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ORIGINAL ARTICLE

Disciplined into good conduct: Gender constructions of users in a municipal psychiatric context in Sweden

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Abstract

Aims and objectives: To examine how gendered discursive norms and notions of masculinity and femininity were (re)produced in professional conversations about users of long-term municipality psychiatric care. Focus is on the staff's use of language in relation to gender constructions.

Background: Psychiatric care in Sweden has undergone tremendous changes in recent decades from custodian care in large hospitals to a care mainly located in a municipal context. People who need psychiatric care services often live in supporting houses. In municipal psychiatric care, staff conduct weekly professional meetings to discuss daily matters and the users' needs. Official reports of the Swedish government have shown that staff in municipal care services treat disabled women and men differently. Studies exploring gender in relation to users of long-term psychiatric care in municipalities have problematised the care and how staff, through language, construct users' gender. Therefore, language used by staff is a central tool for ascribing different gender identities of users.

Design: The content of speech derived from audio recordings was analysed using Foucauldian discourse analysis. The COREQ checklist was used in this article.

Results: The results indicate that by relying on gender discourses, staff create a conditional care related to how the users should demonstrate good conduct. In line with that, an overall discourse was created: *Disciplined into good conduct*. It was underpinned by three discourses inherent therein: *The unreliable drinker and the confession*, *Threatened dignity*, and *Doing different femininities*.

Conclusion: The community psychiatric context generates a discourse of conduct in which staff via spoken language (re)produces gendered patterns and power imbalances as a means to manage daily work routines. Such practices of care, in which constant, nearly panoptic, control despite the intention to promote autonomy, urgently require problematising current definitions of *good conduct* and *normality*.

KEYWORDS
disability, discourse analysis, femininity, Foucault, masculinity, mental illness

1 | INTRODUCTION

In Sweden and Western countries, generally, psychiatric care has undergone big changes in recent decades from long-term care in large hospitals to small-scale solutions, so-called supported housing, also called group homes and support houses, where residents or users, live independently with support on a regular basis (Brunt & Tibblin, 2011). Sweden has a population of nine million, and today, approximately 55,000 of those people require some kind of municipal services due to psychiatric impairment (National Board of Health & Welfare, 2019). Many of them live in supported housing or housing support, which, in Sweden, is run by municipalities that have received more expansive and clearly defined responsibilities in caring for people with impairment and disabilities due to severe mental illness (Brunt & Tibblin, 2011).

In this caring context, staff meetings occur once a week with a purpose of discussing users' behaviour, care and daily lives. Here, language then forms a basis for staff to express how users should be perceived and talked about. It includes norms and values about gender and ideas regarding how users should behave and how they should act with respect to femininity and masculinity. Being discoursively formed, the language is not only an individual choice; it is connected to the current practice (Olin, 2017).

1.1 | Background

According to Swedish law (SFS, 1993: 387), people with intellectual disabilities, autism spectrum disorder or any condition resembling the disorder, considerable, permanent mental impairment following brain damage sustained as an adult due to external force or physical illness, or some other lasting physical or mental impairment clearly unaligned with what society accepts as normal can apply for support housing. There has been much discussion about how to define disability and impairment. *Disability* is defined as an *impairment* of physical, mental or intellectual ability. Disability is the limitation a disability means for a person in relation to the environment. The definition follows the International Classification of Functional Conditions, Disabilities and Health (ICF; National Board of Health & Welfare, 2020a, 2020b). But there is also discussion regarding what makes a disability psychiatric and what factors are combined with psychiatric impairment to produce disability (Rudnick, 2014).

According to Swedish law, the housing contexts prioritise, or should prioritise, the autonomy, participation and integration of users (SFS, 2014: 821). According to the National Board of Health and Welfare (2020a, 2020b), a person with a psychiatric disability has the same rights as other people in society. A person with a psychiatric disability also has the right to receive care and support that should be non-restricted and homelike and according to needs (Bengtsson-Tops et al., 2014). It is important to notice that the category "disabled people" should not be seen as homogenous. Traustadottir (2006) states that it is a diverse group with different impairments and different gender, sexualities and social circumstances.

What does the paper contribute to the wider global clinical community?

- The language used in municipal contexts (re)produces gender stereotypes that can subordinate people with a psychiatric disability.
- Such language can become problematic for power and equality because women and men, due to their capabilities, struggle to relate to what is supported to be normal feminine and masculine behaviour.
- The care becomes depicted as conditional and related to good conduct. Such care is also a practice in which constant, nearly panoptic control, despite the stated observance of autonomy, creates a need to problematise the definitions of *good conduct* and *normality*.

Studies on disability have grown in several countries during recent decades. In Sweden, Studies addressing users' experiences with disabilities have examined the stigmatisation of people with severe mental illness (Björkman et al., 2007). Studies also show that unquestioned norms and values still could serve as causes for injustice, and this could be a consequence of how a welfare state constructs normalities that could be hard for people with disabilities to reach (Meekosha & Soldatoc, 2011; Thomas, 2006).

