, but now he does it right now... And then, of course, I just worked with him until personally. I really think it's got a really good end, but it took a couple of months [for him] trying to understand. That's cool. Yes, that's going well. I think if you're looking at the emotion to the frustration and *I keep it in* [the respondent said "feel a little frustrated"]. But *I don't find it all that hard.*" (Mathew, male volunteer, matched with Robert, interview on April 13, 2019)

These two examples show advocates' frustrating moments when they performed their volunteering role. However, in spite of their oral expressions indicating that they were feeling frustrated somewhat, they decided to *keep this kind of frustration* to themselves and did not mention this emotion to their special friends. Volunteers did not emphasize their temporary frustration or detailed their feelings in these situations and it was practically effortless for them to get rid of this type of negative feelings.

But in practice, advocates had individualized approaches to making their "being nice" easier when they were with their special friends. The method of "situation assessment and ability screening" is shared by Mathew (in his 60s). This method is to understand the behaviours of special-needs clients built on advocates' assessment in the given settings and clients' abilities and disposition. Volunteers clearly recognized the fact that the friends may have some comprehension problems restricted by their disabilities. For instance, Mathew tried to help his friend Robert to develop cooking skills for a future independent life because Robert had to take care of himself if his sick father passed away.

It's like that he takes in the words and it takes in what I'm saying and they understand what I'm saying. *But it doesn't go any deeper than that.* You know like why I have to do something about this? So, it's like hard to try and guide him along the path. I guess sometimes I feel a little frustrated, but I realized that *it's just the way he is.* So, I have to try. I have to try in my mind and I'm not a pro trying to work around it. You know, and I'll do my best." (Mathew, male volunteer, matched with Robert, interview on April 13, 2019)

I make sure that he understood that. I thought it was very wrong [to get angry]. And I would feel angry because I know it. You can't be angry with somebody who doesn't really understand it yet, but would be frustrated. I was like, 'Oh God, how do I deal with this now?' But I wouldn't tell him that. (Mathew, male volunteer, matched with Robert, interview on April 13, 2019)

Mathew (in his 60s) first mentioned that Robert had difficulties understanding what meant to him if something happened to him in the future and that Robert might be resistant to changing himself. Although trying to change Robert was frustrating, Mathew convinced himself to accept this part of Robert and more importantly, he made a determined effort to guide Robert to change rather than "fixing" his own frustration. But he also talked about how he made sense of hiding negative feelings to his friend. He framed the situation by recognizing that the challenges of helping Robert could not be blamed on Robert and disclosing frustration and anger would be very ineffective in terms of supporting Robert to make positive change.

I guess I think part of my job is to help him develop some of that stuff. And I can't do it for him, although I'll tell you so. And it's sometimes like, you want to say, 'Oh, man, this like takes too much time.' I just take a breath. *It's not gonna help me and if I get mad and it's gonna happen if I don't help him do this.* And I think it's probably one of the things he likes about me because I treat him relatively well. Because I don't say that the way. 'Let me do that.' [then] I'll just do it for years. How you learn how to do this slowly. It's slow, painstaking. But it's like I just have to tell myself the way he is. I've agreed to do this and I'm going to do this. So, I just do it nice and slow. I hope most of the people that are with a match that is similar to him [can] do the same thing because it's the right thing to do. So that's how I deal with those things. (Mathew, male volunteer, matched with Robert, interview on April 13, 2019)

Comparatively, Ellen offered a different rationale for understanding why she found necessary to conceal her negative feelings.

And I would keep smiling and thinking it's just for a few hours. And I want to make sure that she has a good experience. And I don't want [her] to feel bad for me. And I don't want to talk about my problems, personal problems. When I talked about my family or my work, I just talk about the good things. You know, I want to be positive. (Ellen, female volunteer, matched with Karen, interview on April 16, 2019)

In the description, Ellen (in her 40s) thought that being positive to her friend Karen enabled Karen to feel good about their get-together. She prioritized Karen's enjoyment, which indicates her commitment as a qualified advocate. She discerned the misfit between her genuine feeling and expectedly proper feeling. She conducted *surface acting* by adjusting her behaviour to exhibit cheerfulness, even when she was actually not in a good mood. But the displays of inauthentic feelings also suggest her motivation to be caring about others' emotions.

Intense and Discernible Emotions: Strong Disappointment and Anger Confrontation

Emotion toward work arises from interactions with other actors (Miller, Considine, & Garner, 2007). Since the weekly gatherings with their clients are advocates' work, advocates' emotional involvement becomes an integral part of these situations. In addition to subtle or mild emotions, some circumstances emerged and aroused volunteers' stronger feelings. Their strong disappointment and anger are reported in the predicament with signals for the "friendship" break-up.

The predicament producing strong feelings for advocates reconfirms Linda (the volunteer supervisor)'s statement about the unexpected issues that are less likely

to happen among people without disabilities. James (in his 20s) talked about his strong feelings in planning an outing session in advance with his special friend Sam. James found it frustrating to “try to redirect” and negotiate with Sam’s decision about the activity.

In terms of frustration, I had strong feelings with planning some stuff with him. He wanted to go to Dollarama. So he wanted to go to Dollarama to go pick up some speakers. He had said [they were] cheap. And I had told him we weren’t doing that. We had already planned to do this event.

...sometimes when we’re going out, he gets excited on some ideas, [Sam said] ‘Oh, we have to go to Dollarama and we have to go and buy things. And then it’s no trying to redirect him. Like, ‘No, we’re not going to go to Dollarama today, but we had planned to go to walk. So, we’re gonna do this instead.’ And so, I had some frustrations with that. [Or] It’s like, ‘No, we are not getting some food today. It is not a food day. We’re not getting food.’ Those can be quite frustrating situations. (James, a male volunteer, matched with Sam, interview on May 6)

In the description, Sam (special “friend”) tended to make decisions about planning activities without taking James’s suggestions into consideration. Sam constantly insisted on going to the Dollarama as their outing and disregarded other options proposed by James. In the following vignette, James detailed the non-negotiable argument between Sam and him about going to the Dollarama, which evoked his feelings of being upset and overwhelmed.

[Sam] He sends me or voice message, saying, ‘Yes. Well, it is my money and I can spend it where I want and answered.’ [James replied] ‘Yes, it is your money. You can spend it as you want. I still don’t want to go to the Dollarama this week.’ And then [Sam] he had told me that, ‘Oh, *if we don’t go to Dollarama this week, but we’re not hanging out again for a while.*’ So that may be quite upset. It was quite *worked up* about that. And so, I wasn’t sure what to do. (James, a male volunteer, matched with Sam, interview on May 6, 2019)

Sam's threats makes James feel panicked because it could lead to a discontinuation of their relationship, but he did not actually express his authentic emotions to Sam even under this situation. Rather, James chose to talk with Sam's parents and seek support from the CA team. Moreover, he demonstrated a practical attitude toward negative emotion expression because problems wouldn't be automatically solved by venting his frustration and anger at Sam.

