

"It's not just about the money": the meaning of work for people with severe and enduring mental health problems – an interpretative phenomenological analysis

A thesis submitted for the degree of Doctor of Philosophy

By

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August 2011

Abstract

***“It’s not just about the money”*: the meaning of work for people with severe and enduring mental health problems – an interpretative phenomenological analysis**

Aim – to explore the meaning of work for people living with severe and enduring mental health problems.

Method - Ten participants were recruited and interviewed initially; eight at six months; four at eighteen months. A longitudinal approach was chosen to facilitate capturing changes in the participants’ life worlds. The method used was interpretative phenomenological analysis (IPA).

Findings - Three overarching themes were identified.

Building and maintaining an occupational identity expressed the ways in which participants used occupations as the building blocks of an evolving identity; some viewed work as a socially valued way of doing this. Most of the participants had aspirations towards work, and occupation in a broad sense was seen as an essential component of recovery from mental ill health.

Work, and other ways of belonging encapsulated the need to feel connected to others. Many of the participants envisaged working as a way of achieving this. Others had experienced work as isolating and excluding, and had found leaving or changing work roles to be liberating.

Work values, personal values; the need for accord reflected the attitudes that participants held about the role of work in their lives, and in society. These views reflected ambivalent feelings about working which often seemed to stem from distressing experiences of work.

The longitudinal nature of the study facilitated engagement with the developing narratives and exploration of the changes and consistencies in the participants’ meaning making about work.

Conclusion - work may contribute to recovery, as can other forms of occupational engagement. Attention to identity building and fostering a sense of belonging is important. Implications relate to the need for service providers to utilise a flexible approach to occupational participation.

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ACKNOWLEDGEMENTS

This thesis is the result of many efforts and contributions besides my own -

Firstly heartfelt thanks to the participants who so generously agreed to share their experiences with me over an extended period. My time with them has enriched my understanding of the importance of occupation in living with mental health problems, and the place of work in our society.

The five individuals with lived experience of mental health problems and as service recipients who formed the User Advisory Panel, and the user group to which they belong, gave sustained interest in and support to the research over five years; their involvement in the project has enhanced it immeasurably.

My supervisors, Dr. Priscilla Harries and Dr. Frances Reynolds have patiently and wisely guided my intellectual development, provided criticism, praise, encouragement and support in equal measure. My sincere gratitude to them is boundless.

My colleagues at Brunel who have graciously accepted the prioritization of the thesis at times when they may have had other priorities.

The IPA community, both real and virtual – collectively and individually a huge source of inspiration and encouragement, especially Anne, Betty, Chris and Elena.

Finally, I want to extend deepest thanks to my family; my husband, Mike, and my children Will and Lily, for they have been steadfastly supportive and tolerant of my immersion in this project for the past five years of our lives; and my mother for her unflagging belief in me. I am looking forward to regaining some occupational balance in my life and spending more time with you.

The thesis is dedicated to the memory of my father, from whom I learned the value of hard work.

LIST OF PUBLICATIONS AND PRESENTATIONS RELATED TO THE PhD

Articles in peer reviewed journals

Blank, A., Harries, P., & Reynolds, F. (submitted) *'I'm at the blocks really, waiting to bat on'*. The meaning of work in the context of severe and enduring mental health problems: an Interpretative Phenomenological Analysis. *Work*.

Blank, A., Harries, P., & Reynolds, F. (2011) Mental health service users' perspectives of work: a review of the literature. *British Journal of Occupational Therapy*, 74(4), 191-199.

Blank, A., & Hayward, M. (2009) The role of work in recovery. *British Journal of Occupational Therapy*, 72(7), 324-326.

Conference proceedings

Blank, A., Harries, P., & Reynolds, F. (2010) *"It's not just about the money"*. The meaning & experience of work for people with mental health problems. An interpretative phenomenological analysis – paper presentation annual IPA conference, Glasgow Caledonian University

Blank, A., Harries, P., & Reynolds, F. (2009) *'I'm at the blocks really, waiting to bat on'*. One man's experience of returning to work with a mental health problem. An idiographic analysis - paper presentation annual IPA conference, Queens University, Belfast

Blank, A., Harries, P., & Reynolds, F. (2008) Research in therapy related settings: the utility of Interpretative Phenomenological Analysis. Paper presentation for COT Conference, Harrogate

Blank, A., Harries, P., & Reynolds, F. (2008) The journey into work: returning to work with a mental health problem. Paper presentation for COT Conference, Harrogate

Blank, A., Harries, P., & Reynolds, F. (2008) Returning to work with a mental health problem. Individual Meaning & experience. Paper presentation biannual qualitative research conference, Bournemouth University, Centre for Qualitative Research

Blank, A., Harries, P., & Reynolds, F. (2008) Returning to Work with a mental problem. Individual Meaning & experience. Paper presentation annual IPA Conference University of Sussex.

OVERVIEW OF THESIS

Chapter One – Introduction

The first chapter introduces the research topic; the meaning and experience of work in the context of severe and enduring mental health problems. The chapter sets out the rationale for the study by introducing the current social and political context regarding work for people who are living with such problems. Traditional approaches to work and mental health are described, and new understandings about work in the context of recovery approaches to mental health are discussed.

An occupational science perspective is taken as a lens through which to view the construct of work. Definitions of work, employment and occupation are presented and discussed.

This chapter also contains a rationale for, and detailed description of, my use of reflexivity throughout the study.

Chapter Two – Review of the Literature – strategic context

In this chapter I present the new thinking about mental health and employment. I explore current health and social care policy as it relates to work for people with severe and enduring mental health problems, and examine the literature from the growing evidence base on supported employment.

Chapter Three – Review of the Literature – work and mental health

In this chapter I review the literature from occupational science which explores work; the developing literature around recovery approaches to mental health practice; and studies which explore the experiences of work from a first person perspective. This chapter ends with the articulation of the research question – what is the meaning and experience of work in the context of severe and enduring mental health problems, and how do people living with such problems manage their lives and their plans for work over time?

Chapters Four and Five – Methodology and method

Chapter Four contains consideration of the qualitative research paradigm, as well as the theoretical foundations of the method chosen for the study. Chapter Five presents a detailed description of my use of interpretative phenomenological analysis (IPA), and my argument for why it is a suitable method for exploring aspects of occupational engagement from a lived experience perspective. My application of IPA derives from my

occupational perspective of health and well-being; however I have also used an understanding of cognition as an embodied experience to explore the links between active engagement in occupations, including work, to provide an understanding of the potential for occupational engagement as an aid to recovery from mental ill health. The rationale for a longitudinal approach to the study is also presented.

Chapters Six, Seven and Eight – Findings

These three chapters present the findings from each of the three waves of interviews. From a sample of ten people initially recruited to the study and interviewed at the outset, eight took part in the second interviews, four in the third. One of the interview transcripts from the second wave of interviews was not included in the analysis; the reason for this is explained in Chapter Five. Thus these chapters report findings from analysis of twenty one interviews from ten individuals with severe and enduring mental health problems.

Chapters Six and Seven end with a preliminary discussion of findings which should enable the reader to follow the narrative of the participants' experiences as the thesis develops.

Chapter Nine - Discussion

The final chapter begins by drawing together the themes from all three waves of interviews into three overarching themes – *Building an occupational identity, Work values, personal values; the need for accord, and Work and other ways of belonging* – and shows how I developed the three themes. These three themes are then used to frame the final discussion and constitute the main contribution of the thesis to the evidence base. By exploring work from an occupational perspective, my analysis facilitates a deconstruction of work as an occupation, providing a more nuanced view of some of the aspects or elements of work that mattered to the participants, and how they managed their lives in the absence of work.

Also in the discussion chapter I return to the literature to see how my findings are represented there, confirming existing findings, diverging from existing findings or adding new insights. I have found the literature on self determination theory and work values theory has enabled me to explore my findings further and make links with existing evidence. Occupational identity theory and the concept of occupational integrity have also been used to discuss my findings.

An evaluation of the strengths and limitations of the study is considered, and the thesis ends with identified areas for further research, implications for education and practice.

Chapter One

Introduction

This chapter provides the political, social and personal background to the topic of the thesis, together with the rationale for the need to undertake a study into the meaning and experience of work in the context of severe and enduring mental health problems. The political and social context is addressed through consideration of current approaches to employment for people with mental health problems, and the developing focus on recovery approaches to mental health practice. The personal context is addressed through a description of my theoretical position which is informed by an occupational science perspective; presentation and discussion of the definitions of the concepts of work, employment and occupation; and an account of my use of reflexivity. Thus this initial chapter is divided into three main sections. The current political and social milieu is discussed first, followed by consideration of my theoretical position in which I detail some important concepts within occupational science. A section detailing my reflexive approach concludes the chapter.

Despite the division of the chapter into the three sections outlined above, some overlaps between the socio-political and the personal context will be evident. This reflects both my decision to use the active voice throughout the thesis (with the exception of the literature review which is written using the more traditional passive voice), as well as the person-in-context stance which is fundamental to the phenomenological position from which I have carried out this study.

1.1 The socio-political context for the study

As an occupational therapist who had worked in the field of mental health for more than twenty years prior to starting this project, I had become very interested in the meaning and experiences of work for people with enduring mental health problems and in understanding how these experiences linked with health, occupation and recovery. This interest was heightened by the plans of successive governments to reduce the welfare budget by helping people currently claiming Incapacity Benefit back into work (Layard et al 2006). People with mental health problems comprise a significant proportion of Incapacity Benefit claimants (Black, 2008), so it follows that a considerable number of people who would be affected by this policy would be people with mental health problems.

The objectives that have been set by successive governments were to be achieved in a number of ways (Department of Health, 1999, 2005, Office of the Deputy Prime Minister, 2004, Care Services Improvement Partnership, 2006). The welfare benefits system was to be reviewed and simplified to remove the barriers imposed by a complex system. These included variations in the number of hours an individual could work before their benefits were affected. There was to be provision of vocational rehabilitation services that were consistent with a form of supported employment which is evidence-based (a detailed evaluation of this approach is given in Chapter Two). Evidence-based supported employment was to be available to anyone with a mental health problem who wanted to go back to work. These services would be provided by employment specialists working within multidisciplinary teams in some cases. In other cases they would be provided by private contractors or non-statutory services; essentially by organisations that bid successfully for monies to provide such services. Many occupational therapists took on the role of 'vocational champions' within teams which gave them responsibilities for trying to get evidence-based employment

approaches embedded within the teams' practice (Sainsbury Centre for Mental and College of Occupational Therapists Health, 2008).

These proposed changes in health care and social policy may have led people who had never worked, or who had not worked for many years because of their mental health problems, to feel under pressure to return to work. In addition, the introduction of the Work Capability Assessment (Department for Work and Pensions, 2008) and the reform of the welfare benefits system (Department of Work and Pensions, 2011) have led to many people feeling insecure about their financial and working futures (Harrington, 2010). The proposed changes in policy and the reaction of individual users of mental health services, and advocacy groups such as MIND and Rethink have been given extensive coverage in the media.

Although there has been criticism of government plans from the sources referred to, many researchers have pointed out that a high proportion of people with serious mental health problems, such as schizophrenia and bipolar disorder, do want to work (Secker, Grove and Seebohm, 2001; Schneider et al, 2009; Johnson et al, 2009; Marwaha and Johnson, 2004, 2005, Marwaha, Johnson and Balachandra, 2009). Furthermore, the evidence base for supported employment strongly suggests that, with the right support, work for people with these types of mental health problems is not only feasible, but enhances mental health. A number of barriers to work for people with severe and enduring mental health problems have also been identified, such as stigma and the difficulties associated with disclosing a mental health problem, therefore studies which have explored both the benefits and drawbacks of work for this client group will be evaluated in Chapter Three.

As an occupational therapist, I was already aware of the importance of meaningful occupation for people with mental health problems, but my clinical background gave me an insight into some of the challenges, as well as the opportunities, that recent government policies might present to this client group. My particular interest in working with people with severe and enduring mental health problems, such as schizophrenia and bipolar mood disorder, made me curious to understand what work might mean for someone with this type of mental health problem. As a therapist who is committed to working in a way which places the client's goals at the centre of assessment and intervention, I was keen to try and discover what it was like to have a severe and enduring mental health problem and to consider starting or returning to work in the 21st century.

1.1.1 The recovery movement

Although there is a long tradition of mental health workers trying to help their clients access work, *paid* employment in the mainstream workforce was not seen as part of an individual's recovery from mental ill health until relatively recently. Finding meaningful work and paid employment is now regarded as an important part of each individual's recovery process (Repper and Perkins, 2003, Sainsbury Centre for Mental Health, 2009) and therefore it is imperative to engage with recovery approaches to mental health in order to fully appreciate the importance of work as part of this process.

The word 'recovery' has taken on a subtle new meaning within mental health services over the last 20 years. Unlike many concepts within mental health, the concept of recovery has not come from professionals within the field but from the people who use mental health services (Repper and Perkins, 2003). Recovery has been defined in many ways by different authors but the most commonly cited definition of recovery was developed by Anthony (1993), who drew on the descriptions of recovery from many

writers, several of them mental health service users, and developed the following meaning of the term -

‘Recovery is a deeply personal, unique process of changing one’s attitudes, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness’, (p17)

Understood in this way, recovery can be seen as a process rather than an outcome (Davidson et al, 2010). This distinguishes it from notions of clinical recovery from illness which might include eradication of symptoms, for example. As Anthony’s definition states, the ‘limitations caused by illness’ do not preclude recovery of a meaningful life.

The concept of recovery is linked with severe and enduring mental health problems. These include, but are not limited to, diagnoses of schizophrenia and bipolar disorder. However, it is often more useful when thinking about recovery processes to consider the experiences linked with such diagnoses, which frequently include psychosis, rather than diagnostic labels themselves. Psychosis is characterised by unusual, often frightening or distressing, auditory, visual and somatic experiences, and beliefs that are unusual for the individual in terms of his or her culture and biographical history (Bentall, 2003; Houghton et al, 2006; Pilgrim,2009).

Recovery as a concept continues to be contested (Pilgrim, 2009; Slade, 2009). Even among people who use the term there are concerns that it has become so widely used as to be meaningless (Davidson et al, 2010). There are also concerns among mental health service users as to the ownership of the concept of recovery (Repper and Perkins, 2003; Pilgrim, 2009), and worries about mental health professionals ‘doing recovery’ to

service users. Renaming services to include the word 'recovery' in the title adds to the debate around the idea of recovery as the personal and unique process described by Anthony (1993). Anthony's (1993) description of the meaning of recovery clearly conveys an expectation that life can still have meaning and purpose despite the ongoing effects of illness. In this regard, mental illness shares some similarities with chronic health conditions such as multiple sclerosis (MS). Grose (2007) conducted a study with 30 people with MS and their closest confidants (usually partners) and found that people with MS did not want to be defined by their condition, but wanted to live as normal a life as possible. However, people with physical health conditions are arguably less likely to experience the stigma and discrimination felt by people with severe and enduring mental health problems, and the effects of these social phenomena form part of the 'catastrophic effects of mental illness' referred to by Anthony (1993). Nevertheless, what people who suffer from long-term physical health conditions share with those who suffer with mental health problems is the need, the desire and the right to lead personally satisfying lives, which are meaningful, purposeful, and through which they make contributions to their families and wider communities.

Recovery approaches to practice seem to me to offer an alternative to the dominant biomedical model of mental illness, and while for mental health professionals the emphasis is on successful treatment or rehabilitation, for many users of mental health services and their families, recovery represents emancipation from the medical paradigm (Pilgrim, 2009). Nevertheless, the use of the word 'recovery' and its attendant concepts remains a contested issue. However it is the emphasis on being hopeful and finding meaning and satisfaction in life that for me is the essence of the concept of recovery and is how I have thought about it, both in clinical practice, and in this thesis. It seems to me to offer practitioners and people who use services a hopeful approach to finding ways of living with mental health problems.