Although gender is a social categorising principle, it interlocks with disability in structuring people's lives (Traustadottir, 2006). Most of the studies about gender and disability in Sweden are conducted in social and gender studies with a focus on women (Timander & Möller, 2018), for example Barron (2001) and Shön (2010). Other studies have focused on disability movements that struggle for social justice (Meekosha & Soldatoc, 2011). Some other studies also investigate disabled women's risk of having psychiatric disorders (Taggart et al., 2010). Despite that, there seem to be a small number of studies that intersect gender and disability with the language in psychiatric nursing research.

Studies that focus on the topic of language used in professional meetings and gender in psychiatric practice are limited but have been conducted by Eivergård et al. (2020). Such studies in relation to people with psychiatric disabilities are even more limited but have been conducted by Olin (2017). Inspired by previous research, we sought to examine how gendered discursive norms and notions of masculinity and femininity are (re)produced in professional discussions about people cared for as users of municipal psychiatric care.

1.1.1 | Theoretical perspectives

Our epistemological approach consisted of social constructionism, which refers to the understanding of reality as socially and discursively constructed (Beedholm et al., 2014; Österlind et al., 2011; Springer & Clinton, 2015; Yazdannik et al., 2017). From such a perspective, claims of absolute truth are viewed as sceptical. In

line with that, language is understood as discursively formed and an organising principle that maintains and constructs knowledge according to dominant practices, values and power relations, including those involving gender (Olin, 2017). In other words, language does something. According to Foucault (1994/2008), different discourses struggle to maintain dominance. An example is the dominance of the medical perspective over the patient's perspective. The medical discourse can therefore be described as a frame that defines what is possible to think and say about patients in a certain context. Knowledge about what is relevant to say is therefore linked to power.

Gender can be understood as a practice that divides and constructs people into two categories: women and men. According to Connell (2009), gender should be understood as an arena where the biological bodies are used in different ways in different social contexts and where femininity and masculinity should not be seen as linked to the biological bodies. Rather, femininity and masculinity are socially constructed. In society, people continuously construct themselves as feminine or masculine, all the time but in different ways according to norms in place, time, religion, culture and social factors. According to Butler (2006), gender is discoursively seen, and people in daily life do gender through the way they dress, move, speak and act; that is, people constantly produce and reproduce gender.

How gender is produced and reproduced must therefore be seen as formed by context and discourse. Foucault (1976/2002) discusses the question of what maintains the discourse of human sexuality and argues that there is no such thing as "natural" sexuality. Instead, society constructs different norms and rules around sexuality. According to Foucault, sexuality norms thus can functions as a way of exercising power through disciplinary strategies. For de Beauvoir, becoming a woman means being situated in relation to men and the circumstances around her (de Beauvoir, 1949/2002). Women who resist the established norms can be disrespected (Skeggs, 2006). Men, on the other hand, are judged according to society's dominating male norms (Connell, 2008). Connell states that most men do not reach the ideal masculinity and can therefore be marginalised, something that can occur in the relation between men who have the legitimate authority and those who do not, for example men who are disabled (Coston & Kimmel, 2012).

2 | MATERIALS AND METHODS

2.1 | Design

Our study was part of a larger research project that involved collecting audio recordings of municipal care staff as they discussed the users of their services. The purpose of audio recordings, called "naturalistic" by Potter (2012) and Silverman (2005), was to produce live data regarding ongoing situations in municipal psychiatric wards in Sweden. The material consisted of audio recordings transcribed verbatim. By using audio recordings, we could produce material unable to be corrected by the author, which Buus et al. (2016), Potter (2012), and Silverman (2005) have described as naturalistic. A poststructuralist approach makes it possible to analyse the role played by language in constructing people's identities and place them into certain positions (Perron & Holmes, 2011).

This study conforms to the consolidated criteria for reporting qualitative research (COREQ) checklist (Tong et al., 2007; File S1)

2.2 | Setting and participants

The data were collected at two municipal-run supported housing facilities and three supported housing facilities purposefully selected as residences where users receive care from staff. All residents were in either northern or mid-Sweden. Recordings captured *verbal handovers*, defined as manager-led, conversation-based meetings about once weekly.

Only one audio recording was made at each facility, with the sum of five audio recordings. This was found to be enough for data saturation. Each meeting involved one manager and five to six assistant nurses. There were totally 25 staff who participated, seven men and 18 women. To be eligible to participate, the staff needed to be working when the recordings were made. Included were those who gave informed consent to participate. All managers were educated in the social sciences, some of the staff had experience in psychiatry, and one of the chefs had a military education. Last, the assistant nurses, educated and trained in psychiatric care or assistant nurses with no formal education, had experiences that varied in length from a few months to several years.

The meeting addressed 18 service users. Ten were women, and eight were men. Only those who provided informed consent to have the meetings about them recorded were included. The users had to be identified by staff as able to provide informed consent and had to agree to being discussed in recorded conversations. All users were 20–60 years old, and their gender representation in the sample was nearly equal.

Ultimately, no staff or users who provided consent withdrew from the study. The use of the two categories of women and men in this study only mirrors the way staff talked about the users, not how the users would identify themselves. These were also the categories that staff used about themselves.