Yeah, so I was upset through the evening, but then after that, I was fine. It happened even hang out with people [without disabilities]. And I dealt with that by talking to other people. So, it was by talking to someone from Citizen Advocacy and like talking to his father about this and like how he responded to me. I was upset. And then but with their advice, I was able to kind of deal with those feelings a little easier. Instead of being like say, worked up, stressed, anxious of the situation, it really calms me down. (James, a male volunteer, matched with Sam, interview on May 6, 2019)

Right now, I have not really expressed some of my frustration to him, because that is one of the things with him when he will get very fixated on something. And *I don't think it's super productive just to be frustrated like 'I'm angry at you for this.'* (James, male volunteer, matched with Sam, interview on May 6, 2019)

Although James underwent a disagreement with his disabled friend, he was able to "distance" himself from the upsetting conversation with Sam and to seek help afterwards because he was not involved in a non-face-to-face circumstance. But Amy (in her 50s) was less lucky in an incident with her match, Vicki. It was an outing when Amy volunteered to accompany Vicki to buy a new swimming suit. On that day, Amy, unfortunately, arrived late because of the delayed transit. This upset Vicki so Amy tried to comfort Vicki: "*We've got a certain amount of time. We have to be patient. We may not find anything today.*" While they were walking to a store, Amy

got a call from her friend to talk about her next day trip and she only talked for probably a couple of seconds from her phone because she would like to prioritize accompanying Vicki at that moment. But Vicki seemed to become impatient and scolded Amy's friend rudely:

... So, I hung up the call was probably ten seconds and she said, 'what idiot is interrupting us.' I'm going 'Vicki, that's disrespectful. That is my friend. We're going to talk later.' That should have given me some idea of how the day was going. We went to the first store and we tried on. The people were very helpful. But nothing was fitting. So, she was starting to get very loud, very loud, that extremely loud. And I'm thinking, 'Vicki, please calm down.' 'Well, next time I will get my staff to come here, to come with me. I'll get my sister.' She went on [complaining] about this for about four times. I said I feel very disrespected. And *I was really, really upset inside but I can hold it pretty good.* (Amy, female volunteer, matched with Vicki, interview on April 16, 2019)

However, things went on to get out of control; Vicki was becoming more and more impatient when she noticed that she might fail to get a good swimming suit because she was going to be picked up in a short time. It was also the time when Vicki seemed to lose her patience and began to act uncooperatively, which embroiled Amy in a challenging situation to project a sense of calm but feeling very offended.

...so, the last suit, she tried on the spine in the front. But I said, 'Vicki, I'm not gonna let you buy it because in the bum area it's all gaping.' She said, 'Well, I need to have a suit.' I said, 'Vicki, you're not buying it. It looks terrible. The front looks good. But the back is not' 'Well, I'm gonna have to get the staff.' She said that again. And I just said, 'Vicki, we're going back to wait for your pickup. And that's it.' And *I just went quiet* because I felt she was out of control. That didn't do me good to get out of control on this. Right? So I tried to [calm down] *I just said nothing.* (Amy, a female volunteer, matched with Vicki, interview on April 16, 2019)

It seems that Amy (in her 50s) suppressed her intense and uncomfortable feelings and avoided confrontation with Vicki. The incident was under controlled but

the emotional effects on Amy were significant both during and after the incident.

Amy shared:

I sat down and I wrote my feelings. I really wrote my notes down because I had to do that because it bothered me a lot. And the thought that she had raised her voice that way - continuously, and I mean people could hear it. And I didn't care about that is just the fact that they thought I was beating her or something like that. But it was like abusing her.

Well, I was just I realized that I couldn't blow up. I just know that in terms of my self-aware enough of that. And I figured her pickup gonna be here in fifteen minutes kind of thing. And we're gonna make it to that time. And I knew exactly that I was going to be in touch with Olivia (Vicki's primary care worker), that I was going to talk to her because we are open, we have that relationship kind of thing in or is the best interest. That's what we're doing. However, I knew that I was going to have to, I couldn't take it out on her, but I did go on. I wrote my feelings down, I wrote my notes down, just how I was feeling at that time, because I had to, because I had to get it out because it's something that you need to do. And I use some rough language against her on paper. But I just put ... [pause] some in dot, dot, dot, but I had to do it for myself. And I took about, I went for Starbucks and I took about an hour just calming down because I said I don't want to take this home with me. I'm gonna leave it here, the St-Laurent shopping centre for today. Leave it there. So... and that was good. ... [silence, thinking about something] pretty well. (Amy, female volunteer, matched with Vicki, interview on April 16, 2019)

These accounts clearly indicate how Amy (in her 50s) was struggling with her tangled emotions and what hardship she was having addressing the frustrating situation. She was placed in an embarrassing situation where she might have been wrongly seen as “an abuser” by the unknowing public because of Vicki's high-volume yelling. She managed to suppress her frustration and anger with a lot of efforts – “I just went quiet” “I couldn't blow up” “I couldn't take it out on her.” She managed to project a sense of calm by reinforcing display rules in her mind regardless of whether these rules followed the organizational script or a more general script as a responsible adult by the society. However, by being calm she was considerably

deviating from her genuine feelings. The huge misfit occurred when the situation arose Amy's intense anger but her sensitivity pushed her to be less emotional. To manage her anger, she stopped herself from arguing with Vicki and she persuaded herself to be patient and calm because the session was almost over and she did not need to hold everything inside. She successfully inhibited her strong anger towards Vicki and also prevented the circumstance from getting worse. But she also shared how she disengaged herself as a method of managing the explosion of negative emotional experiences. She dealt with her stress and outrage by writing down exactly what her true feelings were on the paper to alleviate the emotional tension inside of her. She also talked about her feelings with Vicki's primary care worker Olivia.

In summary, emotion management by advocates is a pervasive phenomenon in their interactions with the clients. The misfit between their authentic feelings and proper feelings plays a dominant role in whether they found it necessary to regulate the expression of their emotions and to what extent. The sense of enjoyment and accomplishment naturally aroused positive emotions, therefore, under these situations, they did not need emotion management. However, when unexpected difficulties or incidents hindering good communication and threatening the continuation of the friendship arose, advocates preferred to conceal negative emotions to their special friends and silence their negative emotions. Volunteers demonstrated their ability to make reasonable judgment during their volunteering, but they shared different

approaches to framing the situations. Male advocates tended to have a problem-solving attitude, thus ignoring their in-site feelings. Female volunteers cared about clients' feelings and expressed sympathy for their friends' situations. As for addressing practical problems, they reported seeking advice from the Citizen Advocacy Social Work Team and people who take care of the special-needs clients.