Recovery approaches to practice offer an alternative to the dominant biomedical model of mental illness and while for mental health professionals the emphasis is on successful treatment or rehabilitation, for many users of mental health services and their families, recovery represents emancipation from the medical paradigm (Pilgrim, 2009). Consistent with the shift in perspective offered by a recovery focus is a change in the use of the language of psychiatry. *Severe and enduring mental health problems* is a phrase that has been developed to include diagnoses such as schizophrenia and bipolar disorder, as well as some depressions with psychotic elements. Because these conditions can be long lasting and episodic, they can in some individuals be considered 'enduring'; their effects undoubtedly are severe. As these experiences are frequently distressing, some authors prefer to talk about 'mental distress' (Slade, 2009). For the purposes of this thesis I use the term *severe and enduring mental health problems* because I am uncomfortable with diagnostic labels, finding them to be unhelpful in the work of assisting people who use mental health services manage their daily lives. Personal communication with two people who have used mental health services for more than twenty years confirm that the term is helpful in providing a distinction between their needs and those of people with mental health problems such as anxiety and depression (West, 2011, Edgar, 2011, personal communication). Where other terms are used, including diagnostic labels, this reflects the literature being referred to.

1.1.2 Work, employment and occupation

These concepts require further consideration and definition for the purposes of this thesis. In the literature on evidence based supported employment, work is defined as a paid job, in the open market, for which anyone could apply (Crowther et al, 2001; Bond, Drake and Becker, 2008). The supported employment literature does not stipulate that a job must be full time; part-time work is the route that most people who access work via supported employment take in the first instance (Crowther et al, 2001; Burns et al, 2007; Bond, Drake and Becker, 2008). This definition of work clearly does not include

voluntary work or work in one's home setting, such as caring for children, older people or pets, or maintaining the home. It would also exclude education. Understood in this way work is connected with payment. Employment can be understood as work that one is paid for.

However, other less tightly defined ideas about work have been described. Cook and Lukersmith (2010) defined work as productive occupation performed within an employment setting; Szymanski and Parker (2003) described work as an activity performed to produce goods or services of value to others, that involve mental or physical effort directed towards a goal. Thus in the broadest sense, work can be seen as a goal directed activity (Szymanski and Parker, 2003). Szymanski and Parker (2003) did not stipulate that payment needed to be attached to such activities to denote them as work; work can be done in exchange for goods or services as in a bartering system.

Taylor (2004) has described a number of classifications of work. These are formal paid work in the public, private or non-statutory (voluntary or third) sectors, for example a paid accountant, or a paid care worker. Work may be formal but *unpaid* in any of these sectors. For example, both accountancy and care work, and much other work that is usually paid, may be done in a voluntary capacity. Work may be informal and either be paid or unpaid. For example, babysitting for friends or neighbours can be paid; caring for sick or elderly friends or neighbours or being on a local committee may be unpaid. Work that is paid may take place in private, within the family, for example, older children may be paid for performing domestic tasks such as cleaning and ironing. Finally, there is unpaid work within the home such as childcare and maintaining the home.

Occupation is understood in lay terms as being synonymous with one's work, job or employment. For occupational scientists and occupational therapists, occupation can be

understood in this way, but is more usually understood to have a very different meaning. Definitions of occupation vary according to the view of the author but the one that is used for the purpose of this thesis has been put forward by Wilcock (2006) who defined occupation as 'all that people need, want or are obliged to do ' (p10). This could include occupations such as buying and preparing food, going out with friends, paying bills. This simple yet extremely broad definition of the word 'occupation' clearly encompasses work, as it is defined above. Thus occupation can be seen to be about much more than work, although work can be understood as an occupation.

Work has long had a place in the treatment and management of mental health problems, and the profession of occupational therapy has developed in tandem with a work rehabilitation approach to intervention (Holmes, 2007). However, Holmes (2007) also suggests that there are risks inherent in viewing accessing paid work as a successful outcome, to the exclusion of other successful outcomes. She emphasises the importance of understanding motivational issues for clients and well as their sense of self-efficacy. To focus on return to work as a successful outcome, while overlooking these intrinsic aspects of a person is to miss important areas of need.

Support for a broad understanding of occupation comes from Whiteford, Townsend and Hocking (2000). These authors suggested, a decade ago, that worldwide educational and political changes have taken place, with the result that it is now possible to challenge the idea of paid occupation as a mark of power, citizenship or even meaning (p63). For example, many women, people with disabilities, children and elderly people do not have paid employment but nonetheless the increasing empowerment of these groups, according to Whiteford et al (2000), can call in to question the primacy of paid employment as a means of contributing to society. This view can be interpreted as presenting a challenge to the current rhetoric around paid work which holds that employment is a universally shared goal. Opportunities for occupational participation in

society through means *other* than paid employment is seen by occupational therapists and occupational scientists as critical to individual health and well being, and to the formation of socially just and inclusive societies (Whiteford, 2000, 2004, Whiteford et al, 2000, Wilcock, 2006, Yerxa,1998).

This overview of the broad understandings, narrow definitions, and multiple meanings of words may only serve to make the picture even less clear. However work, employment, and occupation are defined, perhaps it is how individual people understand and experience these concepts, and what their individual meanings are that is more illuminating. Many of the studies that are reviewed in this thesis attempt to further our understanding of different aspects of work, occupation and the meanings held therein.

1.2 Occupational perspectives of work

There are many different ways of understanding work but from an occupational science and occupational therapy perspective, work can be said to constitute a form of occupation (Szymanski and Parker, 2003, Cook & Lukersmith, 2010). An occupational perspective on work is particularly relevant to this study in terms of my clinical background as an occupational therapist, as well as in terms of the contribution of the thesis to the evidence base that informs the practice of occupational therapy i.e. occupational science. The theoretical perspectives on the human need for meaningful occupation require consideration in order to understand why it is important for people to have the opportunity to participate in work. Conversely, the consequences for people who are deprived of the opportunity to work should also be understood. In the following sections I have drawn extensively on the literature from within the discipline of occupational science to inform these issues.

1.2.1 Occupational science

The science of occupation is predicated on a theory of an innate human need to engage in meaningful occupation and, that by doing so, people can influence their own health and well-being (Wilcock, 1998, Yerxa, 1998). Occupations provide powerful means for people to influence their health and well-being for better or for worse. The need to work is explicit within occupational science literature, and the occupational science evidence base supports the concept that work can be beneficial for people. Work gives meaning, structure and a sense of self to individuals, as well as status and financial reward (Unruh, 2004; Whiteford, 2004). Work is also a means of providing occupational justice to society as a whole (Whiteford, 2000). An occupationally just society is one in which every individual is able to meet his or her occupational needs – for example, the need to have personally meaningful occupations which are challenging enough to enable a person to develop as a result of engaging in such occupations (Christiansen, 2004). From a recovery perspective, this view clearly has much to offer as it suggests that occupations may be important to facilitate social inclusion and to having meaning in one's life; conversely, lack of opportunities to engage in meaningful occupations, or engaging in occupations that are potentially harmful to health, may have a detrimental effect on individual and societal health and well-being. Wilcock (1998) described occupational risk factors, namely occupational imbalance, occupational deprivation and occupational alienation, which can occur when occupational engagement is less than optimal.

1.2.1.1 Occupational deprivation

Occupational deprivation is said to occur when people cannot participate in their chosen occupations for reasons which are outside their immediate control (Whiteford, 2004). Occupational deprivation is distinct from occupational disruption which is temporary and transient, as the result of illness or injury from which a person is

expected to make a full recovery. For example, a ruptured Achilles tendon may mean several weeks away from an individual's usual occupations but a complete recovery of function and return to work and leisure occupations would be expected, following surgery and a period of rehabilitation. However, people who suffer from long-term health conditions, either mental or physical, may experience occupational deprivation. People with severe rheumatoid arthritis, for example, may find that they are unable to engage in many occupations that they need and want to take part in. For people with severe and enduring mental health problems, the associated stigma and discrimination may compound their deprivation from work and many other occupations (Schulze and Angermeyer, 2003). In particular, this may be experienced by those with a diagnosis of schizophrenia, as this condition has been found to draw greater degrees of stigma and discrimination than other mental health conditions (Schulze and Angermeyer, 2003). Furthermore, it has been suggested that discrimination on the part of employers is a major reason why people with schizophrenia struggle to find work (Manning and White, 1995). Social attitudes can be seen as powerful determinants of occupational deprivation.

1.2.1.2 Occupational imbalance

Occupational imbalance occurs as a result of having too much or not enough to do. This is clearly illustrated by the effect of employment status on health. Whiteford (2004) described unemployment, under-employment and over-employment all as states of occupational imbalance which may have adverse implications for individual health and well-being. People with severe and enduring mental health conditions typically are under-occupied or engage mainly in passive occupations such as sleeping, smoking and watching television (Eklund, Leufstadius and Bejerholm, 2009).

Pentland and McColl (2008) have extended the concept of occupational balance with the introduction of a theory of occupational integrity. Occupational integrity, they suggest, represents the extent to which people can live their lives with integrity and with their own personal values and strengths, and with what has meaning for them. In the arena of employment therefore, it seems important to be able to have a job which is consistent with one's personal beliefs and values in order to maintain integrity and balance in an occupational sense.

1.2.1.3 Occupational alienation

Occupational alienation is the outcome when people experience daily life as meaningless or purposeless (Whiteford, 2004). If people do not find their daily occupations satisfying and fulfilling, or at least have some opportunity to engage in such occupations, they may become alienated from themselves and from other people. This can happen not only when people are unemployed but when people are engaged in paid occupations which are highly standardised and lack opportunities for individual choice, control and creativity, such as work in some types of call centre, or 'entry-level' work that is also usually poorly paid (Rinaldi et al, 2006). Some interventions aimed at promoting work opportunities for groups of people deprived of occupation have been criticised for only providing these types of poorly paid, low-skilled jobs to people with mental health problems. For example, 'sheltered work' (a segregated workplace for people with physical or mental health problems, or learning disabilities) does not help people achieve jobs in the open market, and the segregation can contribute to the social exclusion of the people who work there (Boardman, 2003). This type of work may contribute to the experience of occupational alienation as previously described.

1.2.2 Occupation and work

Implicit in the concepts from occupational science is the notion that the word 'work' can be used broadly to denote meaningful occupation and not necessarily those which are paid. Paid work in a mainstream job is, however, considered to be an important route to social inclusion; a state where an individual has the opportunity to participate in valued roles within society thus making a contribution and feeling validated (Marwaha and Johnson, 2005). Hammell (2008) argued that the focus on occupation as a route to well-being should not just include people with impairments but the population as a whole. However, certain groups within society can be seen to be more deprived of work opportunities than others. Such groups might include people with physical disabilities, people detained in hospital or in prison, people who are unable to work because of their political status such as asylum seekers. People with severe and enduring mental health problems such as schizophrenia and bipolar disorder are among those most stigmatised and discriminated against (Couture and Penn, 2003; Schulze and Angermeyer, 2003).

1.2.3 Occupational therapy and work

The assessment process has always been an important starting point for occupational therapists, and detailed assessment for vocational interventions is of critical importance (Boardman, 2003). As well as a detailed work history, such personal factors as motivation, confidence and personal objectives are important to understand. There is a clear role for occupational therapists here and one with which the profession is becoming increasingly engaged (Blank and Hayward, 2009). 'Rehabilitation readiness' (Gill, 2007) needs to be explored with each individual client. This refers to an assessment of such factors as commitment to change, awareness of work environments, and a familiarity with personal skills and abilities (Farkas, Sullivan Soydan and Gagne, 2000).

Thus far this chapter has outlined the socio-political landscape with regard to work for people with mental health problems, as well as proposing an occupational science perspective for viewing this topic. My own work as an occupational therapist has been influenced by both of these, and a critical review of associated policy and research relevant to each area will be found in Chapter Two. However, explication of the current social and political climate, together with one's professional background does not of itself convey adequately the position of the researcher in relation to a research project that has taken a phenomenological approach; serious attention to researcher reflexivity is required. The final section of this chapter describes my use of reflexivity throughout the research.

1.3 Reflexivity

Phenomenological approaches within qualitative research are concerned with the embedded nature of people in the world as a central principle. As I suggested in the introductory paragraph to this chapter, this 'embeddedness' includes the researcher. Such approaches to research rely on, among other things, transparency on the part of the researcher in declaring her position in relation to the study. This fits well with an approach where the interaction of the researcher and participants together constitute the research process (Osborn & Smith 1998; Smith, Flowers and Larkin, 2009), and where the researcher is accepted as interpreting responses from participants. However, this requires a reflexive self-awareness on the part of the researcher in order to show the reader 'what is going on while researching' (Koch and Harrington, 1998, p882). I have paid serious attention to this aspect of reflexivity in the study in order to help the reader to understand my interpretations of the data and thus see how I have developed the themes and laid claim to my findings.

Reflexivity has been defined and described in a number of different ways (Koch and Harrington, 1998; Pillow, 2003; Finlay & Gough, (2003). Finlay and Gough (2003) described reflexivity as -

‘The thoughtful, self-aware evaluation of the intersubjective dynamics between the researcher and researched. It involves critical self-reflection of how the researcher’s background, assumptions, positioning and behaviour impacts on the research process’ (page ix).

Finlay (2003) posits that research is co-constructed between researcher and participant and that there is no longer a desire within qualitative approaches to remove the researcher from the research process. The practice of reflexivity is not just an attempt to minimise bias within a study, however. Finlay (2003) has suggested that, on the contrary, the subjectivity of the researcher has much to offer the research process, seeing it as an opportunity rather than a problem. By this she means that the researcher can actively exploit some aspects of their pre-existing position, as I do in this study by using my knowledge of the current socio-political climate, and understanding of work from an occupational perspective to make sense of the data. This understanding of the use of reflexivity is supported by Dey (1993) who emphasised the importance of approaching a research project with open- minded attitude, while acknowledging that the researcher brings his or her own world view to the research endeavour. Of course, not all of one’s motives are available to conscious processes in this way, as Smith described in his study of the transition to motherhood (Smith, 1999), but a reflexive attitude towards research can enhance the possibility of accessing such processes during the interpretative phases.

An example of reflexivity from one of the studies that is reviewed in Chapter Three is given by Woodside, Schell and Allison-Hedges (2006). In a study to explore factors which contribute to vocational success for people with severe and enduring mental health

problems, the author declared her motivation for the study to be the recurring question she asked herself in clinical practice – ‘*How can I help the person before me to be successful at work?*’ (p36). She goes on to identify how during the analysis phase of the study her professional background in psychosocial rehabilitation and personal belief in the recovery process were shaping the process of analysis, and that this became a way of understanding the participants’ stories in a way that assisted in bringing out important messages from the interviews. This is a perfectly valid use of reflexivity as it helps the reader to understand the researcher’s position within the study (Koch and Harrington, 1998). Others (e.g. Pillow, 2003) would probably regard this as being a very limited use of reflexivity but none the less valid for being so. The research report by Woodside, Schell and Allison-Hedges (2006) is published in a journal that, like the majority of research journals, is constrained by a word allowance and thus a detailed account of the authors’ use of reflexivity may have been difficult to accommodate.

There is, of course, debate about the approach to reflexivity and the cognitive processes it should involve. A detailed exploration of reflexivity is beyond the scope of this thesis but I will present an overview and end by stating my own approach to reflexivity, employed in the course of this study. I have devised the table below to illustrate Finlay’s (2003) five approaches to reflexivity. I have drawn heavily on Finlay’s work on reflexivity as her papers are to be found within both the phenomenological and occupational therapy evidence bases (Finlay, 1998, 2006a, 2008a, 2008b).