2.3 | Procedure

Access to all municipal housing was obtained first from the municipal management and later from the staff. Before making the audio recordings, the first author, a well-trained psychiatric specialist nurse, held two briefings with staff to clarify the study's purpose, its procedure and how consent to participate would be collected from staff and users. For users, the procedure involved explaining how the audio recordings would be made, explaining that their participation was voluntary, they could refrain from participating by not providing

their consent and they could withdraw their consent at any time during the study, and requesting their consent to participate. Users and staff who did not provide consent did not engage in any recorded verbal handovers or ward rounds. No one except the staff and the researcher were present during the audio recordings.

To mitigate the risk of influencing the staff's discussions, the first author remained passive while listening to and recording the verbal handovers, with the recording device placed on the table in front of the participants. Each handover lasted from 60 to 90 minutes, and after each recording was complete, the author sealed the recording in an envelope for coding. A secretary anonymised all material and transcribed the recordings verbatim by a secretary. Transcripts were not returned to participants after recording. The material in the article was translated into English by translation services. No field notes were made.

2.4 | Ethical issues

Application for ethical review was made in accordance with Sweden's Ethical Review Act. The application was approved with the stipulation that a secretary would erase all material related to hospital information, departments, participating staff and patients and then transcribe all audio recordings to maintain confidentiality.

It was also stated that staff would recruit users to participate by informing them about the study's purpose and the voluntary nature of participation. The staff was chosen to inform the patients in order to avoid undue influence on the users.

2.5 | Data analysis

With reference to social constructionism and gender theory, our analysis of the data was conducted by Foucauldian discourse analysis (FDA). The analytical approach is usually described as deconstruction with the intention to reveal power processes and the way in which normative perceptions are created and maintained through language. The municipal discourse thus spans a web of meanings related to the perception of the user. In general, discourse analysis is an analytical framework integrating both theory and method (Winther Jörgensen & Phillips, 2000). It is described as more of an interpretative process than a step-by-step method (Stevenson, 2004). The analysis process can also be described as an ongoing process that will never be completed. An advantage of discourse analysis is the ability to examine power relations. A weakness that is usually mentioned is that it does not follow any systematic rules. Our use of discourse analysis could be best expressed by Springer and Clinton (2015). The purpose of the discourse-theoretical approach is thus to map the processes that struggle over how the meaning of different signs should be determined. In this analysis process, some concepts and words will briefly provide content here.

Words such as the discursive field, moments, nodal points, positions, elements and floating signifiers are included in the discourse-inspired approach. Each word indicates a relationship to the other in something that can be likened to a fishing net. In this analysis, such a fishing net consists of the user as "she" and "he," who becomes nodal points or signifier, about which other sign gets its meaning in relation to the context. The signifiers could have other meanings in other contexts, which makes them floating signifiers. With inspiration from Winther Jörgensen and Philips (2000), the transcripts from the staff meetings were read through.

By identifying "he" and "she" as starting points, we analysed how they were articulated and positioned with signs as "lazy," "heirloom," "need of support," "should be lured into doing funny things," "she must grow up," "confess," "normalise." When grouping the signs, some questions were raised: Why are staff talking about the users as drinkers who must confess their drinking? Why did the staff not listen to the user who did not want them to clean his home? Why was the same man talked about as unpleasant and an heirloom? Why does it seem hard for staff to accept the relationship between users, and why would it benefit the woman to meet a man? During the analysis, we used gender theory. A benefit of using FDA is a possibility to identify conflicts between different discourses. An example is if individuals are unable to acquire an identity and thus realise their interests, they can therefore construct someone to be responsible for this failure, which means that a blockage arises. It is up to the discourse analyst to describe how identities are blocked and map how the obstacles are created and constructed in the discourse.

To establish the best credibility and validity possible, all authors read the data individually and provided their individual input during analysis. Participants will be provided with the results after the study is concluded. The conversations were translated from Swedish as rigorously as possible for to retain the content as much as possible. All names are pseudonyms.

3 | RESULTS

3.1 | Disciplined into good conduct

While answering the questions, we identified a core statement in a discussion between staff (S) and manager (M). The statement indicates the complex balance between loyalty to oneself and striving for normality for users:

S1: It's about being, in some way, too loyal to yourself and your reputation…The result is that you're not loyal to the user, and that … creates normalisation, and that's a little like the rest of society. So, it's not like his [user's] normality is the norm, but of course, you must consider his … how to say it … *private sphere* (Recording 3).

The statement constructs a discourse about conduct and normalisation. Besides answering the questions above, the core statement creates an overall discourse: *Disciplined into good conduct*. This

discourse was undergirded by three other discourses, identified in the material: *The unreliable drinker and the confession*, *Threatened dignity*, and *Doing different femininities*.

3.1.1 | The unreliable drinker and the confession

Discussions amongst the staff often addressed users with alcohol problems and unwillingness to work. In the statements below, the staff discussed a user, Tomas, whom they say is drinking alcohol and is lazy and dishonest. Talking that way, they reproduce a discourse of the drinker by talking about Tomas as unreliable and as a person who drinks. Therefore, in a discussion between two staff members, it seems to become necessary to confront the user to make him confess:

S1: … to the tiniest mistake. Every evening, you sit down with Tomas and listen to how his day went and if he had been drinking, so you can get a hold on it and confront him. Then he can't manage to lie. You must ask in a good way. I ask … did you drink today? And I really look at him. It's seriously …

S2: Most often, he doesn't lie. And then we discuss it. If you suspect … when you look at him … you shall have a talk with him. And sit awhile, too … it'll come out (Recording 1).