Friendship Care: Emotional Connection and Role Orientation

Relational Emotion Care Work

EC is essentially based on the one-on-one connection between an advocate and a disabled friend. "Friendship" is officially and commonly employed as a term to describe this interpersonal connection. "Friendship" is intentionally connected through the organizational efforts, including screening, sorting out, trial meetings and learning conversations training, etc. Therefore, this "friendship" features its good intentions but also embraces qualities of common friendship. The program coordinator Linda offered an understanding of the advocate role of "being a friend."

... [volunteers should know] What the role is and what it's not, because some people come and they kind of come in with like a saviour attitude. 'I'm going to help.' 'I'm gonna help them do all of this.' 'I'm gonna do this.' 'I'm gonna do that' or they come in with a more motherly paternalistic approach and 'it's like okay, come to look after you and I'll do this' or they agree to do everything that somebody is asking them to do and then end up in a like a social work role or personal support worker role. So we want them to understand that really *the core for what they're doing is in some ways it is quite*

emotional work because it's one-on-one match with somebody with the idea of making their life better by just *being there* as if friend now, like many friendships, you hope that it's gonna be a really good great match. But they're all different types of friends that everybody has. They have very close ones. And they have people that they just like to hang out with at some point. So, within that spectrum, that's all that we're asking people to do. The program is that for twelve months, they're getting together, as friends and going off and doing stuff that hopefully both of them enjoy and giving that person with a disability, all of those benefits that we talk about the information session; the increased self-confidence, self-esteem, that confidence in somebody's chosen them, and then which ultimately can lead to better mental and physical health. (Linda, the program coordinator, interview on May 2, 2019)

The production of emotion *is* work but not simply a reaction to work in service work (Waldron, 2012, p. 6). Friends can actually help in many practical terms and the friendship has many variations with a wide spectrum, the role of advocates emphasizes the sentimental value of the friendship between advocates and clients, different from the other care workers in the life of people with disabilities. Hence, if to friend is the work undertaken by advocates, investing their attention and love spontaneously means their involvement in emotional care work. Rather than consider the good advocate as the person that is always positive no matter what happens, Linda highlights normalizing the relationship and relational equality, which complicates emotional expression as a friend and an advocate.

...Nobody's perfect. And so, therefore 'I don't have to be a perfect person to be matched. I can show my feelings to the person with a disability; that it's okay to be upset at times. It's okay to be angry at times.' Yeah, we kind of hope that is what they're doing, what they're demonstrating to the person that they match with, just by the *simple act of friendship*. Because in the same way as it would be a very false friendship, if your friends didn't know that, you're always late for every time you meet them. You're always late, they're gonna be angry and so, therefore, the person with a disability if you're always late for them, they're gonna be angry, as well. All of those sorts of things. And it's okay to show that. You know, so if the friend is always late, it would be okay for the advocate to

say ‘you’re always late and every time you do this it annoys me. What can we do to help you?’ That’s what we want them to do is to go that little bit extra, is what can we do to help you because as much as we say *it’s a relationship between equals and it shouldn’t be different to any other friendship in your life?* It is. Because as an advocate, as the volunteer, you have to work harder, then the person with a disability, because you are the person who has had lots of friends in their life and, can hopefully model good relationships, hopefully, be able to tackle some of the issues. And equally to the person with the disability, we try to help them to say, ‘you too can talk to your advocate about things that you advocate is doing that upsets you. And if you need help, you’ve got the social worker there to help you.’ (Linda, program coordinator, interview on May 2, 2019)

In the excerpt, Linda provides her understanding of how personal feelings *are allowed* and should also be reasonably displayed among both participants in the friendship establishment. Such emotional communication enables a client to perceive a balanced and equal relationship; he or she is considered as a friend to the match, rather than simply a client. Volunteers are expected to normalize the friendship with special-needs clients and to act themselves as usual in their interactions. These expectations are fundamental for transforming an intentional friendship into a genuine one. However, Linda also pointed out that the advocates shall make a further move to demonstrate a constructive attitude. They were expected to encourage the matched client to make positive changes with guidance and help; “what can we do for you?” Therefore, the friendship between the advocates and the disabled friends emphasizes the advocates’ emotional involvement, the intention of genuine friendship as a friend, and proactive efforts as an advocate.

Emotional Connection and Relationship Fragility

To care as a friend is an advocates' work in the EC program but the relationship-based care work is not as simple as to be there as a friend. Rather, the care work practice is complicated by mixed role orientation. It works like a clock pendulum in the relationship. If it swings in a stable rhythm, with reconcilable role orientations, the care work helps build a stronger emotional connection. Otherwise, as in the ambiguity of role-playing, this may produce fragility in the relationship. How emotions thread this care work is also displayed in practice.

Firstly, volunteers demonstrate their care work through their attention and care regarding their clients' emotional feedback. Ellen (in her 40s) paid attention to whether the client was feeling good and she believed it was her responsibility to make her disabled friend Karen feel valued from their interactions. This sense of responsibility implies both the role of a committed advocate but the role of a caring friend.

...I am not in the mood of going out, but I still have to go because I made a commitment and I don't want her to think, 'oh, I don't deserve going out the with the Ellen and probably I did something wrong.' I don't want her to think that *she's not worth it*. I didn't want her to think that there was something wrong with her so that I didn't want to see her. (Ellen, female volunteer, matched with Karen, interview on April 16, 2019)

Also, other informants indirectly demonstrate their awareness of their matched clients' emotional response. For instance, every time Mathew (in his 60s) mentioned a joint activity with his match Robert, he tended to give his evaluation whether

“(Robert) he is happy” or not. In order to give more happiness to Robert, Mathew went to great lengths to diversify the outing activities and make meetings more interesting and enjoyable, such as planning a surprise visit to a Sugar Bush.

High emotional acceptance is another dimension of the care work, which can be illustrated by their learning attitude towards special friends and their openness to private life and personal connections.

Some people from the disability community have suffered from bad treatment in the past and this may largely affect their temperament and their behaviour in the rest of their life. Of involved clients, Amy (in her 50s) mentioned that her match, Vicki sometimes may have problems controlling her intensive emotional burst and aggressive behaviour, “She could lash out, be very angry, gets very angry.” Amy shared Vicki’s tendency to consider things in a negative direction.