Table 1 - devised to illustrate Finlay's typology of reflexivity (2003)

Reflexivity as introspection	<ul style="list-style-type: none"> • The researcher's inner world • Introspection as a springboard for interpretation and insights 	Informed by psychodynamic theories and has much in common with reflective approaches to practice
Reflexivity as inter subjective reflection	<ul style="list-style-type: none"> • Relationship between researcher & participant 	Informed by embodied reflexivity as well as other feelings and responses
Collaborative approach to reflexivity	<ul style="list-style-type: none"> • Participants are engaged in reflecting on the research process 	Informed by participatory approaches to research
Reflexivity as social critique	<ul style="list-style-type: none"> • Focus is on power relationships within the research process 	Informed by theoretical constructs about power relationships
Reflexivity as ironic deconstruction	<ul style="list-style-type: none"> • Concerned with how reality is constructed through our representations of ourselves 	Informed by social constructionist theories – participants and researchers concerns with how they are representing themselves

Many authors have cautioned against a reflexive approach becoming a form of narcissism with the researcher becoming fascinated with themselves (Koch and Harrington, 1998; Finlay & Gough, 2003; Pillow, 2003). These authors have suggested that there can be a danger of a reflexive approach becoming pretentious, merely serving to alienate the reader, rather than to illuminate the research process. By judicious use of reflexive extracts, which are clearly linked to, and retain a focus on the research, I hope to have avoided a narcissistic stance.

1.3.1 Reflexive journal

I have kept a series of reflexive journals throughout the PhD journey, and will cite extracts from them (in a different font) to illustrate elements of the symbiotic relationship between myself and the study. There will be multiple examples of my reflexive approach included throughout the thesis, in order to let the reader see where and how my understandings have impacted on parts of the research and vice versa. This process is intended to alert the reader to my internal processes as they are relevant to and impact upon the study. By threading my voice as researcher through the process in this way, the study should become more transparent to the reader, as well as enabling an increase in trustworthiness of the research process and the findings.

My clinical background as an occupational therapist working in mental health services, and my commitment to a client-centred approach to practice, indicated attention to the inter-subjective relationship as a central part of my reflexivity. Some of the processes I engaged in with the User Advisory Panel (discussed in Chapter Five, Methodology) have much in common with an approach to 'reflexivity as mutual collaboration' (see table on previous page, included to illustrate approaches to reflexivity). An awareness of the power relations between me and the participants in the study could be seen as subscribing to 'reflexivity as social critique'. Following each interview, I spent some time in reflection on the interview experience, recording my thoughts on a sheet prepared for this purpose (see Appendix A). This aid to reflexivity was designed to focus on the intersubjective relationship between me, as researcher, and the participant, with attention paid to the power imbalance inherent in our positions. It was also designed to capture elements of embodied reflexivity, as described by Finlay (2006a). Thus it seems I have formed a '*bricolage*' (Denzin and Lincoln, 2000) of approaches to reflexivity which reflects my orientation and which I hope will contribute to making the study transparent for the reader. A reflexive approach, like an ethical one, should not be seen as something to be done at the beginning of a study and then forgotten about, but a

thread that runs through and informs the entire research process. It is in this spirit that I will return to reflexivity at intervals throughout this thesis as it seems appropriate. In the meantime, an introductory reflexive statement is given below.

1.3.2 Initial reflexive statement

Langdridge (2007, p59) poses 10 questions to encourage a reflexive approach to research where reflexivity issues are being taken seriously. Below is an early extract from my reflexive journal which has been framed around these questions. The purpose of including it here is to introduce myself as the researcher and highlight the reflexive thread that will be found running through the thesis.

28.4.2009 I wanted to carry out a study which would allow users' voices to be heard, and which would contribute to the understanding of having a mental health problem, as well as providing a 'human interest' perspective on the rhetoric of policy and the huge and ever increasing body of evidence on supported employment. By using a phenomenological approach I hoped to open up debate about the meaning of work for people with mental health problems.

Langdridge (2007) asks the researcher to consider their position with regards to the topic being investigated, and to consider whether one is positioned as insider or outsider. My position is complex. I am not a mental health service user, so in that sense I am an outsider. However my background as an occupational therapist gives me a unique perspective on meaningful occupation, including work; I am also employed, so in this sense I am an insider. This position suggests that I will have an occupationally focused way of approaching the study, as well as a personal view of work.

Looking at the research question through my occupational therapist lens could suggest that I would regard getting back to work as positive, as a successful outcome of intervention. However my wariness about the policy of supported employment as a way to get everyone with a mental health problem back into the workplace, and my commitment to a client-centred approach to practice militates against this to a degree.

My own views and experiences of work may also play a part. My mother didn't work once she became a mother but I always felt I would work if I had children that I wanted to have a career. My job is undeniably a big part of who I am. It is also very

absorbing and can be a great comfort and a distraction. I find I can throw myself into work as a way of not thinking about other things that are troubling me. In that sense it is therapeutic. I also find it fulfilling, meaningful, stimulating and exciting. I consider myself very fortunate to have such a job. I do often wish that other people could have a similar experience of work, and sometimes find other people being less committed to work hard to understand as I feel they are not getting as much out of life as they could be.

Finlay (2008a) has likened the process of interpretation to a dance, where the researcher moves backwards and forwards between the data and their own reflexive awareness, at times bracketing out preconceptions, at other times making use of them to assist with the interpretive activity. The explication of my dance steps will, I hope, contribute to the clarity and transparency of this thesis.

1.4 Chapter Summary

This chapter has set the scene for the chapters that follow by contextualising the study in terms of the current social and political climate, and me, as the researcher, in context. As Gallagher and Zahavi (2007, p40) have noted 'there is no view from nowhere...a perspective is exactly a perspective from somewhere'. Thus it was important to commence the thesis with a clear account of where my view of the topic of work in the context of severe and enduring mental illness came from and to provide a means for transparently communicating my presuppositions and how they have changed or been replaced by new ones over the course of my PhD journey. The next two chapters, Chapters Two and Three, will present a review of the extant literature that relates to the area of study which is the meaning and experience of work for people with severe and enduring mental health problems.

Chapter Two – review of the literature – strategic contexts

2.1 Introduction

The right to work is enshrined in law; article 23 of the United Nations Universal Declaration of Human Rights (1948) states that everyone has the right to work, to free choice of employment, to just and favourable working conditions and to protection against unemployment. The World Health Organisation (2000) echoed this view when it stated that everyone has the right to decent and productive work in conditions of freedom, equity, security and human dignity. However, the WHO also commented that for people with mental health problems the achievement of this is challenging.

This chapter will present a critical evaluation of the central social and healthcare policy documents that are currently shaping approaches to work for people with mental health problems. It will also consider the evidence base for supported employment which is at the heart of much current policy.

2.2 Work and mental health

The value of work in terms of its beneficial effects for people with mental health problems is not a new discovery (Shepherd, 1989). At the beginning of the 20th century, the importance and value of engagement in occupations was observed for all ‘classes’ of patients in the large psychiatric hospitals. Occupational therapists were set to work with the ‘unemployed, deteriorating class’ of patient (Franklin, 1977, p421), being focused on establishing habits and routines, as well as maintaining an emphasis on a balance of ‘work, rest and play’ activities. In ‘the old mental hospitals work had a pre-eminent role in treatment and care’ (Shepherd, 2007, p15). Every patient would have been expected to work, often without pay, in the hospital laundry, on the farm, and moreover some of the patients who were quite well would have contributed to the running of the hospital with basic administrative tasks (Marwaha and Johnson, 2004). The use of time in a

balance of work, rest and play occupations had been observed to be beneficial to the well-being of patients in the early psychiatric hospitals (Meyer, 1922; Paterson, 1997).

Since the move to mental health care being provided in the community, and the closure of the large mental hospitals which followed the Community Care Act (1990), a great deal of attention has been focused on work and other meaningful occupations for people with mental health problems. Writing in 1999, Grove suggested that the previous five years had seen a dramatic increase in interest among mental health service users themselves, as well as mental health professionals and government in helping people with mental health problems gain employment.

Work continues to be seen as providing many valuable outcomes or 'latent functions' (Jahoda, 1981; Boardman, 2003; Rinaldi and Perkins, 2004). These include structure, a sense of purpose and agency, a way of managing illness and coping with symptoms, self-efficacy, and a socially valued role. (Strong, 1998; Provencher et al, 2002; Gahnstrom-Strandqvist, Liukko and Tham, 2003; Honey, 2004; Kennedy-Jones, Cooper and Fossey, 2005; Marwaha and Johnson, 2005; Gewurtz and Kirsh, 2007; Boyce et al, 2008; Dunn, Wewiorski and Rogers, 2008; Koletsi et al, 2009). Although these benefits of working were identified in studies in which mental health service users were the participants, the advantages of work for the general population share many similarities (de Botton, 2009). However, while work is important for everyone, people with severe and enduring mental health problems are more sensitive to the negative effects of unemployment and the loss of structure, purpose and identity that ensues (Rinaldi and Perkins, 2004).

There have been many diverse approaches to helping people with mental health problems obtain work. In the UK these have been mainly in the form of sheltered employment, linked to the large asylums referred to earlier (Boardman, 2003).

Sheltered employment schemes did not provide jobs in the open market and there is no evidence to suggest that sheltered employment leads on to work in the mainstream employment market (Boardman, 2003). Such alternatives to mainstream employment were actually found to reduce people's confidence in ever regaining employment in the open market (Seebohm and Scott, 2004). Furthermore, this type of segregated employment may have contributed to keeping people with mental health problems out of the workplace and dependent upon services. In addition to sheltered employment, an approach to vocational rehabilitation which has become known as 'train and place' or pre-vocational training, was in existence (Holmes, 2007). This type of training often involved service users in an ongoing and open-ended series of skills training programmes for which, again, there is little evidence of effectiveness in securing open employment (Rinaldi and Perkins, 2007).

Despite all of the efforts directed at helping people with mental health problems find and maintain work, they remain under-represented in the workplace even though large numbers of them would like to work and, given the right support, would be able to do so successfully (Bond, 1998; Moll, Huff and Detwiler, 2003; Grove, Secker and Seebohm, 2005). Grove, Secker and Seebohm (2005) estimated that only 20% of people with a mental health problem, in the UK, are in work. For people with severe and enduring mental health problems such as schizophrenia and bipolar disorder the figure is lower still; approximately 5% of people with these types of mental health problems are employed (Grove, Secker and Seebohm 2005). Further, unemployment among people in the UK who experience severe and enduring mental health problems has risen within the last decade (Perkins and Rinaldi, 2002). This situation is echoed in the US and in much of Europe as will become clear in the critique of the evidence base for supported employment later in this chapter. It is, however, important to point out that change in the employment status of people with severe and enduring mental health problems tends to be slow and to reflect the global economic situation. DeSisto et al (1995) compared long-term outcomes over a period of three decades for people with serious

mental illness in two states in the US and found that the vast majority of the sample had settled in work that was either part time or full time. DeSisto et al (1995) suggested that over time people with serious mental illness do manage to find work roles and that such outcomes should not be anticipated over the short term.

2.3 Current social policy

Assisting people with mental health problems to enter or re-enter the workplace forms an important part of current social policy (National Institute for Clinical Excellence 2009; Department of Health 1999, 2005, 2011; Department for Work and Pensions, 2011) as work is seen as a powerful means to promote social inclusion through positive outcomes in social functioning, symptom reduction, quality of life and increased self-esteem (Marwaha & Johnson, 2004). The risks to health of being in employment are far outweighed by the risks to health and well-being of being unemployed (Waddell & Burton, 2006; Freud, 2007). In occupational and environmental medicine, however, the 'healthy worker effect' is thought to possibly reflect self-selection in recruitment to studies which explore aspects of health and health related behaviour at work (Wen, Tsai and Gibson, 1983). This effect accounts for the fact that people who can work and choose to remain in work are already healthier than those who are not working. This could suggest that health and well-being are not outcomes of work but rather factors that enable people to be in work in the first place. Nevertheless, the accent on helping people with mental health problems return to work has resulted in a raft of measures and a multiplicity of strategic policy documents which are aimed at supporting this goal.

The first piece of government policy that acknowledged and prioritised the employment needs of people with severe and enduring mental health problems was the National Service Framework for Mental Health (Department of Health, 1999). Introduced more than a decade ago, this framework acknowledged the need to combat discrimination

and promote social inclusion. These challenges have been described in greater detail, together with plans to address them, in subsequent documents. Possibly the most important of these was the Mental Health and Social Exclusion Report (2004) from the Social Exclusion Unit in the Office of the Deputy Prime Minister. The report advocated giving people with mental health problems a real chance of sustained paid employment which was commensurate with their skills and experience; the report recommended the use of evidence-based supported employment services to achieve this. The body of evidence for supported employment will be reviewed later in this section of the literature review, but suffice to say at this point that it is extensive and persuasive, with much emphasis placed upon it as an effective intervention for people with severe and enduring mental health problems (Crowther et al, 2001; Burns et al, 2007; Bond, Drake and Becker 2008).

In 2006, the Care Services Improvement Partnership (CSIP) produced a set of guidelines to direct the commissioning of vocational services for people with severe and enduring mental health problems (CSIP, 2006). These guidelines provided service commissioners with a framework for commissioning evidence-based vocational services for people with severe and enduring mental health problems, and the central premise of these guidelines was that services should be based on evidence-based supported employment or Individual Placement and Support (IPS). The commissioning guidance also stated that the provision for vocational and social support should be embedded within the Care Programme Approach (CPA); this is the framework for providing assessment, intervention and evaluation of mental health services on an individual basis by means of individual care plans. All care plans for people with severe and enduring mental health problems are required to show plans to secure suitable employment or other occupational activity (Boardman, 2003).

Despite the CSIP (2006) commissioning guidance however, there are still large gaps in the provision of supported employment for people with severe and enduring mental health problems (Rinaldi et al, 2008). This was highlighted in a recent report to the Department for Work and Pensions (DWP) (Perkins, Farmer and Litchfield, 2009), who recommended the establishment of more effective links between the DWP and health and social services, as well as improved welfare to work services for people with mental health problems. Perkins, Farmer and Litchfield (2009) suggested that there was a need for more training for the providers of welfare to work services, combined with greater sensitivity to the needs of people with mental health problems, with the provision of continuity of support and greater privacy for consultations. This report placed a renewed emphasis on the need for vocational issues to be a routine part of assessment, consultations and care plans, as stipulated in the Care Programme Approach. .

The Commissioning Framework for Mental Health and Well-Being (DoH, 2007) also recognised the role that work can play in improving health, reducing health inequalities, improving social inclusion and offering improved opportunities to individuals. These guidelines state that the main ways in which health and social care organisations should seek to achieve these goals are by delivering services that support people in staying in or getting back to work, as well as by expecting employers to recruit from within the communities they serve, and for commissioning bodies to influence service delivery patterns by commissioning local health and social care providers to provide services commensurate with these aims. Like the report from Perkins, Farmer and Litchfield (2009), the main thrust of the Commissioning Framework is about closing the gap between employment rates for the general population and those with mental health problems.

The National Institute for Clinical Excellence (NICE) which produces guidance on evidence-based interventions for a range of health conditions recently updated the

guidelines for the treatment and management of schizophrenia (NICE, 2009). These guidelines recognise the importance of work for people with this health condition and the difficulties they can face when trying to access work. These guidelines emphasise the need for a comprehensive assessment of each person's work potential and acknowledge the central part that supported employment programmes should play in their care. However the NICE guidelines for schizophrenia do not emphasise the benefits of evidence-based supported employment. As will be seen in the review of the supported employment literature towards the end of this section, IPS is not confined to assisting people with a diagnosis of schizophrenia, but is applicable to people with a range of severe and enduring mental health problems. The NICE guidelines include only evidence which pertains specifically to the condition for which they were developed, in this case, schizophrenia. Thus they may be of limited value to service providers who need to accommodate a range of diagnoses, and who may need to consider a range of interventions and approaches that are not linked to diagnosis.

Appleby (2007) described the need for services to deliver care packages which do more than manage symptoms of mental illness, and actively promote recovery - 'redefining recovery to incorporate quality of life – a job, a decent place to live, friends and a social life' (p5). By drawing attention to recovery as a priority, and by highlighting the need for employment specialists and mental health workers to collaborate, this report effectively reflected the evidence base around two key concepts in mental health – recovery and employment. All the government documents reviewed thus far illustrate a commitment to addressing the needs of people with severe and enduring mental health problems, together with an awareness of the importance of quality of life and well-being issues. Nonetheless, it is difficult to avoid the idea that there may be a tension between the motivation to help people to improve their health and well-being through work, and a desire to reduce the financial cost of unemployment.