The staff's argument that Tomas should confess because then he "can't manage to lie" reproduces a strategy of disciplining that Foucault (1987/2017) calls non-repressive punishment; it is rather a subtle penalty for even trivial offences aimed at disciplining individuals into good conduct. Tomas' confessions about drinking are important to consider related to society's norms about work and employment, with significant ramifications in the process of normalisation, as expressed in official reports of the Swedish government (SOU, 2006: 100). Later, the staff's discussion about Tomas' work-addiction relationship demonstrated how Tomas has been assigned different subject positions:

S1: Is Tomas interested in anything, then? I'm thinking about TV or something.

S2: Yesterday's news was quite exciting. He keeps up with sports and … some politics, too.

S3: He sat down on the sofa … the day before last, when I was in there in the room. We sat and talked. He said that it's bloody boring … But that's not surprising. I've been going on like that all these years, so what's there to do, he said, maybe he should have a job (Recording 1).

As the staff members discussed Tomas' interest in sports and news, as well as his opinion that life is boring, Tomas was cast as someone who views his life realistically and feels uncomfortable with his predicament, which a staff member amplified by discussing work. The reply from another staff member, however, created additional tension in Tomas' positioning:

S4: He's not that interested. He's satisfied with things as they are. I tried to discuss interests. … Anyway, before the holidays, I talked with him sometimes about whether he fancied doing anything. But at the time, it didn't suit him. So, it was a little difficult (Recording 1).

Described as a drinker with no interest in doing what staff encourage him to do, Tomas became positioned as ungrateful for the staff's efforts, which only reproduced the discourse of the apathetic alcoholic. Thus, positioned as a drinker, Tomas became part of a discourse about masculinity in which disabled men and a man who cannot control his drinking are subordinated and marginalised by other forms of masculinities.

3.1.2 | Threatened dignity

This discourse was identified in two ways: first in discussion about Stefan, then in discussion about Ina and Sture. Two staff members discussed user Stefan's aggressive behaviour and violence and, in the process, exhibited a tacit understanding of violence in relation to masculinity and femininity:

S1: Stefan thinks that we should sit down and talk with him and say, "Nice of you to come" and so on. So I said, "I think we have a task we're supposed to help you with … support you with getting cleaned up." "No, that's not necessary. I'll do it myself," he said.

So, we went into the kitchen … It looked quite good. I said, "Since we're here" … in the kitchen, I saw the sink …Then he came up behind me … and my colleague was still in the hall. I told him that we're supposed to support him with cleaning up. And then … he started to shout. He just stood there, and I was … squeezed in, inside there [in the kitchen] … I couldn't get anywhere. And I didn't say anything; I just waited for him to finish. When he was done shouting … I thought, "He's going to hit me now". But then, he got quiet and backed off. … And then I walked away and said to the colleague "We're leaving, we're not going to stay here."

S2: I find him unpleasant, I must say… Towards me, he's very intrusive … all the time (Recording 3).

The staff's narrative is interesting from many perspectives, from how they portray themselves to how they position Stefan. At the same time, their focus on Stefan's violence might have indicated guilt in failing to realise a caring, feminine ideal, based on the housewife archetype constructed in white middle-class society. It is therefore possible to understand the staff's conversations as a way of positioning themselves as responsible, even if they failed to fulfil a norm of duty that stipulates being hard-working and meticulous, a norm that women in caring professions must accomplish to be respected by colleagues

and care recipients alike. Stefan is then talked about as an undesirable person:

S3: But I think he's a kind of user that has … "become an heirloom," if one may use that sort of expression. He's wound up here from other units, and he's been given what he needs here…. We say we shouldn't have him here, because he doesn't fit in. …The manager tried for a long time to not admit him, but the decision-makers simply said … "He's coming to you." And then she couldn't say anything… So, you just must make the best of it (Recording 3).

The statements cast Stefan in a negative light, which functioned to cast their own acts in a positive one. Moreover, the staff's subjective "I" in the statement became almost powerless in relation to Stefan, who was positioned as aggressive, threatening and unpleasant. As such, he provided the staff members, as women, with no reason to stay. If the perspective were reversed, however, then the statements could be interpreted to address how Stefan resists normative discourse, stipulating how his place of residence should be, and resisting help he does not want. Reading from that perspective, however, could also problematise Stefan's actions and advance his potential feelings of being threatened. If so, his behaviour could be understood as an attempt at independence and dignity, albeit in a way other than allowed by the normative discourse upheld by staff.

Who am I allowed to love?