One thing I learned very early if I was to say to you, ‘Oh my gosh, it’s so cold today on the buses were late.’ She takes it really negative and goes down the negative stream very easily. I very easily learned that I had to be very careful with the negativity in the comment, like not negativity, but just things that we would normally have a conversation about. That might be a little bit on the negative side. She takes off on that. Ah, so it’s like, okay, that’s fine. We won’t do that again. But that’s the thing you learn when you’re getting to know each other. (Amy, a female volunteer, matched with Vicki, interview on April 16, 2019)

Apart from Amy’s attention to Vicki’s verbal emotional expression with meticulous care, she considered Vicki’s “negative traits” as “learning” more about her to better adapt their interaction methods. This evidently exhibits Amy’s acceptance

for Vicki as a friend, not only accepting good things, but also being tolerant of Vicki's negative parts.

Advocates' high acceptance of their matched friends is also displayed through how these volunteers are open to admitting their friends to their personal life.

Mathew (in his 60s) and his match Robert can illustrate this. Mathew shared his experience of inviting Robert to his birthday party, where Robert was warmly welcomed by Mathew's family members.

So, my son said that we're taking out for supper to the restaurant for your birthday and I said, 'Can Robert come? You haven't met him yet.' He said, 'Sure.' So, we were like twenty people and he was one of them introduced with my friends everybody, you know, and then he got to meet all the rest of my family. Everybody liked him and my son paid for everybody's meal, which is really awesome. (Mathew, a male volunteer, matched with Robert, interview on April 13, 2019)

Mathew (in his 60s) expressed his thought of considering Robert as his family member, and with this good intention, he introduced Robert to his family and this evidently enabled Robert to feel valued and appreciated by meeting new people. The contacts between Mathew's family members and Robert helps develop a stronger emotional connection between Mathew and Robert. It is interesting to relate such a deeper connection with the "friendship" statements made by the program manager Linda. She said,

And sometimes we talk about it, it goes deeper. It goes a lot deeper in terms of friendship. They become very close. Or maybe somebody with a disability ultimately might ask somebody to be the power of attorney or even legal guardian. Somebody that can go to sign all the paperwork or whatever it should they be sick all of those things. (Linda, program coordinator, interview on May 2, 2019)

The relationship-based care work by advocates evolves to a deeper emotional connection with special friend through the advocates' attentiveness and acceptance of their clients. However, it should be stressed that the maneuver of emotional care work can be counteracted if advocates experience role ambiguity during the care work. The friendship between the volunteers and clients may risk losing its original goals or even break down.

James (in his 20s) reported his confusion and worries about his role when in the friendship with Sam.

So, it can get quite mixed. But sometimes we have a lot of fun, but sometimes it's much more like I am feeling say like *I am babysitting* in a sense. And that is one of the things we have been working with him and the social worker and his parents. Because he like trying to help him and us define what a friendship is. That's rather than what a worker does for him. So, it's like, 'okay, well, I'm not always going to take you out to buy things that you want to take you to do your chores. *That's more like what a social worker to do, we're here to hang out and focus on our relationship.*' So, we would go to that at the beginning. And we kind of slipped away all night and fell into a bit of a pattern. And so right now actually, *[I] spend some time trying to focus on our relationship more rather than focus on like a driver.* (James, a male volunteer, matched with Sam, interview on May 6, 2019)

James's description shows when he was not feeling treated as a "friend," but treated more instrumentally as a worker, almost identical to someone paid to be in Sam's life. We previously presented the unhappy and unsuccessful negotiation in outing activities between James and Sam, and this incident nearly ended the relationship. The crux lies in blurring the orientation of the advocate and the differing expectation between him and Sam. Nonetheless, fortunately, he claimed his efforts

were ongoing to re-orient his role and re-focus on maintaining the friendship. Another volunteer Mathew (in his 60s) also talked about his expectation of his role, and he said: “I don’t want to be his [Robert’s] mother ...” He explained that he wanted to support Robert to develop good habits with a friend style, but not a motherly method by pressuring Robert too much.

Additionally, it is worth returning to Linda (the program administrator)’s comments about normalizing the friendship; it is a challenge because the role of the advocate remains a mixed practice combining “friendship” with caring work. In spite of the desire to just be “friends,” advocates’ care work relies primarily on their own expectations of role-playing and judgment of the requests or needs from their clients.

The Care Work Across Genders

Professions related to general care work are often dominated by women, which is the same case as in the service industry. In the EC program, the investigated numbers of different genders are equal but female advocates constitute a majority of this program. But since different genders advocates were equally represented in this study, how can they differentiate their care work with their matches? Through the analysis, we found that care work demonstrates more similarity than differences across the genders of volunteers.

Firstly, the similarity is founded on the nature of the relationship-based volunteering work. Informants selection effect contributes to the resemblance in the approaches of acting as “friends” to their clients. Only individuals who demonstrate long-term commitment, good communications, high adaptability, and acceptance can be selected for the matches. Moreover, the studied participants in the research were not invited and approached until they showed their strong interest in the research. This implies that the selected informants are likely to be ones who not only meet the organizational expectations as advocates but also share similar personality traits associated with being actively engaged and caring. As reported, they can be highly accepting of clients’ personal circumstances; they have the ability to be sympathetic and caring; they have a strong motivation to support the clients. They all presented themselves as meticulous advocates who care about their disabled friends’ emotional reactions and also go to the greatest length to make their disabled friends benefit from their matches.

On the other hand, although the situations that different genders advocates were involved with lack rigid comparability, the experience they opted to share and their performances still show some subtle differences in the role of being a friend and the self-expression between female and male volunteers. Men advocates tended to express their feelings or expectations if they discovered what was needed to be done

in interactions with special friends. They seemed willing to make changes or were highly motivated to take a “*guiding*” role in the relationship.

There are some good examples. James (in his 20s) declined Sam’s proposal to go to the Dollarama as their hanging out activity because James thought they spent a large amount of time at the shop and he found himself not treated equally as a friend in their relationship. And he clearly explained to Sam why the meeting was cancelled that week; “Because you were very rude to me.” He tried to make Sam realize the appropriate ways of treating friends, and more importantly, he tried to divert the focus to developing their friendship. The two male volunteer respondents both helped their matched friends to develop a good money saving/planning habit because they believed that their clients could benefit from this habit. This type of experience reflects their ability to exert a strong influence on the issues that their clients are encouraged to make positive changes.

But for Ellen (in her 40s), it seemed less easy to say “no” to her friend Karen when Karen made “requests.” Ellen mentioned that she could not explicitly decline the skiing proposal from Karen.