The publication of the Layard Report (2006) set a government target of reducing the number of people claiming Incapacity Benefit by one million within the next decade. For many people there is a financial barrier to returning to work – the so-called ‘benefits trap’- and there have been a number of revisions to the benefits system over recent years to try and remove this particular barrier; the Welfare Reform Bill (2011), discussed in more detail later in this section, being the most recent.

One of the forerunners of the current changes to the welfare system was Freud’s report (2007) which recommended that UK welfare policy needed to change in order to support people with complex needs in an individualised way. Freud recommended the development of a funding approach which would enable funds to be targeted at such groups of people in such a way that individual needs are taken account of and responded to. The Freud Report begins by quoting Lord Beveridge (1942) -

’Most men [sic] who have once gained the habit of work would rather work – in ways to which they are used – than be idle ... But getting work ... may involve a change of habits, doing something that is unfamiliar or leaving one’s friends or making a painful effort of some other kind.’

And for those unemployed for a certain period, they:

‘should be required, as a condition of continued benefit to attend a work or training centre, such attendance being designed as a means of preventing habituation to idleness and as a means of improving capacity for earnings.’ (p2)

Freud (2007) goes on to extrapolate from this that even as early as 1942 it was recognised that people needed work. The importance of meaningful occupation for health and well-being is well recognized by the profession of occupational therapy, and the moves by government to embrace opportunities for everyone to participate in work and thus improve their health and well-being is laudable. However, these extracts from

Beveridge (1942), cited by Freud (2007), and which still seem contemporary, have been included because they are suggestive of an attitude towards work that may be unhelpful; by considering the converse of work as 'idleness', and by suggesting that sacrifices, such as leaving one's friends, may be needed in the cause of returning to work. The dichotomous position of working or not working can serve to mask the nuanced and individual perspective which may be crucial to health and well-being, for example by overlooking the valuable contributions to society that people with mental health problems might make through other means than paid employment, or the ways in which 'forced' employment could create stress and exacerbate mental health problems.

The Welfare Reform Bill (2011), which is going through the parliamentary process at the time of writing, proposes an overhaul of the current welfare benefits system which is intended to make it simpler and fairer. However, the language of this bill has been widely discussed in the media. For example, the Welfare Reform Bill refers to 'cuts' to benefits such as Disability Living Allowance (DLA) and of people 'failing' Work Capability Assessments. This has provoked criticism from disability rights groups and appears to have had the effect of making some long-term welfare claimants very concerned that their income could be suspended (Lawrence, 2011), with some claimants attesting that without their allowances life would become untenable.

The introduction of the Work Capability Assessment (WCA), designed to assess fitness for work and level of need for financial support and which all claimants must undertake, has been found in the first annual review (Harrington, 2010, p7) to be 'mechanistic, impersonal and lacking in clarity'. There have been accusations in the press that the government is rushing ahead with this reform of the welfare system and that many people will suffer as a result (Taylor and Domokos, 2011, Harris, 2011). The recently published report (DWP, 2011) from the work and pensions select committee has

highlighted the inadequacy of the assessment process as being inaccurate and creating anxiety among claimants and their families. The recommendations from the select committee include attention to use of language in describing the reforms, clearer communication about the government's purpose in helping people back into the workplace, and further changes to the WCA to render it clearer and more accurate.

2.4 Supported Employment

There is now a widely accepted evidence-based approach, known as supported employment, specifically the Individual Placement and Support Model (IPS) (Becker and Drake, 1994) that places clients directly into open employment and provides training and support on the job. This has become known as the 'place and train' approach and is the converse of the sheltered and pre-vocational approaches already presented. This approach has been extensively evaluated in a number of systematic reviews, and found to be effective provided the model is adhered to with close fidelity (Crowther et al, 2001; Moll, Huff and Detwiler 2003; Twamley, Jeste and Lehman, 2003; Burns et al 2007; Bond, Drake and Becker 2008).

Until quite recently there has been an assumption that people with severe and enduring mental health problems could not work unless or until they had medically recovered (i.e. were free from symptoms), reflecting a clinical understanding of the meaning of recovery. Shepherd (2007) has suggested that this is connected with a biomedical understanding about the 'sick role'. This concept implies that if a person is ill, it follows that they should not work until they are well again (Shepherd, 2007). However, a growing body of international research has indicated that many people with mental health problems do wish to work and would be able to do so in the right circumstances. At the time of writing there have been 16 randomised controlled trials (RCTs) which have demonstrated the efficacy of IPS. The model, which was developed in the US, has

been found to be equally effective in Canada (Corbiere et al, 2005; Oldman et al, 2005), Australia, New Zealand and Europe (Burns et al, 2007, Burns, White and Catty, 2008). The IPS model of supported employment has been shown to be effective in placing people with severe and enduring mental health problems in open, competitive employment, and in helping them to sustain their jobs through time-unlimited support, both for employee and employer. Controlled studies of the benefits of work on non-vocational domains have only been possible since the 1990s with the development of effective supported employment programmes, principally IPS (Warner, 2010), and this extensive body of research evidence has become pivotal in the planning and delivery of employment support services within the UK.

The success of the IPS model of supported employment is contemporaneous with the intensification of recovery approaches within mental health; the combined effect of these two new ways of thinking about mental illness and work has changed the way in which mental health services are commissioned and delivered within the UK, as well as elsewhere in the developed world. However, there is also evidence to suggest that these new ways of thinking are not being adopted as rapidly as might be expected, given the strength of the evidence base which underpins them. This is particularly true of the IPS model of supported employment. This section will examine the key studies in the field of supported employment.

The first systematic review of studies testing the efficacy of supported employment was the Cochrane Review (Crowther et al, 2001). This review considered 18 randomised controlled trials and compared pre-vocational training (the 'train and place' approach which sees people undergoing often lengthy periods of work skills training), with standard hospital care, and with standard community care. It also compared supported employment with pre-vocational training, and with standard community psychiatric

care. The reviewers concluded that there was strong evidence that supported employment was more effective than pre-vocational training in helping people with mental illness to gain and retain employment.

Five randomised controlled trials showed that people receiving supported employment were significantly more likely to be in competitive employment when followed up at six points in time across an 18-month period. They were also likely to be working more hours and earning more. These are important findings because up until the mid-1980s in the US and the mid -1990s in the UK, pre-vocational training had been a standard approach to helping people with severe and enduring mental illness find work. However, all but one of the trials reviewed was carried out in the US and thus it was not clear if findings would generalise to countries with less dynamic economies than the US had at that time, and to countries with dissimilar welfare support systems.

It is also important to note from this Cochrane review that although the authors found IPS, as a model of supported employment, to be effective, there was insufficient evidence to say conclusively how effective it is compared with other supported employment models. This could be a reason why, despite the strong evidence in favour of supported employment as an effective approach, it is still less widely available than pre-vocational training (Rinaldi et al, 2008). These authors reviewed the most up-to-date evidence for supported employment and found that supported employment services are poorly implemented in the UK. The authors state that despite clear evidence for the effectiveness of supported employment, services providing this are poorly developed within the UK. Rinaldi et al (2008) outlined many reasons why there is not a more robust engagement by Community Mental Health Teams (CMHTs) with vocational rehabilitation given the strength of the evidence. They found a number of fears and concerns among professionals. These included not wanting to create

unrealistic expectations among clients, and not wishing to place them under stress thus causing a possible relapse and readmission to hospital.

However, Marwaha, Balachandra and Johnson (2009) found a range of views held by staff of a community mental health team in North London. In general, the staff considered that a greater number of their clients were capable of work than were currently in employment; however the staff held low expectations of the types of jobs that were suitable for their clients. This may reflect low expectations, stigmatising attitudes or the reality of the employment situation in that particular area. Despite the fact that the staff of the team considered that vocational issues were important, they held a view that vocational specialists were needed to address these issues and that they themselves lacked the expertise to do so. The types of jobs which are suitable for an individual requires careful consideration; often authors imply that certain jobs are low-skilled, entry-level work and that, as such, these types of jobs may be suitable for people who need an undemanding job for various different reasons, such as having a mental health problem, or having been out of the workplace for some time. However, Svendsen (2008) offered an account of having worked as a cleaning assistant in a factory that produced a variety of foodstuffs. The work involved the disassembly of machinery in order to clean it and the use of a range of different cleaning fluids, many of them chemically based and some dangerously toxic. He comments that this work actually required a high level of skill and that he worked in this job for a number of years before he felt he had properly mastered it. There was also pride taken in working quickly and producing flawless results, as well as a good sense of camaraderie with the other workers. This account serves to emphasise the importance of fully understanding what is involved in a job in order to make a good match between a person and a job (as required in the IPS model of supported employment). Importantly, Svendsen (2008) reminds us not to make assumptions about what is involved in a job, what it can offer a person in addition to salary.

The low expectations and lack of encouragement from mental health professionals has been repeatedly commented upon (Seebohm and Grove, 2006; Shepherd, 1989, 2007). Rinaldi and Hill (2000) found that 44% of people with mental health problems, who had successfully accessed employment, had been advised by their mental health professionals not to work. Worries about stigma which might be encountered from employers and effects on benefits were other concerns cited. Integrating vocational specialists into community mental health teams is difficult and that IPS, having evolved in the US, is perhaps not seen as culturally relevant to the UK (Rinaldi, personal communication, 14.2.08)

The majority of studies aimed at evaluating IPS have been carried out in the US and the findings may not necessarily generalise, especially given the different welfare benefits systems in these two countries. In order to evaluate the efficacy of supported employment in other settings than the US, Burns et al (2007) and Burns, White and Catty (2008) conducted a randomised controlled trial across six European centres which aimed to assess the effectiveness of this approach, and to test how it was affected by local labour markets and welfare systems. European countries have more generous welfare benefits systems than the US and the researchers felt that these might be an impediment to returning to work for such people. They did find that entry into the workforce in the two countries with a 'substantial benefit trap' (Burns et al, 2007, p1151) – the UK and the Netherlands – was more difficult than in the other four countries. What this implies is that the UK and the Netherlands welfare benefits systems are sufficiently generous that people are financially better off by continuing to claim welfare support than if they return to work which may be less well paid.

The Burns et al study (2007) recruited a total of 312 people with severe and enduring mental health problems, across six European centres (London, Switzerland, Germany,

the Netherlands, Bulgaria and Italy) to compare IPS with ordinary vocational services; half of the participants in the study received IPS and the other half received ordinary vocational services. Participants were randomly assigned to one type of intervention or the other. The random assignment to groups lends an element of rigour to the study as it removed the possibility of people who were motivated to find work opting to receive IPS as opposed to ordinary vocational services. This source of bias has been highlighted as a potential weakness in some of the studies included in the systematic review presented previously (Crowther et al, 2001). However, as both groups were receiving employment interventions of some sort, it may be safe to assume that participants did have some interest in finding work.

The participants were followed up over a period of 18 months with the use of structured interviews at baseline, six months, 12 months and 18 months. IPS was found to be more effective than vocational services for every vocational outcome against which results were measured, with 85 participants (55%) who received IPS being found to work for at least one day in total as compared with 43 (38%) in the vocational services group. It was also found that participants assigned to the vocational services group were significantly more likely to drop out of the service and be readmitted to hospital than the participants in the IPS arm of the study.

The researchers' overall interpretation of the findings was that IPS is effective in widely differing labour markets and welfare contexts. The findings are important because they indicate that IPS translates effectively from US to European settings, thereby adding weight to the evidence for using IPS as an intervention in employment rehabilitation services within the UK. Although some caution should be exercised bearing in mind that working for only one day was considered to be working and so there may be questions about the ability of IPS to help people stay in work once they have found a job.

Furthermore, the types of jobs that were found tended to be entry-level work such as warehouse work and unskilled catering jobs. Nevertheless, the researchers noted that people who found work kept their jobs longer overall and worked more hours than those in the non-IPS group, and there was no detrimental effect on clinical well-being by working which would have been indicated by relapses resulting in hospital admissions. This is an important finding because these researchers had found (as have others - Grove, Secker and Seebohm, 2005, for example) that many clinicians who were involved with the participants in the study were concerned about the stressful effects of working in a competitive job market that might be experienced by their patients. However, despite this evidence from Burns et al (2007), it is worth noting that sometimes families and patients themselves harbour concerns about the possible detrimental effects of working on mental health and well-being (Moll, Huff and Detwiler, 2003).

The reviews of supported employment presented thus far have not restricted their focus to particular diagnostic groups but have had a broad focus on severe and enduring mental health problems. However, a literature review and meta-analysis by Twamley, Jeste and Lehman (2003) considered randomised controlled trials which had investigated the effects of supported employment for people with schizophrenia and other related psychotic disorders. The authors found 11 studies which fitted their inclusion criteria (that at least one-third of participants had a diagnosis of schizophrenia or related psychotic disorder, that the focus of study was on the provision of outpatient vocational services, and that vocational outcomes were studied).

Twamley, Jeste and Lehman (2003) also found that around half of participants engaged in IPS did not find employment, suggesting that this model of supported employment is 'on the right track' (p521) but that further investigation is required in a number of areas. These included greater understanding of the impact of serious mental illness (SMI) on

everyday functioning connected with work (such as using public transport), and an understanding from the perspective of middle-aged people with SMI. Twamley, Jeste and Lehman (2003) make the point that, as the population is ageing, in the US as in the UK, there will be more people with SMI as people live longer, and that this demographic group is understudied and underserved. Twamley and colleagues contend that little is known about work for people with mental health problems in middle age, although remaining involved in work is sometimes considered to be part of successful ageing, so there is a need for research which explores the vocational needs of middle-aged and older people with SMI. The researchers also identified the need for further study of other demographic groups such as women, and non- English speakers with schizophrenia.

A further systematic review of the evidence base for IPS was carried out by Bond, Drake and Becker in 2008. The researchers identified 11 RCTS in which high fidelity (i.e. having close adherence to the model in the domains assessed by the Fidelity scale (Bond et al, 1997) had been identified. Measures of days until first job, days in work, and earnings received were used to measure outcomes. The findings were consistent with those of earlier reviews, establishing IPS as one of the most robust interventions available for people with severe and enduring mental health problems. Further, this updated review confirmed the importance of fidelity in adherence to the model of supported employment to facilitate optimal outcomes in terms of jobs obtained, maintained and wages earned.

Bond and colleagues are part of the Dartmouth group of researchers in the US who have devoted many years to developing the IPS model of supported employment. Much of the research which supports the efficacy of IPS has been carried out by this group, including the two systematic reviews already discussed and this is sometimes cited as a

limiting factor in their reviews (Moll, Huff and Detwiler, 2003) as study weaknesses could be under-emphasised and the strengths given prominence. However, despite the apparently strong evidence for IPS as an intervention, around half of participants in most IPS studies are not successful in finding employment (Crowther et al, 2001; Mueser et al 2004; Bond, Drake and Becker 2008). To explore the reasons for this, Alverson, Carpenter and Drake (2006) carried out an ethnographic study of job-seeking behaviour in 25 participants. The researchers observed that participants demonstrated either active or passive job-seeking behaviour. They also observed that passive job seekers were, on average, 10 years older than the active job seekers, had suffered with mental health problems for longer and consequently had been more socialised into mental health services.

Data analysis suggested that active job seeking was associated with younger aged participants who were well supported socially and who had good social and interpersonal skills. An association between active job-seeking behaviour and being of black and ethnic minority background was also identified; although no explanation was given for this finding, the socio-cultural elements associated with active job seeking, such as having family members who needed to be supported, emerged as potentially helpful findings as they contribute to an overall profile of people who may benefit from supported employment. However, if it is necessary to be young, actively seeking work and well supported socially there will be a large number of people who do not fit this demographic and thus might be expected to have less positive outcomes. This may help to explain why 50% of people enrolled in supported employment programmes do not manage to access work. However, as a means of understanding the individual's perspective on finding and keeping work, the approach seems limited. The desire on the part of the researchers to corroborate participants' accounts with ethnographers' observations indicated a realist position; privileging the observations of the researchers over the subjective experiences of the participants as providing accurate accounts. An

ethnographic approach was chosen by the researchers in response to the perceived limitations of accessing retrospective accounts of meaning ascribed to events, which were considered to be 'often at variance with contemporaneous cognizing of on-going behaviour' (p16).