Threatened dignity was also seen in relation to the staff's description of two users who fall in love. For users living in or being supported by municipal psychiatric facilities, autonomy is central to care and for keeping dignity. For that reason, situations often arise that seem to involve intrusion into one's private sphere and where the user's dignity is foreseen. Such is the case for Ina and Sture. They fancy each other, even though Sture is considerably older than Ina, and although Ina, according to staff, is somewhat intellectually incapacitated. Apparently, due to their difference in age and capabilities, their relationship is so disturbing that staff felt compelled to discuss it seriously amongst themselves. One such meeting began by characterising Sture and Ina's relationship as a problem staff must control, especially given the pair's recent cosy candlelit moment sharing a cup of tea:

S1: It feels like we maybe ought to have talked about how we should steer everything around that. … It's not that easy when you go up there. For one, they sat there and were having a cosy time on the sofa, [with] candles lit and a cup of tea. It was really sweet. And Ina was showing her very best side… It wasn't a situation that I felt I had any reason to disturb (Recording 2).

Ina and Sture's free expression of love has complicated how staff believe they can steer their behaviour. The staff's discussion continued with an attempt to clarify that, despite everything, the couple's intimacy has remained a problem:

S2: What's your gut feeling? How should we handle it? Because I can't see why they can't keep each other company. There's absolutely no problem. They seem to have a good time together now. Later, we'll have to deal with problems. We all know that it's going to crash (Recording 2).

A staff member added that Ina had cried, excused herself and asked whether she could be in love. As she paraphrased, Ina had said, "I can be in love with Sture, and I'm an adult." The staff also described how Ina was not only under their control but also under the influence of her parents. If the conflict can be characterised as receiving the benevolence and care of staff and parents, then can it also be described as a situation in which the users, despite the recognition of their autonomy, remain closely supervised? According to staff, Sture seemed to have accepted the supervision:

S1: He was very nice and very pleasant, and he said, "I feel like a villain." And he swore up and down that they simply liked each other a lot (Recording 2).

Sture seemed to admit a certain understanding that staff perceive his relationship with Ina as problematic, and his capability to understand his role in interactions with staff has given him an advantage with the staff and positioned him as an accountable, diligent, credible man. His age also seems to become an issue:

S1: I was talking about that it's difficult for … her [Ina's] mother. And I said the reason is that Sture is as old as her father (Recording 2).

The staff seemed to doubt that Sture, described as a potential exploiter, was truly in love. At the same time, the staff also mentioned Ina's wanting to be Sture's priority, whereas Sture occasionally needs time to himself:

S1: He wants to keep going. He has… as far as I've seen, he has the right. He's created a vast network on the computer, and he has a great need for that. He must sit, as he says, and work on the computer (Recording 2).

Characterised as someone who needs time alone to pursue his personal interests, Sture becomes positioned as an unproblematic user, mature, accountable and very "pleasant." He becomes a man who does what is expected of men. Conversely, Ina, described as a mentally unstable woman entrapping a man, became positioned as the problem:

S2: Ina sat all the time and giggled and said "sorry" and talked about how "I may well be in love. I must be in love. I want to be in love." I then I told her the reason for this is that Sture is as old as your dad. But she said her father was not old. I was also clear to Sture too, because he stayed mature, ready, very comfortable. There seemed to be no hint of anything strange in him. It's more Ina you feel you should grab to steer clear of this.

While Ina is talked about as the problem, she also becomes positioned as immature:

S2: And I said that to Ina several times. I told her to stop giggling and stop saying sorry, but behave like an adult and listen instead to what we said. He took care of her as a child and who is taken care of. It was almost as if the cat had been sitting there in the same way. They were hugging and kissing, and he didn't have any thought about exploiting her. He had no sexual intentions (Recording 2).

The statement can be understood in multiple ways. One way is as proof of the staff's anxiety that Ina could be exploited. Another way to understand the statement is to view it as a demonstration of Sture's credibility.

Ina and Sture become positioned by staff in two ways. Sture, as a man with unproblematic behaviour, could be discussed in a masculine, heteronormative discourse. In contrast, Ina was positioned, on the one hand, as an unrestrained woman who is both emotionally and psychologically unstable and faces difficulties in understanding the demands of life and Sture's needs and, on the other, as somebody who must be protected.

3.1.3 | Doing different femininities

There was discussion about women who challenged normative femininity and those whom the staff talked about as doing the right things. Amongst these women, Anita was considered to have a drinking problem that compromises her ability to perform tasks in daily life, such as buying food and tidying up. As one staff member stated, Anita "prioritises drinking instead of shopping" (Recording 1), which places a moral responsibility upon Anita without considering that alcohol dependence is also an illness. As a manager said:

M: I guess that's the usual, normal thing, that she must somehow be lured back here. … Getting a haircut is still important anyway (Recording 1).

Because the proposed measure of luring Anita seemed to have failed regardless, she might not have been enticed by the proposal, as the following statement may corroborate:

M: Things she had looked forward to before … fun things … now, it's an absolute no (Recording 1).

Without identifying what is essential to Anita, the staff seemed to think that she should behave as she always done. While discussing the possibility of coaxing her into fun activities, the staff continued to disagree about how to resolve her drinking. At last, one staff member said:

S2: To stop her drinking, maybe we should get her to do the shopping… I suppose we could buy something fun then (Recording 1).