Last time, I mentioned that she loves downhill skiing and I have never skied my life. She wanted to go skiing with me. And I was not interested at all [slight laughters], but I didn’t want to say no. And I just know what I didn’t want to say, ‘I will never go skiing with you.’ I hate the snow. I hate cold and I don’t want ... I don’t, cannot imagine myself at the top of the hill - frozen and are trying to stay here. I don’t know. So instead, I said, I have to think about it. I’ve never done that before. I don’t have the equipment, and it’s we have to go far away. Usually, we stay in Orleans or Ottawa with the clothes on. So, it means driving a far distance to get there. Yeah, to pay the admission and rent the

equipment. I have nothing. Because she has the only equipment. And she did mention a couple of times. And I didn't want to say, 'no, we never.' (Ellen, female volunteer, matched with Karen, interview on April 16, 2019)

Admittedly, Ellen is a very thoughtful and caring advocate; although she did not know well about how to ski in the winter, and she used a euphemistic way to express her “no” as shelving the skiing plan for a later time because she did not want to disappoint Karen. This is because she was concerned about whether their relationship could be continued if she did not respond to Karen's invitation to skiing. She said, “I was even wondering if she would want to continue going out with me if I wouldn't accept to go skiing with her at a certain point.” It seems that female advocates were more likely predisposed to have a *supporting role* in their care work. Normally, they did an exceptional job of providing what was being asked for. For example, Ellen helped her match Karen borrow books because Karen started writing and reading. Because Vicki is unable to see, Amy was very comfortable with Vicki holding on to her arm, like Vicki's eyes.

However, these subtle differences may not be related to gendered distinction because the situations they faced are not strictly comparable. The panorama of their interactions cannot be captured on a small scale sampling while age differences of the advocates and the length of the match vary their approaches to doing emotional care work as a friend. But what has been presented by different gender advocates – the

stories they shared showcase their expressive emphasis in such a care work with special-needs people.

Discussion and Conclusion

Discussion

Prior studies have noted the prevalence of emotion management both in or out of work and across different professions (e.g., Lewis, 2005; Lois, 2001; Wharton & Erickson, 1993). However, very little was found in the literature on the investigation of emotion management in a voluntary service context. An initial objective of the project was to describe how service providers, namely, advocates regulate their emotions when they conduct care work, with an emphasis on emotions.

Perhaps the most obvious finding to emerge from the analysis is that volunteers' emotion management is pervasive; they conducted emotion management to act as a qualified advocate, and to undertake appropriate care work with the paired clients. The results of this study indicate that they make efforts to manage their feelings in differing degrees. There were some discrete emotions (happiness, excitement, frustration, worries, sadness, etc.) from the participants observed during the interviews. Of most of their interactions with the paired friends with disabilities, they portrayed themselves optimistically by displaying the positive emotion of happiness. Of course, they were faced with some down-mood periods because of unexpected but not confrontational issues such as planning disagreements. During

their care work, *surface acting* can be quite common in the regulation of their emotions. In other words, when they noted the misfit between their authentic feelings and what was expected to show, they chose to display what they thought was appropriate as an advocate by concealing negative feelings and maintaining a positive presentation. But the extent to which they made efforts varied. For instance, they had to make apparent efforts to stay calm if they were confronted with situations where the continuation of the mutual friendship was endangered. Notably, they used cognitive strategies to reframe the situations. This finding is consistent with those of Hochschild (1979) and Thoits (1990) who investigated the types of emotion management and differences between behaviourally changed mode (surface acting) and cognitively changed mode (deep acting).

If looking at volunteers' assessment of appropriate emotions in the different settings they were involved, this study found that the participants were conscious of the need to display their emotions properly. In general, all volunteers presented a very positive image by exhibiting positive emotions while hiding or minimally expressing negative emotions. This emotion display pattern was almost identical among different advocates, regardless of genders and other practical variations. A possible explanation for this may be that they performed their behaviours via the shared norms of a desirable advocate promoted by the CA through the well-structured training. The selected participants demonstrated their long-term commitment, good

communications, high adaptability, and acceptance. Moreover, volunteers also enriched the understanding of their roles in the voluntary program by identifying clear objectives. For instance, some went further than friendship into family-member-like love, and this means higher acceptance and deeper commitment to nuanced changes in emotional expressivity. Notably, this observation corroborates the ideas of Diefendorff et al. (2011), who demonstrated emotional labor not only presented as shared-unit-level display rules but are also held as individual-level perceptions.

With reference to the literature, the understanding of emotion management characteristics across different contexts reveals variations. Scholars believe that *emotion work* is unpaid and engaged in a private setting within the context of personal relationships, whereas *emotional labor* is exchanged for a wage in the context of paid employment (Ritzer, 2004; Eller & Ross, 2009). If in line with this idea, advocates' volunteering work may strongly resemble *emotion work* which is commonly understood to take place at home directed to family members. This is because the paired advocates conduct emotion-related work without any economic rewards, also because emotion management by advocates takes place between the pairs of volunteers and special-needs clients in the form of the private "friendship." However, the less expressive nature of their emotions demonstrates the nature of care work – it is friendship but with different goals. With reference to Peterson's (2006) study about the production of an emotional state in another person, an advocate was expected to

manage his or her own emotions in order to ensure that the paired client has the appropriate or desirable reaction. And this also looks similar to the service industry requiring emotional labor to make customers satisfied (Waldron, 2012, p. 4).

Equally importantly, the relationship-based care work with their special friends embodies their emotion management in practice. Although care work can be understood differently, emotional connection between care workers and care recipients is essential to undertaking such activity because care work can be most efficiently facilitated and tailored to the needs of individuals receiving care by established trust and rapport in this relationship (Mellow, 2007). This is particularly true in this study for the reason that the care work by advocates is essentially helping them establish a social connection through developing and maintaining a personal friendship. The basis of the care work signifies more intense and frequent emotional interactions between the pairs in the minimal-scale group. Emotionally related care work can be observed in this specific program, however, it should be noted that all voluntary servers may be seen to engage in care work, but not all of their job content highlights the emotional care in the work.

This leads to an interesting discussion around the categories of volunteering work by degrees and intensity of volunteers' emotional involvement. To briefly unpack this question, possible considerations can be *what situations volunteers are set in* and *who volunteers are expected to interact with*. The wide spectrum of voluntary

services and the prevalence of non-profit organizations produces variations in voluntary work situations and involved clients. For example, Mellow (2007) believed that volunteers in hospitals performed care work that integrated instrumental tasks and affective labor. But she claimed that many instrumental tasks defined by bureaucratic expectations constrained volunteers' flexibility to "care about" the differing emotional needs of patients. Moreover, Baines (2004) argued that the work of caring content was systematically overlooked in the social services sector, and was replaced by "flexible, routinized, and standardized models of work organization" (p. 268). This implies the more routinized and standardized work organization is required, the less likely the volunteers are engaged in caring work associated with individuals' emotions.