2.5 Supported employment and occupational therapy

In order to critically examine IPS in relation to occupational therapy practice, Moll, Huff and Detwiler (2003) carried out an extensive electronic search of the literature. This group of Canadian occupational therapists found a total of seven studies which met their inclusion criteria. These were that the studies had to be original empirical studies on supported employment; they had to be specific to IPS; and they had to include only people with severe and enduring mental health problems (known as severe and persistent mental health problems in Canada). Three of the studies reviewed examined the transition of existing day treatment services to services using an IPS model. These three studies tracked a total of 217 participants over one year and used rates of competitive employment and adverse events (hospital admission and overdose for example) as outcomes.

The other four were studies which compared IPS to other forms of vocational rehabilitation. The inclusion of these four studies in the review is important because the IPS model of vocational rehabilitation is known to be highly effective and is one which services in the UK should be using (CSIP, 2006), but which is still poorly implemented (Rinaldi et al, 2008). It may be the case that over the coming years many day services in the UK will make the transition to an IPS model of service delivery. If this proves to be the case then services will need not only a rigorously evaluated model of supported employment, but also to understand more about the effects of employment on the non-

vocational domains and how employment can contribute to individual recovery processes.

However, the authors also noted some methodological weaknesses in some of the studies they reviewed. A number of the studies were conducted by the same group of people who designed the IPS model (the Drake group) which could leave those studies open to accusations of researcher bias, and in some studies (Drake et al, 1994) there was a lack of random allocation to programmes, with participants electing to be in receipt of IPS programmes in some cases. This might suggest that these people were motivated to find and keep work and would therefore be expected to achieve better outcomes. IPS is focused on the individual who is motivated to find work, so while it is positive that there is an evidence-based effective approach that can help people achieve their vocational aspirations, it seems unsurprising that people receiving IPS fare better in terms of vocational outcomes than those who are not if they are motivated to seek work in the first place.

The focus on supported employment for people with severe and enduring mental illness is important, but there remains a question about the occupational engagement of those who either do not wish to work or who do not have access to supported employment services. Given that such services are not yet widely available in the UK, there may be many people who are not receiving the types of work-focused interventions that they would like and should be receiving. There are also a number of barriers to the implementation of supported employment which have been identified (Grove et al, 2009). Despite the impressive evidence base, there exists a lack of knowledge or conviction among healthcare professionals about the efficacy of supported employment (Rinaldi, et al 2008; Marwaha, Balachandra and Johnson 2009). Furthermore in spite of the Commissioning Guidance (CSIP, 2006) which stated that employment services

should be based on IPS, there is an absence of commissioning such services. In many quarters, employment for mental health service users is not seen as a priority or a realistic goal, and there is a dearth of IPS trained practitioners, both in employment and in mental health services (Grove et al, 2009). It could also be the case that the contested nature of recovery, of which employment forms an important focus, is partially responsible for the lack of progress in the implementation of IPS services.

It has been suggested that the type of evidence that most convinces practitioners is the personal account (Rinaldi and Perkins 2007) and these are certainly considered to be important within the recovery movement as a way of spreading hopeful attitudes (Snow, 2002, Edgar, 2011). Clevenger (2008) presented a personal account of her move from being mentally unwell and in hospital to a successful working future, by way of a number of unsuccessful attempts at working and unhelpful interventions from mental health services who wanted to engage her in lengthy pre-vocational assessment and training. She attributes her eventual success to intervention by an employment specialist who was working in a service which provided IPS because this person placed Clevenger's work goals at the centre of the intervention and helped her to feel that the question was not *if* she could work but rather of *how* she would work. This included developing a plan to manage the symptoms of her mental health problems in the workplace. In their discussions, they focused on work and actively planned for Clevenger's eventual return to the workplace. The employment specialist continued to work with Clevenger once she was placed in a job; a full-time position teaching art in a summer camp.

No single model of service can possibly be right for everyone. Clinicians in the field with whom there was personal communication during the course of the study were alarmed by government setting targets for getting people with mental health problems back to

work, and felt that a range of options was needed beyond just the type of supported employment provided by IPS. Furthermore, people with severe and enduring mental health problems will have different needs as their recovery process develops, and at different points in the course and cycle of severe and enduring mental health problems. People should have access to a range of opportunities for work, without being forced to move on if they do not feel able to or want to (Boardman, 2003). A spectrum of opportunities that is available in all mental health services, offering the possibility of moving on to work or not according to individual need, seems optimal (Grove, 1999). Boardman (2003) suggests that there will always be people who are too unwell, for some of the time, to be able to access open employment and that for these people other approaches to work and occupation will be required. Supported employment therefore is clearly not a panacea, despite the success of the IPS model in enabling many people with severe and enduring mental health problems to access employment. It would therefore seem important to explore the views and perspectives of the people who are not receiving it or for whom open employment is not necessarily a goal. Much of the existing research evidence about the experience of work lacks first-person accounts of the process of anticipating returning to work and managing this in the wider context of life changes and challenges. People with severe and enduring mental health problems may have particular views or needs that should be understood by policy makers and service providers.

2.6 Chapter summary

This chapter has summarised the key policy documents which are aimed at decreasing the gap between employment rates for the general population and for those with mental health problems. It has considered the evidence for an approach to supported employment which may be an effective means to achieve this goal. The large trials which have to date gathered evidence about the efficacy of IPS have been limited in the extent to which they have been able to provide individual testimony. Individual

narrative accounts are also consistent with the exploration of lived experience, on which so much importance is placed in the recovery movement. The next chapter will explore those studies which have set out to try and understand the individual lived experience of work in the context of a severe and enduring mental health problem.

Chapter Three – review of the literature – work and mental health

3.1 Introduction

The chapter will set out a review of the key literature which is relevant to this study by looking at the literature on the experience of work for people with mental health problems. It will also evaluate the literature on recovery as it pertains to work in the context of severe and enduring mental health problems. The literature review will consider the meaning of work and the need for various types of support for people living with mental health problems who wish to return to work.

Levy and Ellis (2006) have suggested that the literature review is most helpfully regarded as an organic system that is constantly growing and changing as a study develops. This study developed over the course of almost five years, during which time both the area of enquiry and the use of the method selected continued to develop apace both within and outside the occupational science field.

A narrative approach to the literature review was adopted (Baumeister and Leary, 1997). A narrative review allowed the inclusion of those papers which best reflected the area to be explored from a lived experience perspective, and furthermore, many were commonly cited papers in the field. A narrative approach to the review also facilitated the selection of papers which were informed by phenomenological and occupational perspectives, thus reflecting the epistemological and reflexive position from which the research was carried out.

The aim of a literature review within an IPA study is to ‘introduce the reader to the field and to inform the reader about some of the strengths and weaknesses within the key contributions to the field – and to offer an argument which shows why the proposed study can make a useful contribution’ (Smith, Flowers and Larkin, 2009, p43). The literature review which now follows has been designed to fulfil this aim.

3.2 Searching the literature

A number of methods of locating evidence relevant to the research topic were employed throughout the duration of the project. In order to facilitate orientation to the topic early on in the project, a broad sweep of the literature was conducted. Electronic searches of the databases SCOPUS, CINAHL and PsycInfo were carried out. Papers with a publication date from December 1989 to the start of the study were sought. This time period was chosen to reflect the developments in approaches to vocational rehabilitation over the last 20 years. Examples of key words used for searching the database were *work, mental health, vocational rehabilitation, employment, users’ views and users’ perspectives*. Database searching was repeated at intervals for the duration of the study and yielded further papers. Other papers were found through following up secondary references, from the reference lists of landmark or highly relevant studies, and hand searching. Experts in the field and researchers with similar interests provided further papers of relevance.

The papers selected for inclusion in the literature review therefore represent a summary of the extant literature in the field of mental health and work, with an emphasis on those which explore the lived experiences of work and work-related issues for people with severe and enduring mental health problems. This meant that the focus of the search was on qualitative studies although quantitative studies were not specifically excluded. The topics covered by the literature review can be divided in to four key

areas: balancing the benefits and difficulties of working; the role of work in recovery; the meaning of work and other occupational engagement; and the importance of support in achieving vocational goals. Through the critical appraisal of these papers it has been possible to identify areas where further research would be beneficial; the literature review ends with the formulation of a research question together with an outline of the research method best suited to exploring the question.

3.3 Balancing the benefits and difficulties of working

Much of the research which has explored the nature of work for people with mental health problems has been framed around the benefits of and barriers to work (paid employment). Many of these studies are qualitative in approach as they have sought to gain a deeper understanding of the views of individuals who wish to access paid employment. The exploration of experiences of stigma has also been a feature of qualitative enquiry. For example, perceived and 'felt' stigma surrounding mental health was the most frequently described perceived barrier in studies by Boyce et al, (2008), Koletsi et al, (2009) and Secker et al, (2001). Secker et al (2001) and Boyce et al (2008) also found that disclosing a mental health problem, and having a disjointed work history, were experienced as being obstacles. With support from employment services, however, all of these barriers were considered by participants to be surmountable. The findings from these three studies, however, may be viewed with caution. All three involved participants who can be assumed to have an interest in working for the following reasons; the participants in the study by Koletsi et al (2009) were already part of a larger study looking at the effects of two approaches to supported employment (Burns et al, 2007); the participants in Boyce et al (2008) were already working; and the participants in Secker et al (2001) were a self-selected sample in that they were already clients of employment services and thus may be assumed to have an interest in accessing employment; thus it may be safe to assume that all of these participants either had some motivation towards work or were already in a position to speak about

their current work experiences. For people who do not seem motivated towards work, perhaps because of lack of confidence or lack of available support services, there may be other issues besides stigma and disclosure of a mental health problem that concern them, or these issues may be experienced in different ways.

In order to explore factors that facilitate entry into the workforce, Auerbach and Richardson (2005) carried out a small qualitative study in which they used grounded theory to investigate the work experiences of six individuals with serious mental illness (SMI). The findings describe the experience of work as rewarding and being a way to develop competencies and an identity, to fulfil potential, as a way of coping with problems, and providing certain other personal gains such as having fun, feeling stimulated physically and mentally, enjoying opportunities to be creative, productive and to receive recognition for this.

The study was carried out in the US where the term 'serious mental illness' denotes severe and enduring mental health problems. The researchers used semi-structured interviews with the six participants to gather data. Five of the participants were interviewed twice, and one was interviewed on a single occasion only. The repeat interviews appear to have produced a rich data set, however, the findings that emerged from this study are not conceptualised as a theoretical framework as is usual in studies which utilise a grounded theory approach. Instead, they are used to delineate a series of motivations and obstacles to work. Auerbach and Richardson (2005) provided considerable detail about their study which identified four different typologies of obstacle to work for the participants. The first of these obstacles was public and societal issues, such as the impact of healthcare and social policy; for example, services taking a psychodynamic approach to intervention when a rehabilitation approach would have been more appropriate. The second identified obstacle concerned workplace-based

issues; for example, areas of conflict inherent in many if not most workplaces, such as conflict between co-workers. A third obstacle was described as personal issues; for example, participants' social and environmental contexts such as lack of transport to access work. The fourth obstacle was identified as internal issues, such as those concerned with illness symptoms and medication side-effects.

Four of the six participants in Auerbach and Richardson's (2005) study were working in mental health services as peer workers or advocates. Such work environments may be more positively disposed towards people with mental health problems and thus provide a greater degree of support. Furthermore, all the participants were considered by the researchers as being exceptionally highly motivated with intact cognitive function and no experience of the negative symptoms of severe mental illness which are typically characterised by low mood, flatness of affect and difficulty with interpersonal relationships. This may constitute a limitation of the study in that the participants did not experience some of the more disabling effects of mental illness combined with an unsupportive working environment. Nevertheless, despite their high motivation and good cognitive abilities, they still identified obstacles to work. This would suggest that for people who were more significantly affected by their mental health problems, these barriers would be even more significant.

Some studies have endeavoured to understand mental health service users' views of work by exploring how they make decisions about whether or not to pursue work. Honey (2004) used a grounded theory design, gathering data through interviews and focus groups with over 40 participants, to explore their views about work. She found that perceptions of employment were highly individual and subject to change over time. Honey's (2004) use of grounded theory enabled her to develop a theory of 'weighing up work' (p386). This theory described how participants applied a critical appraisal of work

in the context of their lives as a whole, deciding if the potential benefits of work outweighed the difficulties. In many cases, this approach led participants to decide not to work in favour of devoting their time and energy to other aspects of their lives.

This study is important because it demonstrates the significance of contextual factors in the lives of people with mental health problems, and shows that people may make judicious decisions about work based upon the interplay of these factors. Honey (2004) noted how many existing studies did not explore how the benefits and drawbacks of work were experienced differently by individuals, or between different jobs, nor what other factors might affect an individual's disposition towards work. Her study is an attempt to address this gap in the literature and, while some aspects of her findings are specific to the Australian health and social care system, this is a frequently cited study within mental health and employment literature.

The findings of a study by Nagle, Valiant Cook and Polatajko (2002) lend support to the idea the people with severe and enduring mental health problems consider carefully the implications of returning to work. These researchers conducted in-depth interviews with eight people with diagnoses of schizophrenia or schizoaffective disorder between the ages of 20 and 69 years old. The interview transcripts were analysed using a constant comparative method searching for major themes or patterns which answered the research question – what do people with severe and persistent mental illness do in the absence of competitive employment?

The researchers found that the participants employed a decision-making process when making choices about occupational engagement based on the priority of remaining well. Occupations that were seen as contributing to health and well-being were met with enthusiasm; those which were perceived to have the potential for diminishing well-

being were avoided. Nagle, Valiant Cook and Polatajko (2002) suggested that the participants in their study intuitively understood the connection between occupational engagement and health and well-being. However the occupations were judiciously selected and were often ones in which they had engaged in the past (before becoming unwell) or were new occupations which had been found to be commensurate with their current situation. For example, some of the participants also aspired to different occupations in the future, when they hoped to be feeling better and to have more material benefits and greater opportunities. Others spoke of having adjusted or abandoned their aspirations as a consequence of the effects of having a mental health problem, such as medication side-effects, and symptoms, as well as by socio-economic factors and a lack of availability of suitable opportunities.

Although the number of participants was small, this study was characterised by the amount of detail given to ensuring the trustworthiness of the findings. All but one participant attended a Member Checking Group at which a summary of the research was presented and everyday language used to assist explanations. The eighth participant was contacted by telephone. Participants confirmed the findings and added to the themes which emerged in the analysis.

Nagle, Valiant Cook and Polatajko (2002) argued that the participants in their study were 'doing as much as they could', and that though they were choosing to meet their occupational needs through non-work occupations, many of these needs were the same as those of people who work in paid employment. For example, they appreciated having opportunities to be productive through using and developing skills, having a sense of control, some structure to their days, opportunities for social connections, as well as engaging in occupations that were interesting and fun.

The study suggests new ways of conceptualising occupational engagement by considering the importance of balancing health with 'doing' and maintaining social connections. However, there are one or two limitations which should be considered. Methodological details were not very well described and there appear to be one or two inconsistencies with the way in which the epistemological position was conveyed. For example, the authors claimed that data saturation was reached which seems unlikely with a sample of only eight participants and a topic as broad as occupational engagement for people with severe and enduring mental health problems in the absence of paid employment.

Barriers to work for people with severe and enduring mental health problems may take many forms and different methodological approaches may need to be used to fully understand what these barriers are. The studies identified through the literature searching process revealed a wide variety of research approaches to exploring the meaning and experience of work in the context of severe and enduring mental health problems, and there is a growing body of research which has studied first-person, lived experience accounts of work and associated issues, including barriers to accessing work.