Luring Anita to "cut her hair" and "do something fun" to keep her at home not only revealed difficulties in managing her alcohol consumption but also positioned Anita as someone without interests other than drinking. In reasoning about how to keep Anita sober, the staff discussed her interest in working as a janitor at a nearby church:

S2: She wants to work as a janitor or clean at the church or the Pentecostal church, something like that. And, of course, you don't know if she could get it [a job] … if you could try to get some ideas from somewhere about cleaning two hours a week or something together with someone (Recording 1).

Dismissing her wish to work as a janitor and instead recommending that she go shopping as a substitute for drinking, the staff did not seem to respect Anita's prerogatives. Although the staff voiced no problems related to her ability to clean, laughter from everybody nevertheless cast Anita as an undesirable worker when the manager said:

M: I'll check with the Swedish Church [to see] if there's some cleaner who might have some pity. [*Laughter*] (Recording 1).

In sum, being a woman with alcohol dependence subordinates Anita in relation to a feminine ideal that women should not drink. Exercising a power strategy involving luring, the staff has thus sought to discipline her into leading a sober life and embodying the right sort of femininity. The staff ridiculed Anita's ambitions to work, instead offering stereotypical alternatives such as "shopping" and "having fun." It seems that work is important for men, but not for women, particularly, not for the woman who has deviated from ideal femininity.

In other talks, user Maria was described as well behaved by doing femininity right. According to Butler (2006), people are doing gender all the time by behaving in a way that the society's gender discourse stipulates, and as such, are subsumed in the discourse of conduct. Two staff members also described Maria as needing to become more independent in her relationship with her mother:

S1: It [Maria's room] is tidy, and she has very green thumbs. I mean, she has flowers everywhere. So, our duty is more about keeping her company. Everything's in good order. But … she has problems with food, they say. She has an eating disorder. She was in contact with the eating disorder unit before, but there was a slight disagreement, so she simply didn't want to go there anymore. I don't know if that's from her side, or if it's her family's understanding.

S2: It could also be her mother that's the "slight disagreement". … So, it could be the eating disorder. … She needs a bit more of a push to be more confident. … We should encourage her … to manage herself at home. Because I think she's so … there

are a lot of things with the mother. … We should treat her as a grown-up (Recording 1).

Regarding diligence, nothing in the discussion indicated anything other than that Maria has behaved as expected. The description of her penchant for plants and an orderly home can be understood as positive opinions about a woman. However, regarding some obstructive circumstances—namely, an eating disorder and her mother—nothing was said about how the eating disorder unit responded. Instead, the staff focused on Maria's relationship with her mother, a woman who, according to staff, seems to have played too domineering a role in Maria's path to become her own woman. Although Maria was portrayed as needing to free herself from her mother to become more confident, which the staff assumed they could achieve, Maria could also become mature by nurturing a relationship with a man:

S1: No, it might be a boyfriend and that she establishes herself, and that would be fine. She would get to be a grown-up (Recording 1).

Although that final quotation encapsulates several discourses, we considered only two. One positions Maria as a good but weak, dependent, immature individual who needs a man to become a so-called "real woman," or, according to de Beauvoir (1949/2002), who is encouraged on all fronts to await the fairy-tale prince bearing happiness and wealth instead of embarking alone on the difficult, uncertain mission towards womanhood. Although Maria had no such man in her life, her mother, as staff implied, has obstructed Maria from growing up. For staff, if Maria can indeed "get" a boyfriend, then her reaching maturity in the arms of a man seems to be a viable discourse.

4 | DISCUSSION

The purpose of our study was to examine how gendered discursive norms and notions of masculinity and femininity are (re)produced in professional conversations about users of municipal psychiatric services. The study revealed that, in verbal conversations, staff working in a municipal psychiatry facility continually sought to handle the users' different everyday problems in ways that (re)produced feminine and masculine positions for the users and themselves. In general, albeit different ways, it seemed vital for the staff to ensure that the users behaved according to how men and women arguably should behave. Although our study and Olin's (2017) research were conducted in different contexts, the staff's discussions of service users in both cases showed similarities, as we elaborate upon in this section.

In our study, men were often depicted as problematic in relation to work, alcohol consumption and aggressive behaviour. For instance, in discussions about two users and their behaviour—Tomas' drinking and Stefan's aggressiveness—the men were positioned as lazy, irresponsible, hostile and, on one occasion, undesirable. To induce such users into behaving themselves, the staff proposed having them confess their deviations in relation to what is acceptable. Such a suggestion promotes an exercise of power grounded in a discourse of confession that has long been entrenched in psychiatric praxis, often as means of correcting users' behaviour to reflect the prerogatives of authority figures (Foucault, 1987/2017; Holmes, 2008). In such cases, intimacy and confession become tools in the service of good conduct.

When two women staff members discussed Stefan's resistance to them, the way in which they portrayed themselves as careful and Stefan as an undesirable person prone to violence can be interpreted as an expression of guilt rooted in failing to have realised a caring ideal. Highly valued in Swedish home care, the ideal upholds a pattern based on an archetypal white, middle-class housewife (Sörensdotter, 2009). Masters of that ideal are consequently considered to be competent and thus the embodiment of a normative sense of duty, diligence and accuracy. In view of that ideal, women carers should pursue such mastery to be viewed as respectable by care recipients and colleagues alike, something that Skeggs (2006) has highlighted as being especially important for working-class women.