Surprisingly, no significant differences were found in emotion management during their care work undertaking. They opted to be more expressive in positive emotions, which either accorded with what they experienced or complied with their expectations of role behaving. In contrast, rarely did they directly reveal their negative emotions to their clients unless these emotions resulted from inappropriate conducts of the client, and unless relationship collapse was a foreseeable consequence of these emotions and these conducts.

These results may be discussed with other primary observations and the literature. Firstly, the nature of the studied care work takes the form of a special friendship, where volunteers are expected to care for and care about their matches as

true friends. And informant selection effect further serves as a filter to choose advocates who made the job expectations a reality as participants in the study. They developed their understanding of the role in valuing the matched “friends” and the commitment to maintain this relationship, and therefore, these could be factors motivating them to showcase the positive face. Meanwhile, gender differences can offer some thought-provoking ideas by connecting with previous research in the workplace and at home. Pierce's (1996) work found that male lawyers engaged in strategic friendliness with displays of hypermasculinity (e.g., be aggressive and manipulative to intimidate uncoordinated clients) whereas female paralegals were expected to be caring as mothering-like. Admittedly, gender variation is quite a different case in the context of volunteering work, compared with that in the law firms because all volunteers demonstrated their caring ability. There were no organizational or occupational expectations by the CA across genders. In spite of that, males tended to share stories where they had made changes or intended to do so while no similar descriptions occurred among the women respondents, either consciously or unconsciously. This implies males’ powerful trait and females’ supportive trait in terms of the care work. Femininity and masculinity have also been investigated in Coltrane (2000)’s work that focuses on emotion management in the familial arena. However, gendered inequalities in emotive compliance (Brody, 2000), which relates with one’s status or identity and power relations between actors, cannot be observed

in this study. This might be understood that advocates' emotions management is primarily on a voluntary basis and their relationship is modelled as "friendship" with equality.

These findings cannot be extrapolated to all matched volunteers because the investigated number of participants is small. It is possible that these results are not a true representation of emotional care work by volunteers of different genders and more individualized features are reflected in the observation. Especially for emotion expressivity and role orientation, these two aspects are not stationary but changing with the development of the relationship. Furthermore, this change might be irrelevant with gender differences whereas other factors might carry more explanatory power, such as the length of matches, the frequency of meeting sessions, the situations of special-needs clients.

Equally important, ages of advocates, as a key personal attribute, probably intersects with the results of nearly no differences compared by gender. We noticed different genders of advocates demonstrated some differences in their emotional expressivity and role-playing, but it may be explained by the age difference of advocates. For example, the elderly advocate Mathew (in his 60s) seemed more experienced in direct contact with his friend Robert and less likely to place himself in a dilemma, and he also demonstrated strong confidence in *guiding* Robert to make changes. But very interestingly, the same gender but differently aged advocates

showed their different understanding of friendship. The younger volunteer James (in his 20s) insisted “friendship only between you and me” and preferred not to involve others like families, whereas the older Mathew (in his 60s) enjoyed inviting his special friend to his family and even encouraged his family members to accept the client as a special “family member.” This suggests the varying understanding of friendship and personal intimacy distance practised by generations.

This combination of findings suggests the ability of care work to produce a more-similarity-less-differentiation pattern in emotion management practice of different gender volunteers. However, more research on this topic needs to be undertaken so as to more clearly understand emotion management practice in the voluntary setting. As a matter of fact, future work with quantitative research methods may help us better understand whether the emotion care work pattern varies with different factors intervening in the relationship between advocates and clients.

Conclusion

The present study set out to gain a better understanding of emotion management and care work in a voluntary arena. The main goal of the project was to describe the emotional experiences and views of volunteers who participated in a long-term one-on-one match program.

This study has shown that when volunteers interacted with their matched clients, they exhibited their positive emotions such as happiness and contentment and rarely did they find it necessary to manage their emotions because their genuine feelings fit with a proper emotional display. However, they had to engage in emotion management when they experienced the misfit between their authentic feelings and expected feelings. Although the volunteers reported their *truly experienced* negative feelings, the results indicate that they chose not to display these strong feelings to their clients or blame their clients; rather, they demonstrated their ability to perform emotion management in order to present a meticulous and responsible image as advocates. This can be the result of repeated advocate expectations of volunteers by the CA (“occupational requirements”) and their understanding of the care work (“individual-level emotive rules”). In terms of how they suppressed their negative emotions, both genders volunteers made sense of clients’ behaviours by the assessment of situations and the influence of clients’ disabilities on the situations. They consciously reframed what happened to the clients or between clients and them. Importantly, male volunteers are differentiated with a pragmatic attitude about their emotions, whereas female volunteers seemed to be more sensitive and sympathetic and concerned with making clients emotionally well.

Moreover, this study has identified that the care work by advocates can be understood as a relationship-based friendship, both framed by the organizational script

and the individual advocates' perceptions. Following this, one of the more significant findings is that we failed to see obvious gender differences in emotion management during their care work undertaking. This accords with volunteers' intention to comply with the role expectations and maintain a harmonious relationship with the paired clients. However, emotion-related expressivity and role orientation differentiate between female and male advocates in their care work undertaking. Based on the vignettes and analysis, females advocates may be more reserved in expressing their negative emotions that are not confrontational. As for role orientation, male advocates seem to show their directing ability more clearly when involved in the friendship building, which is an important aspect of gender diversity in the care work.

Taken together, these findings have significant implications for the understanding of (1) how volunteers conducted emotion management by unpacking their emotional experiences in contact with the special-needs clients, and (2) the specific care in relationship between volunteers and their special needs clients by capturing the emotional dimension of care work, which might offer some important insights into emotional labour involved in a broader care network of interpersonal relationship. Admittedly, due to practical constraints, this study cannot provide a comprehensive view of the interactive process of volunteer-client relationship which involves the angle from paired clients with special needs. The difficulties of doing this include tougher access to the community of vulnerability, the potential ethics of

arranging volunteers and clients in a conflicting situation, as well as the extended research duration of fieldwork. Nevertheless, the present study adds evidence to the growing body of research that indicates emotion management perspective applied to various social spaces, and the investigation in a voluntary social service arena enriches our practical knowledge in this regard. Also, this study provides insights for understanding personal connection building by integrating care work. Equally importantly, this research should prove to be particularly relevant to the program and the organization because this study brought attention to the carer perspective. It could provide some additional information for policy-making in caring about the carers' emotions and better supporting them in their commitment. Finally, this project appears to be one of the first attempts to probe specifically on volunteers' emotion management towards their special-needs clients fabricating with the care work.