Roets et al (2007) identified what they described as 'toxic psychiatric orthodoxies' (p267) and argued that a disabling effect on the endeavours of people with long-term mental health problems follows from such views. The term relates to the position in which people with mental health problems are characterised as being 'less than able', often before they have even been given an opportunity to show what they can and want to do. Such attitudes are compounded by the inherent power imbalance that resides in a biomedical understanding of mental illness, with mental health service users often being seen as unreliable, untrustworthy, even hopeless or worthless.

Roets et al (2007) used a narrative enquiry or life story approach to carry out interviews with the participants. Data analysis was carried out by all the researchers and the findings were shared with the participants to enable confirmation of the ways in which their accounts had been represented. The findings enabled barriers to employment and the struggle to survive in the world of work to be more fully understood, in addition to the personal strengths and resilience of the participants. The researchers arranged their findings around five themes. The first two themes concerned barriers associated with social stereotypes and prejudices and how these views, held by others, impact on the individual's view of self. The second pair of themes related to supports and services and their efficacy or lack thereof. The final theme was one of hope where issues of resistance and resilience enabled participants to overcome stereotypical and inherently discriminatory attitudes. The Roets et al (2007) study was important because it challenged many firmly, sometimes unconsciously, held, ideas about what people with severe and enduring mental health problems are like, what they want and what they can do. The findings supported the rejection of the dominant discourse of mental illness which characterises people with this label as 'other'.

Roets et al (2007) showed how the adoption of a different epistemological position can yield alternative understandings of people's experiences. Thus it may be important to consider a range of ways of exploring the phenomenon of work, the experiences of living with a mental health problem, and the relationship between the two if dominant ways of understanding work and mental health are to be further deconstructed.

The benefits of work for people with mental health problems and the barriers to accessing work have been extensively studied, and the papers reviewed here were selected for their small samples with methods which aimed to elicit first-person accounts of work and living with mental health problems. They have illustrated the different ways in which barriers and facilitators to work may be conceptualised and

studied from varied perspectives, yielding a range of ways of understanding barriers to work. Yet there is still an absence of nuance and individual perspective; considering the experience of work from a 'positives and negatives' perspective seems too black and white, perhaps too realist a position from which to study lived experience. Two authors, writing almost a decade apart (Honey, 2000; Van Niekerk, 2009) argued that mental health service users' voices are largely absent from the literature on mental health and employment. However, the body of literature on recovery within mental health does allow the users' voices to be heard. The concept of recovery was introduced in Chapter One of this thesis and some of the relevant literature from the corpus of recovery studies will be reviewed next. The studies that have been included are frequently cited in the recovery literature and have a specific focus on the role of work in recovery.

3.4 Recovery and the role of work

The recovery movement of the last 20 years has seen a growing body of evidence, with many studies either having a research question which highlights work, or finding that aspects of work or meaningful occupation are outcomes from the data analysis. Because recovery is understood to be an idiosyncratic process, it follows that the individual experience is privileged; studies situated within the recovery literature offer potentially rich seams of data for understanding lived experience.

A frequently cited ethnography carried out in the US by Strong (1998) examined what made work meaningful for people with severe and enduring mental health problems. The researcher spent 15 months working alongside the 35 employees of an 'affirmative' business in Canada. An affirmative business is much like a social firm in that it is created specifically to provide permanent jobs, competitive wages, career tracks and ownership

opportunities for people who are disadvantaged, whether it be mentally, physically, economically or educationally.

Twelve people who worked at the business were individually interviewed by the researcher, and a focus group interview was conducted with six participants who moved to independent living during the course of the ethnography. It was felt by the author that the focus group added depth to the supports and barriers to meaningful participation in work and was partially able to confirm some of the information collected in the individual interviews.

Following analysis, the researcher identified three recurring themes which shaped the participants' narratives. One of them, 'the meaning of work' is developed into four sub-themes – 'living with a label', 'becoming a capable person with a future', 'getting on with life', and 'finding a place in the world'. Strong (1998) interpreted these themes as being linked with the process of recovery and saw work as being the primary way in which the participants were rebuilding their sense of self-efficacy, something that is known to be adversely affected by severe mental health problems (Davidson and Strauss, 1992); she suggests, by extension, that 'the meaning of work is linked to the emerging sense of self in recovery' (p36). For example, participants who spoke with pride about recent successes at work were able to set themselves goals to achieve more, such as staying out of hospital for a longer period. The importance of this study is in the reminder it provides of the idiosyncratic nature of the meaning of occupation, and of recovery, and that these meanings can change over time. Strong's study (1998) also emphasised the significance of the individual's understanding of their own illness. Again, this is something that is individual and unique to each person; for Clevenger (2008) this turned upon finding ways of managing the symptoms of her mental health problems at work which enabled her to envisage work as part of her future.

Davidson et al, (2005) carried out a study which explored the processes of recovery for 12 people who had experienced, and continued to experience, psychotic disorders. They carried out what they described as 'open ended, narrative interviews' (p182) which elicited first-person accounts of living with and recovering from, severe mental illness. A thematic analysis, which was contributed to by all six authors, produced themes in five key areas – 'managing difficulties', 'the role of material resources', 'the role of health care systems', 'the roles of significant others', and 'socio-cultural factors'. Within these five areas, a range of themes emerged which included the importance of returning to meaningful social roles through work and/or positive relationships outside the formal mental health system. Davidson et al (2005) suggested that recovery is primarily concerned with what a person with psychosis *does* (original emphasis); thus suggesting attention to occupations, including work, is vital. The participants in this study valued work as a meaningful activity that helped to combat isolation, which offered opportunities for social engagement, to develop new skills, to feel valued, and to generate income; all aspects of work which have been described in numerous other studies, both of people with mental illness and those without (for example, Koletsi et al, 2009; Provencher et al, 2002; Strong, 1998; Gewurtz and Kirsh, 2007; Gahnstrom-Strandqvist, Liukko and Tham 2003; Fossey and Harvey, 2010).

This study by Davidson and colleagues, which drew participants from Italy, Norway, Sweden and the US, is important for a number of reasons. The findings emphasise the importance of paying attention to the everyday ways in which people with psychosis manage their recovery processes and the elements of their lives which contribute to or hinder this process. The findings also suggest that socio-cultural differences, at least in the developed world, do not impact greatly on the experience of recovery. The authors provided extensive excerpts from the interview transcripts to illustrate the themes identified, and the fact that all six authors contributed to data analysis lends a rigour to

the study. However, although the study was described as being multinational, there were small numbers of participants from each of the countries involved; therefore the findings may be limited to the specific socio-cultural contexts of the participants as opposed to the countries represented as within the US alone there are multiple social and cultural representations.

To further explore the nature of recovery as a social process, Borg and Davidson (2008) carried out a qualitative study using narrative phenomenological methods based on interviews with 13 people describing themselves as in recovery. The authors identified four areas of everyday life in which recovery was an important factor – ‘having a normal life’, ‘just doing it’, ‘making life easier’, and ‘being good to oneself’. The participants in this study identified having a job as part of being normal. They did not necessarily consider that a job had to be an *‘8.00 a.m. to 4.00 p.m. job’* (p5) but a work situation that was experienced as valuable and meaningful and in open employment as opposed to any type of sheltered situation. As previously identified by Davidson et al (2005), the focus on ‘doing’ as part of recovery was supported by the participants in this study – they described recovery as requiring action, as ‘doing it’ (Borg and Davidson, 2008, p6). These studies are important because they highlight the significance of everyday occupational engagement and recovery as being inextricably linked. A focus on ‘doing’ emerged as important for the participants in both Davidson et al (2005) and Borg and Davidson’s (2008) studies.

One critique of the Borg and Davidson (2008) study suggested that the struggles described by participants were the types of struggles faced by many people without mental illness, and that few of the participants’ solutions had anything at all to do with their illnesses. The findings raised questions about how exploring everyday life issues could be helpful for people with mental illness and for practitioners. Borg and Davidson

(2008) contend that it is precisely because of the impact of mental illness upon everyday life that these seemingly mundane and trivial issues should not be considered to be outside clinical or rehabilitation practice. The important message from the findings in Borg and Davidson's study (2008) is how critical these everyday concerns are to people in recovery from severe and enduring mental illness.

Borg and Kristiansen (2008) carried out a study to closely examine the nexus between work and recovery. In a study of 13 mental health service users, conducted in Norway, they used an everyday life orientation to discover what it means to have a job and how it is possible to integrate work into everyday life. The authors contend that, as a highly individual concept, recovery is often inadequately described in the literature, with researchers tending to focus on outcomes based on diagnostic categories or aspects of service provision. The purpose of this study was to explore service provision in the domain of employment from the perspective of the recipients of such services.

Borg and Kristiansen (2008) adopted a phenomenological approach to data from a previous study about recovery and everyday life, and cast their focus on the meaning of work in the recovery process. They argued that the meaning and importance of work for people with severe and enduring mental health problems shared many similarities with the meaning and importance of work for those without mental health problems, but suggested that the topic is less thoroughly explored from the perspective of people with mental illness. Feeling a sense of connectedness to others, performing a socially valued role and having a structure and routine were all important aspects of working which contributed to a sense of self and identity which, in turn, were all important elements in the recovery processes of the participants. Many of the participants in Borg and Kristiansen's (2008) study found their work roles to be of such importance in enabling them to cope with everyday life with mental health problems that they were prepared

to prioritise work, find solutions to any problems presented by working, and generally to display considerable resourcefulness and resilience in maintaining their work roles.

Feeling part of society also emerged as being important in a longitudinal study by Swedish researchers, Gahnstrom-Strandqvist, Liukko and Tham (2003). They carried out a phenomenological study in which they interviewed 18 members of a working cooperative two or three times each over a period of 18 months. They identified the main constituent that characterised the cooperative as 'the normalising life world' (Gahnstrom-Strandqvist, Liukko and Tham, 2003). Although this approach to vocational rehabilitation is not consonant with evidence-based supported approaches to employment in that the employment is not open employment, this study has added to understanding of mental health services users' perspectives of work and aspects of a working life such as creating opportunities to inhabit socially valued roles; to meet a need for occupation; to contribute to constructing a more positive self identity; and to experience a supportive context.

The study is also important because it is one of few studies which have gathered data at more than one point in time. The researchers carried out two or three interviews with each participant over a period of 18 months. This longitudinal approach was necessary to capture any changes that were taking place in the lives of the participants over the course of the study. The interviews were quite short nevertheless, at around 30 to 40 minutes. The researchers stated that they used a type of phenomenology to inform the study design (see Chapter Four, Methodology for a detailed discussion of phenomenological approaches to research). The approach that they used relies upon a process known as 'bracketing' which requires the researcher to approach the data gathering and analysis without any preconceptions, that these are put to one side or 'bracketed'. This approach seems problematic for a number of reasons, not least when

carrying out longitudinal research as early thoughts and findings seem likely to affect the later series of interviews.

The development of a sense of self as a worker also emerged as being important to participants in a study with a narrative approach, carried out by Kennedy-Jones et al (2005). These researchers gathered data via in-depth interviews with four 'Clubhouse' members who were in open employment, in order to explore the work-related experiences of people with schizophrenia. The Clubhouse model was introduced by Beard et al, (1964) and was one of the very first approaches to helping people with mental health problems back into employment. The analysis revealed four factors that contributed to a sense of self; support from significant others, the personal meaning of work, experiences within the Clubhouse programme, and the ongoing struggle with illness.

The findings from this study are supplemented with numerous extracts from the interview transcripts which add resonance to the themes identified. Furthermore, researcher reflections are alluded to which might suggest that these were given attention in the study even if the details of a reflexive approach are not reported in the paper. Once again, however, as the participants in the Kennedy-Jones, Cooper and Fossey (2005) study were already working, their views may be different from the views about work of people who are not working for whatever reason. In common with the study by Gahnstrom-Strandqvist, Liukko and Tham (2003), the participants in this study were part of a supportive programme which may have provided them with encouragement that people without such services may lack. Furthermore, as Gahnstrom-Strandqvist, Liukko and Tham (2003) observed about the participants in the Co-operative, the Clubhouse participants may have felt a loyalty to the Clubhouse that prevented them from expressing any negative views.

Provencher et al (2002) carried out semi-structured interviews with 14 users of mental health services in order to explore the role of work in recovery from mental illness. The authors found that the meaning of work was linked to the degree to which participants perceived their ability to integrate their illness into their daily lives; for example, if they were able to work while continuing to have experiences that were consistent with a diagnosis of mental illness. Data were gathered by means of semi-structured interviews in which participants were asked about their experiences of recovery, including their sense of self-efficacy, their self-identity and the personal significance of work. The researchers identified what they called three 'profiles of recovery' (p132): recovery as uncertain; recovery as a self-empowering experience; and recovery as a challenging experience. Within 'recovery as uncertain', work was seen as a way of passing time or as a duty. The participants who fitted this profile (four in all, of whom only one was working) were generally people who were struggling to manage their mental health problems, and were less well supported by friends and family. A sense of needing to protect a vulnerable self by maintaining the status quo pervaded the narratives of this group, and there was no sense in which work provided a vehicle for self-development. However, within 'recovery as a self-empowering experience', work was seen as being intrinsically tied to a number of advantages: the building of self-efficacy through providing a means to cope with emotional problems and to increase financial gain, and as a source of enjoyment. In the third profile, where 'recovery was experienced as a challenge', work was seen as a route to self-actualisation, improving abilities and providing opportunities to meet challenges and experience social connections.

This is an important study which includes extensive verbatim extracts from the interviews with the participants which permits a deeper understanding of their experiences, and of how the themes were identified. However, the authors did not identify the participants, either by pseudonyms or letters, so it is not possible to know

from which interviewees the extracts are taken and thus to be sure that all participants are represented. Furthermore, the interview data were gathered at only one time point. Though this is quite usual in qualitative studies, it does limit the extent to which changes taking place in participants' lives and other factors that impact upon their experiences can be explored. This may be especially important in the case of people with severe and enduring mental health problems whose conditions may fluctuate.

Gewurtz and Kirsh (2007) also set out to discover how people with mental health problems came to understand their potential for work by exploring a key concept from occupational science. In order to explore links between 'doing', 'being', 'becoming' (Wilcock, 1998) and work, these researchers used a grounded theory approach with 10 users of community mental health services. They found links between mental health service users' experiences of work and these central concepts from occupational science. Gewurtz and Kirsh (2007) suggested that through opportunities to be involved with work, mental health service users are able to understand their own capacities for work, and are able to conceive of a possible working future. The findings of the study are significant because they establish a link between the importance of being engaged in work in order to be able to imagine work as a future option. This is an important finding from a recovery perspective since recovery is inextricably linked to aspirations and plans for the future. Further, the researchers also found an emphasis on the importance of hope; both as being necessary to enabling doing, as well as being stimulated by the process of doing.

Although an important study for the reasons stated, the study had a number of limitations; the participants in the study had immediate goals relating to finding work. Thus it may be possible to suggest that the participants in the study were already motivated to actively seek work. If they had not been, it seems unlikely that they would

have taken part in the study. An exploration of notions of doing and becoming among individuals who do not have work goals would be valuable as these individuals would be enabled to reflect on past and present work experiences and in doing so would be able to begin to form an idea about their possible working selves. Conducting more than the single interview would have added richness to their data as they would have been able to follow up participants and establish if envisioning a possible future working self had any impact on the actual establishment of such a self.