Olin (2017) also found that staff members discussed users in ways that positioned them as untrustworthy, unwanted troublemakers. That shared result urges questioning whether Tomas' general disinterest is truly due to laziness and whether Stefan is truly undesirable or whether care staff are liable to simply reproduce common discourses about behaviour and masculinity. Bengtsson-Tops et al. (2014) found that people living in supportive housing who reported feeling that nothing ever happened in their daily lives only became more passive. Stefan and Tomas behaviour can therefore be understood as frustration with the living conditions more than expressing masculinity (Searle et al., 2018).

Although that dynamic can be understood as a contextual problem for staff to resolve, Olin (2017) additionally claimed that the staff in her study seemed to presume users' wants for themselves. According to Coston and Kimmel (2012), Stefan and Tomas expressions can also be understood as resistance against the position as men who needs care. The behaviour then becomes a way of preserving their masculinities and avoid subordinated a hegemonic masculinity (Connell, 2008).

From the staff's perspective, good conduct also seemed to mean adapting oneself to suit feminine or masculine patterns. For instance, women were thought to need enticement to engage in fun activities or even visit the hairdresser, as was the case with Anita. de Beauvoir (1949/2002) has described that by being lured into a comfortable living, bourgeois women are hoped to accept the roles of mother and homemaker they are restricted to. Because Anita is not part of the bourgeoisie, her situation has differed; however, it nevertheless remains an exercise of power on the staff's part to coax her into trivialities that limit her choices. That phenomenon should be understood in relation to the set goal that users should participate in decision-making about their care (SOU, 2006: 100). According to Meekosha, 2002, women are more disadvantaged then men in many ways. A disabled woman seems to be viewed as a failure more than a

man. In Anita's case, working as a janitor does not seem to fall within the scope of what is reasonable and feminine and can thus challenge a feminine discourse. In their discussion, the staff also showcased how norms of femininity have made it unacceptable, if not unthinkable, for women to work as janitors, particularly about Anita's case. Although other plausible reasons may not have been discussed, it is possible that dismissing Anita's desire to work as a janitor served as a subtle but powerful means to steer her towards embodying the "right" femininity (Butler, 2006).

Another aspect of such a feminine discourse manifested when staff discussed Maria, a woman with an all-too-close relationship with her mother, which seems to have prevented her from transitioning into adulthood. In that talk, the mother became the root of the problem, which may be attributed to a discourse of so-called "mother blaming," a common psychiatric practice (Sommerfield, 1989). When staff suggested Maria's needing a man to become an adult, her femininity was reduced to an appendix of masculinity. According to de Beauvoir (1949/2002), Maria's situation can be viewed as predetermined in accordance with her apparent gender. That is, looking like a woman invites an expectation of behaving in specific ways. Meekosha (2002), Thomas (2006) show the impact of feminine norms when disabled women talk about themselves in terms related to society's norms about femininity. One question that raises is whether it is possible for these women to reach the norm.

Likewise, when trying to manage Ina and Sture's heteronormative love, the staff reasoned that the couple's relationship was problematic due to their age difference and, underlying that stated concern, their difference in intellectual capacity. Although a man being the far-older party in a romantic relationship does not ordinarily pose a problem, a problem may arise if one party in the relationship is mentally and/or intellectually disabled. According to Engwall (2004), if disabled women lose their sexual dignity, they become a threat to the social order, particularly society's views on sexuality. According to Foucault (1976/2002, 1987/2017), the staff's discussion can thus be understood in terms of the regulation of sexuality, which has determined rules and norms about whom can be loved and sexually engaged, such as sexuality becomes a domain in which power and discipline are used to control people. That dynamic possibly explains why Ina and Sture's relationship was subject to such a lengthy discussion in which staff underscored the need for Sture's "work on the computer" and how social relations in the care facility are more important than Ina's need to feel loved and possibly start a family. Such thinking and action can be intrusive, however, which the Swedish government (SOU, 2006: 100) has discussed as a problem that should be mitigated. There is also a possibility to understand staff's talk in quite another way. According to Malmberg (2010), when young girls with certain sorts of mental disorders can be regarded as overly sexual, whereas those with physical disabilities can instead be viewed as asexual, as adults, such women often find themselves always hovering between addiction treatment, psychiatric care and care for disabled people. As Malmberg (2010) states, mentally challenged women are more often dependent than men, which generates an imbalance of power that results in women's victimisation and exploitation more readily than men's. Such concern is not groundless, according to Taggart et al. (2010), for women with intellectual disability indeed tend to be sexually exploited. A review made by Hanisch (2013) and showed that women with disabilities are more vulnerable than others to be exposed to violence.