References

- Abel, E. K., & Nelson, M. K. (1990). *Circles of Care: Work and Identity in Women's Lives*. SUNY Press.
- Ashida, S., & Heaney, C. A. (2008). Differential associations of social support and social connectedness with structural features of social networks and the health status of older adults. *Journal of Aging and Health*, 20(7), 872–893.
- Baines, D. (2004). Caring for Nothing: Work Organization and Unwaged Labour in Social Services. *Work, Employment & Society*, 18(2), 267–295.
<https://doi.org/10.1177/09500172004042770>
- Brody, L. R. (2000). The socialization of gender differences in emotional expression: Display rules, infant temperament, and differentiation. *Gender and Emotion: Social Psychological Perspectives*, 24–47.
- Calderbank, R. (2000). Abuse and disabled people: Vulnerability or social indifference? *Disability & Society; Abingdon*, 15(3), 521.
- Citizen Advocacy of Ottawa-Carleton (2018). "Annual Report 2018." Retrieved from <https://www.citizenadvocacy.org/wp-content/uploads/2019/06/ANNUAL-REPORT-2018.pdf>
- Citizen Advocacy Information Session (April 9, 2019). An offline activity held by Citizen Advocacy of Ottawa-Carleton
- Coltrane, S. (2000). Research on household labor: Modeling and measuring the social embeddedness of routine family work. *Journal of Marriage and Family*, 62(4), 1208–1233.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. SAGE Publications.
- Diefendorff, J. M., Erickson, R. J., Grandey, A. A., & Dahling, J. J. (2011). Emotional display rules as work unit norms: A multilevel analysis of emotional labor among nurses. *Journal of Occupational Health Psychology*, 16(2), 170–186.
<http://dx.doi.org.proxy.bib.uottawa.ca/10.1037/a0021725>
- Elliott, S., & Umberson, D. (2008). The performance of desire: Gender and sexual negotiation in long-term marriages. *Journal of Marriage and Family*, 70(2), 391–406.
- Engster, D. (2005). Rethinking Care Theory: The Practice of Caring and the Obligation to Care. *Hypatia*, 20(3), 50–74.
- Erickson, R. J. (2011). Emotional carework, gender, and the division of household labor. At *the Heart of Work and Family: Engaging the Ideas of Arlie Hochschild*, 61–73.

- Fisher, B., & Tronto, J. (1990). *Towards a feminist theory of care. In circles of care: Work and identity in women's lives*. Ed. Emily Abel and Margaret Nelson. State University of New York Press: Albany.
- Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Simon and Schuster.
- Goldberg, R. W., Rollins, A. L., & Lehman, A. F. (2003). Social network correlates among people with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 26(4), 393.
- Grandey, A. A., Diefendorff, J. M., & Rupp, D. E. (2013). *Bringing emotional labor into focus: A review and integration of three research lenses*. Routledge/Taylor & Francis Group.
- Hochschild, A. R. (1979). Emotion Work, Feeling Rules, and Social Structure. *American Journal of Sociology*, 85(3), 551–575.
- Hochschild, A. R. (1990). Ideology and emotion management: A perspective and path for future research. *Research Agendas in the Sociology of Emotions*, 117, 117–142.
- Hochschild, A. R. (2012). *The managed heart: Commercialization of human feeling*. Univ of California Press.
- Huebner, R. A., & Thomas, K. R. (1995). The relationship between attachment, psychopathology, and childhood disability. *Rehabilitation Psychology*, 40(2), 111–124. <http://dx.doi.org.proxy.bib.uottawa.ca/10.1037/0090-5550.40.2.111>
- Hui, D., De La Cruz, M., Mori, M., Parsons, H. A., Kwon, J. H., Torres-vigil, I., ... Bruera, E. (2013). Concepts and definitions for “supportive care,” “best supportive care,” “palliative care,” and “hospice care” in the published literature, dictionaries, and textbooks. *Supportive Care in Cancer; Heidelberg*, 21(3), 659–685. <http://dx.doi.org.proxy.bib.uottawa.ca/10.1007/s00520-012-1564-y>
- Hunt, A., Walby, K., & Spencer, D. (2012). *Emotions Matter: A Relational Approach to Emotions*. University of Toronto Press.
- Juan-Toset, E.-M., & Morata-Garcia-De-La-Puerta, B. (2012). European Social Policy And Welfare In The Journals Of Social Work And Social Services. *Portularia: Revista de Trabajo Social*, 12(2), 57–68. <http://dx.doi.org/10.5218/PRTS.2012.0044>
- Kaufman-Osborn, T., Hirschmann, N. J., Engster, D., Robinson, F., Yeates, N., & Tronto, J. C. (2018). 25th Anniversary of Moral Boundaries by Joan Tronto-Moral Boundaries: A Political Argument for an Ethic of Care. By Joan Tronto. New York: Routledge, 1993. 242 pp. \$173.00 (hardcover), \$53.95 (paperback). *Politics & Gender*, 14(4).
- Kay, J. (1995). *Attributional style, depression, and anxiety in college students with and without learning disabilities* (Ph.D.). Retrieved from

<http://search.proquest.com/socialsciences/docview/304283823/abstract/DFD4C4603E94C66PQ/37>

Kinnane, N. A., Waters, T., & Aranda, S. (2011). Evaluation of a pilot “peer support” training programme for volunteers in a hospital-based cancer information and support centre. *Supportive Care in Cancer; Heidelberg*, 19(1), 81–90.

<http://dx.doi.org.proxy.bib.uottawa.ca/10.1007/s00520-009-0791-3>

Kogstad, R. E., Mönness, E., & Sörensen, T. (2013). Social Networks for Mental Health Clients: Resources and Solution. *Community Mental Health Journal; New York*, 49(1), 95–100. <http://dx.doi.org.proxy.bib.uottawa.ca/10.1007/s10597-012-9491-4>

Kramer, R. M. (1987). Voluntary agencies and the personal social services. *The Nonprofit Sector: A Research Handbook*, 244.

Lan, P.-C. (2003). Maid Or Madam? Filipina Migrant Workers and the Continuity of Domestic Labor. *Gender & Society*, 17(2), 187–208.