Woodside, Schell and Allison-Hedges (2006) suggested that vocational recovery stories are embedded within the larger stories of individual recovery journeys. They identified three important strategies that are used by people with severe mental illness to enhance vocational recovery – regular self-monitoring of one’s mental health, striving to maintain and improve mental health, and attempting to feel connected to others in work environments. The researchers carried out exploratory interviews with eight participants and subjected the data to analysis following steps proposed by Charmaz (2000). Charmaz is usually associated with grounded theory, and although Woodside, Schell and Allison-Hedges (2006) did not attach this label to their method, their description of the analysis and the development of the three ways in which vocational recovery can be assisted do bear a resemblance to the grounded theory approach described by Charmaz (2000). The authors state that one of the limitations of their study was that data themes were not fully saturated (another grounded theory concept) and this may be why they did not wish to refer to the study as using grounded theory per se. Nevertheless, the study is described in sufficient detail, with attention to researcher reflexivity as well as other means to enhance the trustworthiness of the findings, for it to contribute important new knowledge to the field of vocational rehabilitation for people with severe and enduring mental illness.

Continuing the theme of vocational recovery, Dunn, Wewiorski and Rogers (2010) carried out a secondary data analysis of 23 interviews that they had conducted for a study looking at recovery across nine domains, of which employment and its relationship to recovery was one. These researchers identified seven themes which were important in helping participants return to work, or remain in work, following the onset of serious mental illness. These were having the confidence to work; the motivation to work; possessing work skills; finding a job which matched their skills and preferences; creating opportunities for work; receiving support, and having access to user-oriented programmes and services. These factors, some of which were seen as being individual, others as contextual, were found to interact in dynamic ways, as opposed to being discrete concepts. For example, finding the confidence to return to work brought participants into contact with other people in their social networks that supported them in achieving their vocational goals.

The findings from this study suggest that a combination of factors is important in achieving vocational success. Unlike studies which have explored the effects of demographic variables such as age, ethnicity, and work history, for example, this study addressed concepts that are responsive to interventions, such as confidence, skills levels, and support available. These findings contrast with those studies which have tended to identify a more pessimistic picture, characterised by barriers to employment and participants' reported feelings of despondency about finding and keeping a job.

Although the findings from this study are important because they could contribute to developing employment or other recovery-focused interventions for people with severe and enduring mental health problems, the data were drawn from a larger study that was not specifically focused on issues to do with work. Therefore the data on work may not have been as extensive as in a study with work as the main focus. The authors

provided many excerpts from the interview transcripts although many of these are not 'unpacked' for the reader; some sections end with a long extract, leaving the reader to infer the relevance of it to the findings and the meaning attached to the extract by the authors. A further limitation of this study concerns the participants who were all people who identified themselves as being advanced in their recovery journeys; people for whom recovery seemed less certain may have expressed different views and therefore the findings may not be as relevant to such a group.

This group of studies from the recovery literature have shed some light onto the relationship between work and recovery and the role that work can play in individual recovery journeys. However, as suggested at the beginning of this chapter, work can be considered under the broad umbrella of occupation. Furthermore, as some of the studies already reviewed have suggested, work may not be the chosen route for many people with severe and enduring mental health problems. In the light of this, it seems important to consider the underlying meanings that people attach to their occupations, including work.

3.5 Meaning of work and occupation

As suggested by Leufstadius et al (2008), occupation is a subjective and unique experience, and the meaningfulness of an occupation can only be perceived and expressed by the individual who performs the occupation. Thus it may also be important to adopt alternative epistemological positions to explore constructs such as meaning. For example, a study of the meanings of occupations was carried out by Reed, Hocking and Smythe (2010) who used a phenomenological approach to explore the meaning of occupations with 12 non-disabled participants in New Zealand. Through the use of narrative interviews they explored the participants' experiences of occupational disruption, and the occupations they were currently engaged in. Occupational

disruption can be understood as a temporary state, caused by illness or accident, but from which the client is expected to make a full recovery (Whiteford, 2000)

Reed, Hocking and Smythe (2010) identified three ways in which the meaning of an occupation is revealed. They referred to these as 'The Call', 'Being-with', and 'Possibilities'. 'Being' is capitalised in phenomenological accounts to convey the central aspect of whom a person is. This concept comes from a Heideggerian hermeneutic approach to phenomenology and thus is consistent with the approach used by Reed, Hocking and Smythe (2010). This approach to phenomenological research turns on the premise that human beings are inextricably linked with the world. Therefore the way to explore aspects of the world, such as the meaning of occupation, is to explore the human experience of the occupation.

The Call is understood as a drive or a motivation that people have to engage in occupations that are connected with what they care about or concerns them. Examples would include nurturing a relationship, a hobby or interest about which one is passionate; it could include one's work. Being-with concerns relationships and connections with other people and is concerned with occupations carried out with others. Notions of intimacy, obligation, shared interests and being wanted are included in the concept of Being-with (Reed, Hocking and Smythe 2010). Once again, it is possible to see how this might relate to work as a collaborative engagement with others, echoing as it does the early identification of the latent functions of work, including engagement in a collective pursuit, as described by Jahoda (1981).

The theme Possibilities concerns the meaning of future occupations. Reed, Hocking and Smythe (2010) suggested that the meaning of occupation also shows itself in the way

that occupation connects the past with the present and with the future (p145). Thus occupation can be seen as a thread, running through a lifetime and suggesting that there is temporality to the meaning of occupation which may be important to understand. Thinking about the meaning of work for an individual, this temporal aspect may be important to consider in terms of how people develop a career over a lifetime, or have gaps in their work histories due to illness or other reasons. Reed, Hocking and Smythe (2010) also suggested that the meaning of occupation is shown in how the self and others respond to possibilities that present themselves, and that one way to understand the self is through the response that comes from other people. Understood in this way, occupation can be a vehicle for self-understanding and the formation of a sense of self, or identity. A limitation of this study is that the participants were not people with severe and enduring mental problems but individuals who were recruited on the basis of having experienced an occupational disruption of some description. For example, retirement from employment or other change that affected how occupations were carried out. The onset of a severe and enduring mental health problem, and its possibly episodic nature may indeed be considered as disruptive to occupational engagement but these experiences may be all the more powerful because of the accompanying stigma and discrimination that people often experience, as well as the frequently disempowering position of using mental health services with its dominant medical model.

3.6 Support

A number of studies have provided detailed findings about the type of support that is most effective and valued by service users who want to access employment (Boyce et al, 2008; Johnson et al, 2009; Kennedy-Jones, Cooper and Fossey, 2005; Koletsi et al, 2009; Marwaha & Johnson, 2005, and Secker, Grove and Seebohm 2001).

Johnson et al (2009) carried out a study which was the qualitative strand from a larger study of approaches to supported employment. The researchers used data from semi-structured interviews with 182 participants about their views on supported employment. Emotional support was seen as being vital and encompassed helping the client to remain focused and motivated about finding work, providing encouragement and building confidence. In describing the quality of this support, a number of participants used metaphors of solidity – ‘*my brick*’, ‘*one of the anchors in my life*’, ‘*a stepping stone*’ (Johnson et al 2009, p124). Participants appeared to value support that also provided a structure to their job searching. The findings highlighted the central importance of the relationship between client and employment support worker (ESW), a relationship which was experienced as emotionally helpful as well as giving support and encouraging motivation. Building confidence and being available were also important factors in the client-ESW relationship.

This study is significant because it places emphasis upon factors beyond the organisational elements which are stressed in the IPS model, including relationship factors. However, although the findings of this study are important, a criticism could be levelled that the interviews were not audio recorded as handwritten notes were made during the interviews. Note-takers may have been selective in what they recorded and may not have been fully attentive to the interview process due to writing at the same time. The authors identify this limitation of the study themselves, along with a concern that the analysis, carried out by the lead researcher alone, may have weakened the study. However, the other researchers in the team contributed to the interpretation of findings by considering an early analysis of the findings to check interpretations. As a result, a restructuring of the analysis took place, although how this was done and what changes it effected is not reported.

Further emphasis on the importance of support is provided by the findings from a study by Boyce et al (2008). The authors conducted in-depth interviews with 20 participants who were clients recruited from one of six employment support agencies in the UK. The aim of the study was to explore the experiences of mental health service users who had returned to work. Employment support was found to be crucial both in overcoming psychological barriers and the perceived stigma surrounding mental illness in the workplace, as well as in negotiating some of the obstacles encountered in the process of re-entering the workplace, such as the disclosure of mental health problems and support in accessing occupational health assessments.

These two studies (Boyce et al, 2008 and Johnson et al, 2009) have contributed greatly to the understanding of the nature of the individual alliance between employment support worker and client, an understanding which has not been explicated in other studies here. This is clearly important in directing how supported employment is delivered to users. In the study by Koletsi et al (2009), participants reported receiving insufficient support in finding work and maintaining it once found. The type of support that participants wanted was help with finding a job, and an individual approach, tailored to their needs. Some of the participants reported that they would have liked their support worker to have had more knowledge about their chosen field of work and welfare benefits, as well as offering more frequent contact while at work.

The desire for more support is a finding echoed in the study by Marwaha & Johnson (2005) who interviewed 15 people from inner-city mental health services about their views and experiences of work. The aims of the study were to discover the advantages and disadvantages of work, the ways in which illness affected work, experiences of looking for work and keeping a job, and opinions on current service provision for them as people who were using or had previously used mental health services.

In common with the participants in the study by Koletsi et al (2009), the participants in Marwaha & Johnson's (2005) study were critical about the lack of availability of the type of support they believed would be helpful. This is strikingly similar to the support highly valued by participants in the study by Johnson et al (2009). It is interesting that the two groups had such different experiences of support. This could possibly reflect the way in which people were recruited to the two studies. Johnson et al (2009) had access to the clients of six agencies who provided employment support in different forms. Marwaha & Johnson's (2005) sample was recruited via the staff of a Community Mental Health Team (CMHT). This diversity in sample may reflect different attitudes to work for people with severe and enduring mental health problems which are held by mental health professionals versus employment specialists. There is some evidence to suggest that mental health professionals are overly protective of clients with severe and enduring mental health problems and hold beliefs about work being too stressful and likely to precipitate relapse and readmission to hospital (Rinaldi et al, 2008).

Open employment was the most frequently identified long-term goal in a study by Secker, Grove and Seebohm (2001). The findings from this study emphasised the need for support and encouragement from mental health professionals. For the participants in this study support was desired in the form of an integrated approach to vocational guidance, strong links with agencies that could provide opportunities for employment, access to benefits advice, and for mental health services themselves to take a lead in providing and promoting employment opportunities.

Secker, Grove and Seebohm (2001) conducted interviews with 156 participants and ran 11 focus groups in Sheffield. Their aim was to carry out a detailed exploration of users' employment, education and training needs. This study appears to be unique within this

literature review in that the authors employed mental health service users as interviewers and as focus group leaders. It could be suggested that this user involvement in research was successful in attaining more of an 'insider view' of the phenomenon being explored as the researchers, as mental health service users themselves, may have had a deeper understanding of many of the issues faced by participants and thus were able to pursue lines of questioning that a non- mental health service user may have left unexplored. In addition, the status of researchers and participants as mental health service users may have facilitated a more open and trusting relationship in which the participants felt able to be more open about their experiences.

What these studies serve to underline is the importance of practical support and assistance that is wanted by users of mental health services who are seeking employment. The support referred to in the studies reviewed here has tended to come from employment support workers, however the support referred to in the study by Kennedy-Jones, Cooper and Fossey (2005) included 'significant others' which could denote family, friends or other workers than employment support workers. The findings also underscore some of the key components of the IPS approach, namely that vocational and mental health services need to be well integrated and provide easy access to benefits advice.

3. 7 Conclusion

It seems evident from the review of the literature that a significant number of people with severe and enduring mental health problems are either currently working, or see work as something which will be part of their future. Whether already working, or planning to work in the future, mental health service users are able to identify multiple benefits of working. However, they are also realistic about the potential barriers to

obtaining work, some of which may be faced by anyone seeking employment such as lack of skills, transport difficulties, or local economic factors.

Those who are in work are clear about the need for a supportive, practical relationship with an employment specialist and what they want and need from that relationship. Many had discovered that, with a supportive relationship in place, barriers could be negotiated or overcome. It is however, important to note the caveat from Marwaha & Johnson (2005); although many people in their study said initially that they wanted to work, further probing revealed doubts and uncertainty about working. Marwaha & Johnson (2005) suggested that these initial positive responses could reflect the social desirability of work. It may therefore be important to explore more fully the feelings about working, along with anticipated barriers to work as well as the benefits it may bring, described by people who are living with severe and enduring mental health problems, and who wish to work.

The majority of the studies reviewed have used methods informed by a qualitative research paradigm which reflects the selection of literature included in this review. It follows then that many of the studies have been carried out with small numbers of participants, a factor which is often said to limit the extent to which findings can be generalised. However, unlike studies which are quantitative in approach, generalisation of findings is not a goal of much qualitative research. Instead, findings from small studies can be interrogated in relation to the extant literature, can be used to develop theory which can then be tested, or can add valuable depth and nuance to existing quantitative findings. Some of the studies reviewed are qualitative aspects of quantitative studies (for example Koletsi et al, 2009; Johnson et al, 2009), designed to add value to the overall study.

Nevertheless, there are difficulties associated with evaluating the quality of qualitative studies. Few studies gave details of the types of jobs mental health service users were employed in. This is an important aspect of research into employment for people with severe and enduring mental health problems; the goal of supported employment is competitive employment in the open jobs market although many mental health service users may find that 'entry-level' or unskilled work is most commonly the only option.

As a final critique, few qualitative research papers have reported attention to researcher reflexivity. It is not clear from the omissions whether this has just not been reported (due to word limits of some journals) or if it has not been addressed at all. Nagle, Valiant Cook and Polatajko (2002) make a brief mention of personal and professional reflections but this is not covered in sufficient depth to allow the reader to draw any conclusion about how reflexivity has been used in the study. Nagle Valiant Cook and Polatajko (2002) are not alone in this. In the papers reviewed here, with the exception of Woodside, Schell and Allison-Hedges (2006), there was no evidence of serious attention having been paid to the issue of researcher reflexivity. The importance of this approach to qualitative research has been addressed in detail in Chapter One, and will be further discussed in the next chapter, Methodology.

Many of the studies reviewed gathered data at only one time point. As work and recovery are linked, and as recovery is a process, the route into work may take some time, may not be straightforward, may be affected by illness factors as well as life events. Therefore, studies which gather data at a number of time points over an extended time period may reveal a more vivid picture of work in the context of severe and enduring mental health problems than has emerged so far. Many of the participants in the studies reviewed were either already working or were in receipt of employment support services. This would indicate a different perspective on work than might be

gathered if people with severe and enduring mental health problems who were *not* working were asked for their views.

3.8 Chapter summary

This review of the literature has explored the body of evidence which has contributed to understanding mental health service users' perspectives of supported employment, the importance of work and meaningful occupation, what is helpful and what is a barrier to accessing employment, and how employment and other occupational engagement can contribute to the process of recovery from mental health problems. Studies which privileged mental health services users' views and perspectives have been given primacy, as have studies with a qualitative methodology; the combined use of these 'lenses' have enabled a more nuanced understanding of the meaning and experience of work than was provided by the larger scale, quantitative studies of models of supported employment as reviewed in the previous literature review chapter. Both types of research evidence contribute to the understanding of the meaning and experience of work in the context of recovery from severe and enduring mental health problems.

The benefits of work to people with severe and enduring mental health problems that have been identified in the literature include the personal meaning of work as it affords opportunities for structure and routine, as well as the development of new skills. Work has also been found to offer a route to social inclusion and recovery, and the building of a sense of self. Despite these benefits, multiple barriers to work have been identified in the literature. These include personal issues such as the difficulty in disclosing a mental health problem, a disjointed work history and a poor sense of self-efficacy, as well as societal issues of stigma and discrimination.

Work has been identified as an important component for some people in their recovery processes, while other studies have shown that retuning to paid employment is a step which requires careful consideration. People with severe and enduring mental health problems value support when trying to return to work and this support is important in helping them to overcome some of the barriers to employment described above.