However, Ina did not appear to be overly sexual but rather pushy in her relationship with Sture, hence the staff's tacit decision to control her instead of Sture. How is it possible that Ina, described as mentally disabled, is the one who needs to adjust her behaviour? According to Malmberg (2010), who deliberated a similar question, people with mental disturbances, disorders and disabilities are expected to understand their circumstances just as others with no disabilities understand theirs. The question is thus one concerning inequality, because so-called "normal people," by their presumed normality, can dominate society with their viewpoints. In relation to the National Board of Health and Welfare (2020a, 2020b), the complexity in the statements highlights the need for placing gender, dignity and power at the foreground of the discussions of how to care for users with intellectual and mental disabilities. Discussions about service users should uphold the guidelines of municipal psychiatric care as stated in the National Board of Health and Welfare (2020a, 2020b), which positions users' autonomy, shared decision-making and integration in society as cornerstones. Without such discussion, municipal psychiatric care can be a discourse of diligence aimed at normalising both societal norms on a general basis and the gender order within society. A gender pattern thus becomes (re)produced in which care is depicted as conditional and related to good conduct. Such care is also a practice in which there is constant, nearly panoptic control (Foucault, 1987/2017; Holmes, 2008), despite the stated observance of autonomy. The concepts of *good conduct* and *normality* should therefore be considered.

If the context of municipal psychiatric care is complex and without clear guidelines for care (Markström, 2003), the recorded meetings from our study can be interpreted as a kind of casual, everyday conversation in which constant negotiations may determine how users should be viewed and what supporting and caring for them should resemble. In that way, a discourse of being disciplined into good conduct can be and has been constructed and reproduced by staff's discussions about how well users can and have adapted to societal standards and normative gender discourses. Language is a central part of the psychiatric practice, and staff would therefore benefit from education on how language makes an impact on the staff–user relation (McGilton et al., 2009).

4.1 | Limitations

Because a goal in recording the meetings was to not unnecessarily disturb the meetings, the author who made the recordings decided not to interrupt the discussions for clarification but instead sought clarification after meetings and only when necessary. Nevertheless, the researcher's presence in the room must be addressed when considering potential influences on the staff's dialogue. Amongst

other possibilities, her gender may have circumscribed what staff deemed appropriate or acceptable to discuss. Another limitation was that participants sometimes felt uncomfortable in the presence of the microphone, and one staff member did not want to be recorded, so the microphone was turned off when that person talked. Beyond that, the psychiatric nursing background of one of the researchers may have contributed to a sense of common language such that her pre-understanding could have influenced the interpretation of data and marginalised patterns other than those expected.

The researcher's gender can therefore have implications on the analysis. However, that bias was partly balanced by the fact that three of the researchers read the data and commented and by reading other studies that could both confirm and contradict the analysis. Last, what staff discussed about users offered only a glimpse into the users' psychiatric history and lives, which complicated drawing farther-reaching conclusions than those presented here. Likewise, the recordings constitute a mere snapshot of how handover reports and rounds may occur in municipal care in Sweden. Even so, such a snapshot can have sufficient reliability where a similar phenomenon in language use recurred across various municipal housing facilities.

5 | CONCLUSION

Given the lack of special guidelines for the care, meetings such as those recorded in our study can be interpreted as discoursively shaped everyday talk, wherein negotiations about gender from one's experience determine how to regard the behaviour of service users. This is done according to feminine and masculine norms. When discussing users in weekly meetings, staff talk seems to (re)produce normative discourses on femininity and masculinity as well as power strategies that are common in psychiatric practice. Such (re)producing can become problematic for the care in terms of dignity and equality because disabled women and men, due to their capabilities, can find it hard to relate to the norms.

5.1 | Relevance to clinical practice

Our study is relevant to staff in municipal psychiatric care in which users with psychiatric disorders and disabilities tend to be differently cared for according to gender. It is therefore important to address the power inherent in the language. Psychiatric care staff should thus benefit from the studies by increasing knowledge of how norms and values around femininity and masculinity are reproduced in the language and how it affects observation, assessment and care of the users. As person-centred care (SFS, 2014: 821) and patent participation (SFS, (2010:659): 659) stand as guiding principles for care, it is not possible to ignore the staff's responsibility to include users in the discussions about them. Staff should also be aware of how language (re)produces normative values regarding how women and men should act and that users who do not meet those norms risk not being respected and treated with dignity. This must be related to descriptions of care in the National Board of Health and Welfare (2019).

Further studies are needed to investigate the discursive conditions that surround the language in municipal psychiatric care. I would also be important to investigate how users describe themselves and how they understand the everyday language that staff use. Further studies are also required that incorporate not only a gender perspective but also an intersectional perspective in research on the meaning of language. In addition to intersectional studies, regular conversational training in undergraduate and further education as a nurse would be an opportunity to make visible the discursive conditions of the language.

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CONFLICT OF INTEREST

The authors declare that they have no competing interests.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Ethical approval was provided by the Regional Ethical Review Board at Umeå University (no. 2010-14-31). Patient consent was required.

CONSENT FOR PUBLICATION

Not applicable.

AUTHORS' CONTRIBUTIONS

Study design and manuscript preparation: KE, IE, ML, LA, OH; data collection: KE; data analysis: KE, IE, ML, LA, OH and final manuscript preparation: KE, IE, ML, LA, OH.

DATA AVAILABILITY STATEMENT

The data are available from the corresponding author upon reasonable request.

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SUPPORTING INFORMATION

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