<https://doi.org/10.1177/0891243202250730>

Lewis, P. (2005). Suppression or Expression: An Exploration of Emotion Management in a Special Care Baby Unit. *Work, Employment and Society*, 19(3), 565–581.

<http://dx.doi.org.proxy.bib.uottawa.ca/10.1177/0950017005055673>

Lively, K. (2008). Emotional segues and the management of emotion by women and men. *Social Forces*, 87(2), 911–936.

Lively, K. J., & Heise, D. R. (2004). Sociological Realms of Emotional Experience. *American Journal of Sociology*, 109(5), 1109–1136. <https://doi.org/10.1086/381915>

Lively, K. J., & Heise, D. R. (2014). Emotions in affect control theory. In *Handbook of the Sociology of Emotions: Volume II* (pp. 51–75). Springer.

Lively, K. J., & Powell, B. (2006). Emotional Expression at Work and at Home: Domain, Status, or Individual Characteristics? *Social Psychology Quarterly*, 69(1), 17–38.

Lois, J. (2001). Managing emotions, intimacy, and relationships in a volunteer search and rescue group. *Journal of Contemporary Ethnography; Thousand Oaks*, 30(2), 131–179.

Lopez, S. (2006). Emotional Labor and Organized Emotional Care: Conceptualizing Nursing Home Care Work. *Work and Occupations*, 33(2), 133–160.

<https://doi.org/10.1177/0730888405284567>

Mccorkle, B. H., Rogers, E. S., Dunn, E. C., Lyass, A., & Wan, Y. M. (2008). Increasing Social Support for Individuals with Serious Mental Illness: Evaluating the Compeer Model of Intentional Friendship. *Community Mental Health Journal; New York*, 44(5), 359–366. <http://dx.doi.org.proxy.bib.uottawa.ca/10.1007/s10597-008-9137-8>

- Mellow, M. (2007). Hospital Volunteers and Carework. *The Canadian Review of Sociology and Anthropology/La Revue Canadienne de Sociologie et d'Anthropologie*, 44(4), 451–467.
- Miller, K., Considine, J., & Garner, J. (2007). “Let Me Tell You About My Job”: Exploring the Terrain of Emotion in the Workplace. *Management Communication Quarterly*, 20(3), 231–260. <https://doi.org/10.1177/0893318906293589>
- Mmbando, P., Hartwig, K. A., Hofgren, B., DiSorbo, P., Smith, S., & Hartwig, K. N. (2009). Care for the Most Vulnerable Children in Tanzania: A Faith-Based Model of Care and Support for Children Affected by HIV. *Journal of Health Care for the Poor and Underserved; Baltimore*, 20(4), 13–21.
- Moran, C. M., Diefendorff, J. M., & Greguras, G. J. (2013). Understanding emotional display rules at work and outside of work: The effects of country and gender. *Motivation and Emotion; New York*, 37(2), 323–334.
<http://dx.doi.org.proxy.bib.uottawa.ca/10.1007/s11031-012-9301-x>
- Morgan, T. (2016). *Developmentally Disabled Adults and Their Emotional Problems* (Psy.D.). Retrieved from
<http://search.proquest.com/socialsciences/docview/1839269271/abstract/86B0D5E5C CC34916PQ/25>
- Peterson, G. (2006). Cultural theory and emotions. In *Handbook of the Sociology of Emotions* (pp. 114–134). Springer.
- Phillips, J. (2007). *Care. Polity*.
- Phillips, R., Casey, L., & Leischner, C. (2011). *Volunteering on the front line: Caring for sex workers in non-profit organizations*.
- Pierce, J. L. (1996). *Gender trials: Emotional lives in contemporary law firms*. Univ of California Press.
- Read, R. (2014). IMAGES OF CARE, BOUNDARIES OF THE STATE: Volunteering and Civil Society in Czech Health Care. *Social Analysis; Oxford*, 58(3), 90–106.
- Ritzer, G. (2004). *Encyclopedia of social theory*. Sage publications.
- Rosenberg, M. (1990). Reflexivity and Emotions. *Social Psychology Quarterly*, 53(1), 3–12.
<https://doi.org/10.2307/2786865>
- Smith III, A. C., & Kleinman, S. (1989). Managing emotions in medical school: Students' contacts with the living and the dead. *Social Psychology Quarterly*, 56–69.
- Smith-Lovin, L., Heise, D. R., & Heise, D. R. (2016). *Analyzing Social Interaction: Advances in Affect Control Theory*. <https://doi.org/10.4324/9781315025773>
- Stets, J. E., & Tsushima, T. M. (2001). Negative emotion and coping responses within identity control theory. *Social Psychology Quarterly*, 283–295.

- Stets, J. E., & Turner, J. H. (2014). *Handbook of the Sociology of Emotions* (Vol. 2). Springer.
- Theodosius, C. (2008). *Emotional Labour in Health Care: The unmanaged heart of nursing*.
<https://doi.org/10.4324/9780203894958>
- Thoits, P. A. (1990). Emotional deviance: Research agendas. *Research Agendas in the Sociology of Emotions*, 180, 203.
- Thomas, C., Newell, J. N., Baral, S. C., & Byanjankar, L. (2007). The contribution of volunteers to a successful community-orientated tuberculosis treatment centre in an urban setting in Nepal: A qualitative assessment of volunteers' roles and motivations. *Journal of Health Organization and Management; Bradford*, 21(6), 554–572.
<http://dx.doi.org.proxy.bib.uottawa.ca/10.1108/14777260710834346>
- Thompson, R. A. (2011). Emotion and Emotion Regulation: Two Sides of the Developing Coin. *Emotion Review*, 3(1), 53–61. <https://doi.org/10.1177/1754073910380969>
- Thornton, L. A., & Novak, D. R. (2010). Storying the Temporal Nature of Emotion Work Among Volunteers: Bearing Witness to the Lived Traumas of Others. *Health Communication; Philadelphia*, 25(5). Retrieved from <https://search-proquest-com.proxy.bib.uottawa.ca/socialsciences/docview/747121001/62FAECAC16DB4507PQ/4>
- Tsukerman, D. (2013). *Negative mood regulation expectancies, stress, distress, coping, and life satisfaction in people with a physical disability* (M.S.). Retrieved from <http://search.proquest.com/socialsciences/docview/1372853871/abstract/86B0D5E5C CC34916PQ/18>
- Waldron, V. R. (2012). *Communicating emotion at work*. Cambridge ; Malden, MA: Polity.
- Wharton, A. S., & Erickson, R. J. (1993). Managing emotions on the job and at home: Understanding the. *Academy of Management. The Academy of Management Review; Briarcliff Manor*, 18(3), 457.