The studies reviewed represent the body of research which has tried to illuminate the lived experience of being mentally unwell and wishing to find and keep a job. It can be argued, however, that the extant research does not go far enough. Although some of the studies carried out in-depth interviews with small numbers of participants, deep understanding of the perspectives of users of mental health services has often been limited by data gathering and analysis methods. Thus understanding of the lived experience of work for people with severe and enduring mental health problems is restricted. For example, although some of the studies reviewed contained extracts from interview transcripts, understanding of individual narratives has not been facilitated through an idiographic analysis of data. Such an approach to data gathering and analysis might yield more nuanced, individual accounts as opposed to the broad themes that have been distilled from the studies in this review. Furthermore, in many of the studies reviewed, data were gathered just at one time point; it is possible that people's views and experiences of work alter with their employment experiences, the passage of time, other events in their lives and their individual recovery processes. This review of the literature suggests that further research is needed to produce the nuanced description of the lived world of the individual, using an approach to research which is designed to facilitate detailed, insightful users' accounts of particular instances of lived experience. By doing so, such research could build upon and enhance the findings accumulated by the studies reviewed here.

3.9 Research question

Through the structure of the review I have endeavoured to build a case for the necessity of understanding more about the lived experience of work and severe and enduring mental health problems, and the role that meaningful occupational engagement has to play in helping individuals who experience the disabling effects of mental illness to reclaim or recover their lives. Thus the research questions that emerged, and which the subsequent study attempts to answer are -

- 1) What is the meaning of work in the context of severe and enduring mental health problems?
- 2) How does work contribute to recovery from severe and enduring mental health problems over time?

The next chapter will set out the methodological approach taken in designing and carrying out the study.

Chapter Four – methodology- theoretical perspectives

4.1 Introduction

In this chapter I will present my rationale for choosing a qualitative approach by considering a range of qualitative approaches, and then describe in detail why a phenomenological method was selected for this study. In order to do this I will present a detailed account of two phenomenological methods; the descriptive psychological phenomenological method and interpretative phenomenological analysis (IPA). This chapter will provide a discussion of the research method chosen and set out why IPA was appropriate for exploring aspects of occupational engagement, including work.

As discussed in Chapter One, Introduction to the thesis, my motivation for carrying out this research project arose initially as a consequence of my awareness of UK government policy, and of the governmental target of helping one million people to return to work and thus be in a position to cease claiming welfare payments and improve their mental health through accessing all of the benefits that work has been shown to offer people with mental health problems.

My perspective as an occupational therapist with a special interest in the experiences of people with severe and enduring mental health problems directed me to question how this new emphasis in social policy on return to work was experienced by the people it affected. I wondered if it would be seen as an opportunity to return to work with better support and the increased resources that should follow new governmental policy, or if the proposed changes to Incapacity Benefit claims might be experienced as a threat to the status quo and thus to people's mental well-being. Furthermore, as an occupational therapist with an understanding of the importance of occupations for people, I was

prompted to wonder if it was paid work that people required or, rather, meaningful occupation.

The review of the literature presented in Chapters Two and Three indicated limited consideration of the individual meaning and experience of work in the context of severe and enduring mental health problems from the perspective of people living with these difficulties, and a lack of emphasis on how people manage their lives and their work goals over time, in accordance with their mental health problems. Thus the research question that emerged from the literature review was – what is the meaning of work in the context of severe and enduring mental health problems, and how do people living with such problems manage their lives over time as they consider returning to work? By trying to find some answers to this question I hoped to discover how both meanings and experiences changed or remained the same and how individual contexts, which altered over time, affected people’s perspective on work. Since I wanted to explore an aspect of lived experience from the perspective of the individual, a qualitative approach to the study was clearly called for.

Furthermore, as Davidson et al (2008) have suggested, qualitative research can be used to inform mental health policy. These authors described three ways in which this can be achieved; by generating hypotheses which can then be tested by other means, by exploring the subjective experiences and everyday lives of people with mental health problems, and by investigating processes of recovery and the active role of the individual in recovery. It was the second and third approaches that were particularly relevant to my study. As a profession, occupational therapy is required to take a client-centred approach to practice (College of Occupational Therapists, 2010), and this requirement underpins the mandate to explore lived experience. The pre-eminence of recovery approaches to mental health practice and the extant literature which shows the value of work for people with mental health problems accords with Davidson’s et al

(2008) proposal that the use of qualitative research is helpful in informing mental health policy.

4.2 Qualitative approaches to research

According to Willig (2008), all approaches to qualitative research share a set of concerns which centre on the construction and negotiation of meaning, and the quality and texture of experience. Willig describes methodology as the overarching concept of a research approach with methods and philosophy considered together as constituting methodology. She also emphasises the importance of being clear about the distinction between methodology and method, observing that the two words are often used interchangeably (Willig, 2008). Methodology refers to a general approach to studying research topics, while method identifies a specific research technique (Silverman, 1993). Methodological considerations are likely to be influenced by the researcher's epistemological position (mine has been alluded to in Chapter One and will be presented in greater detail later in this section), whereas the method chosen usually flows from the research question(s).

There are many different research methods within the qualitative paradigm. Woolcot (2001) invokes a metaphor of a tree to describe qualitative research strategies. The roots of the tree, which he describes as being deeply embedded in everyday life, support a sturdy trunk which, in turn, supports several major branches with smaller branches leading off them. Smith, Flowers and Larkin (2009) describe the four main branches of qualitative research as phenomenology, grounded theory, discourse analysis and narrative analysis. All of these approaches value the exploration of thoughts, emotions, meaning and sense-making; all value a clear epistemological position, and seek ways of understanding aspects of the life-world in which the tree roots are embedded.

Willig (2008) suggested that the epistemological position of the researcher is fundamental to the approach to research that is adopted and I find it helpful to think of epistemological positions as being situated along a continuum. At one end of the continuum lies the realist or positivist position. Adopting such a position would indicate quantitative approaches to research methods which are oriented towards the discovery of empirical truths or reality. Willig (2008) states that

‘a positivist epistemology implies that the goal of research is to produce objective knowledge; that is, understanding that is impartial and unbiased, based on a view from ‘the outside’, without personal involvement or vested interests on the part of the researcher’ (p3).

At the opposite end of the continuum is relativism. This epistemological position would encompass such thinkers as Foucault, Derrida and Kant. These thinkers would dispute what is even meant by truth or if there is such a concept. Followers of Foucault would regard reality as being socially constructed, with an emphasis on the use of language to do this. Derrida has been described as a radical social constructionist regarding everything as constructed. Through the middle of the continuum lie multiple other positions, with the middle ground occupied by a realist-relativist continuum in what could be described as a new, critical or subtle realist position (Ballinger, 2004); this characterises the position that I have taken. The aim of my study was to explore the personal meaning of work for the participants, understanding that meaning can be transitory and open to revision because phenomena are mutable and fluid (Walsh and Downe, 2005).

Each epistemological position embraces a particular way or method of generating knowledge. Naturalistic enquiry, with a focus on testing hypotheses rests at the positivist, realist end of my imaginary continuum, with methods such as Foucauldian

discourse analysis (FDA) and a social constructionist approach to Grounded Theory (Charmaz, 1990) located towards the far end. The field of enquiry with which each research method is associated also accounts for differing theoretical positions. For example, Grounded Theory comes from social science and sociology and is thus informed by sociological theory. Ethnography comes from social anthropology and is thus informed by social geography, among other theoretical frameworks. Occupational science, as a relatively new branch of scientific enquiry, informs not only occupational therapy practice, but is itself informed by a number of other theoretical frameworks, including those from evolutionary biology, developmental psychology, social psychology, sociology, and anthropology. These disciplines are often concerned with the living, active human in an environmental context (Yerxa et al, 1990). A phenomenology of occupation could add to understanding how occupational engagement influences and is influenced by human health and well-being.

At the start of this project I knew I wanted an approach which was informed by emancipatory approaches to research. Such approaches seek to improve the situation of traditionally marginalised groups – such as people who experience mental distress and use mental health services - by having them as active participants in the research process. Thus the research is ‘on’ them but also ‘for’ them and crucially, *with* them (Cameron et al, 1992). The literature reviewed in Chapters Two and Three suggested a longitudinal study, in which I would be enquiring deeply of personal lived experiences, and which could usefully add to the extant literature because it would enable participants to reflect on experiences as they changed, or remained the same over time.

A longitudinal approach to the study would allow for the development of a rapport between me, as interviewer, and the participants; Smith (1999) maintains that an individual is only aware of his/her own self in relation to the selves of others. Therefore, the relationships between the researcher and participants will form a central part of the

study and it is essential that each is mutually available to the other for reflection and comment through the series of interviews. This was facilitated through my use of reflexivity as well as sharing some early findings with the participants in the third phase of the study (this aspect of the study is described in detail in Chapter Five where I present the method followed for the study.)

Both the aspiration to give a voice to a marginalised group of people, and the desire to access rich, lived description through repeated interviews over time influenced my decision-making regarding the selection of a phenomenological research method. Phenomenological methods are appropriate for exploring lived experience and turn on an understanding of people's perceptions of the world in which they live and the meaning that this holds for them (Langdrige, 2007). An extract from my reflexive journal may help to show some of the concepts I was considering in the early stages of planning the study-

7.6.07 Reading a paper (Coping with Stigma - Jahoda and Markova, 2004) has strengthened my resolve to do a piece of research which is humane and passionate, and which helps people to tell their stories (consonant with emancipatory ideas about research - for people and with them not ON them). Have also been reading INVOLVE leaflet. As an organisation they are committed to involving users in research from an early stage. INVOLVE emphasise the need to allow time for relationships to build. Therefore I don't want to use any methodology which seeks to objectify the individual. I want this study to have something to say about being a mental health service user and what that means in relation to working.

I was directed to phenomenological approaches to research for the reasons I have outlined; in summary, phenomenological approaches are suited to deep exploration of lived experience; and seemed consistent with my personal and professional values; and I felt that IPA, in particular, could add to the body of understanding that informs occupational science, as it allows a focus on personal meaning and sense-making for

people who share a particular experience or context, and as such, was consistent with the epistemological position of my research questions (Smith, Flowers and Larkin, 2009).

4.3 Development of phenomenological approaches in qualitative research

In his explication of the conceptual foundations of qualitative psychology, Ashworth (2008, p23) noted the 'slow subterranean development of ways of thinking which...constitute the qualitative sensibility in psychology'. He also described 'a diversity of approaches, a flourishing of differences, but we can also see a unity, a qualitative sensibility' (Ashworth, 2008, p24). Ashworth (2008) helpfully delineates three different perspectives on qualitative research which each will embrace certain epistemological positions. He acknowledges first that there are qualitative researchers who are closely aligned with positivist traditions in that they seek to discover discrete variables in the human condition and subscribe to a view of the person as 'part of the natural system of cause and effects' (p4). Second, he draws our attention to a socially constructed view of the world, which is reliant on the use of language; and third, to a world view which is concerned with meanings and experiences, whether individually construed or shared, as a way of understanding the human condition. This last is the phenomenological position.

The adoption of a phenomenological approach to the research was necessary because, although understanding of another's perspective can only ever be partial, phenomenology offers a way to complement naturalistic understandings of health, illness and reality, and seeks to elicit a first-person account of the phenomenon in question (Langdrige,2007). A phenomenological approach enables the expression of experiences and contributes to a more complete picture of the relationship of the person to their world, and a better understanding of their experiences (Carel, 2008). Furthermore, a phenomenological approach, with its accent on the individual

experience, seems consonant with social models of disability (Oliver, 1990). Writers in the field of mental health and employment have suggested that social models of disability offer a more helpful conceptual base for understanding and promoting employment opportunities for people who use mental health services and offer more hope of recovery of social roles (Grove, 1999; Boardman, 2003).

4.4 Phenomenological methods

All approaches to phenomenology flow from the phenomenology of the philosopher Edmund Husserl, who can be said to be the founder of this movement (Langdrige, 2007). Husserl introduced the concept of 'intentionality' which is fundamental to understanding a phenomenological perspective. This concept indicates that we are only conscious of the world through our engagement with it. Concepts such as love and hate do not exist in themselves but in our being conscious towards them – loving something, hating someone. For example, a forest, as perceived by a child, or by a person walking their dog may seem scary to the child; to the dog walker, it may seem like a pleasant place to explore. The forest in itself is neither scary nor pleasant; these perceptions of it lie with the person. Furthermore, the only way to access the phenomenon of the forest would be by asking the individual about their experience of it. And, their experience of it may change; if the child is with her father the forest may become a place of adventure; if night is falling the dog walker may feel uneasy.

Phenomenological approaches to research have, at their core, a drive towards the exploration of the life-world of individual human beings and the meanings that their experiences hold for them. Phenomenological approaches to research allow for, even enable, exploration of the indefinite, and embrace, among other things, a certain tolerance for ambiguity and uncertainty. Dahlberg, Dahlberg and Nystrom (2008) advise qualitative researchers not to try and make definite that which is indefinite. By this they

mean that people's experiences and the meanings and interpretations that people attach to their experiences are not necessarily constant but change with time and with context.

According to Willig (2008), phenomenological research takes an epistemological standpoint which is empiricist. That is to say, findings are based on observation and analysis of data but not theory, although theory may be used to interpret findings. Phenomenologist researchers view the data (which are usually texts of one type or another) as verbal expressions of the participant's mental processes. These verbal expressions of inner processes are the windows into the person's life-world through which researchers can gaze and in doing so, glean at least a partial understanding of the phenomenon in question and the sense the individual is making of it.

Phenomenology is a branch of philosophy and interpretative phenomenology is a method that flows from it. Phenomenological methods are a family of methods with phenomenological philosophical foundations and they are designed to illuminate the lived-world of the participant and also, possibly, the world of the researcher, along with others who have, or may in the future, experience something similar (Langdrige, 2007, p5). Thus phenomenological methods are appropriate for exploring experiences and the meanings attached to those experiences, which is the purpose of this study. I did not set out to evaluate the effectiveness of particular approaches to vocational rehabilitation (for example Individual Placement & Support). Rather, I wanted to explore how people with serious and enduring mental health problems experience working or not working, and the stable or fluctuating meanings that these experiences hold for them over the course of 18 months. Phenomenological approaches are well suited to providing such accounts as at the heart of all phenomenological methods is an intention to illuminate the lived world of the participant and thus to shed light on shared experiences (Langdrige, 2007).

In this study I wanted to explore people's perspectives on work in the context of being seriously mentally unwell. I wondered if there would be some common themes, shared understandings and partial truths about matters such as stigma, labelling, and worry about benefits. Therefore, it was important for me to consider the most appropriate way of knowing about the individual experiences of people and the meaning they attached to these experiences.

4.4.1 The descriptive phenomenological psychological method

This method of qualitative inquiry was developed by Giorgi as a response to what he saw as the limitations of quantitative research methods in exploring aspects of human experience. As a natural scientist, he wanted to develop a method which would deal with the whole person in a rigorous manner. He settled upon phenomenology as a means to achieve this, seeing it as broader than an empirical approach to scientific enquiry. I have included a discussion about this method because it shares a number of key concepts with interpretive methods of analysis, and because Giorgi (2010) has provided a critique of interpretive phenomenological analysis which I feel is important to engage with.

The method is based upon the phenomenology of the philosopher, Edmund Husserl (1859-1938). Husserl described the 'turn to consciousness' as a medium of access to everything; the aim of Husserlian phenomenology is to describe the experiential object which may be anything which human consciousness can experience. Husserl called these 'objects' of experience, although this does not refer to object in just the literal sense, for example, dreams could be an object of study for Husserl. The descriptive phenomenological method has been used to study, for example, the perception of learning (Colaizzi, 1971), the phenomenology of being anxious (Fischer, 1974) and the

structure of thinking in chess (Aanstoos, 1983). These are all 'objects' that arguably it would be difficult to explore in any other way.

Key to understanding Husserlian phenomenology (and thus Giorgi's method) is the concept of intentionality, explained previously and illustrated with the example of the forest. The adoption of the phenomenological attitude is important when employing this method of research. This entails leaving behind what Husserl referred to as the 'natural attitude' by bracketing past knowledge and withholding existential claims and adopting instead a 'phenomenological attitude'. To bracket off past knowledge does not mean to be unconscious or unaware of previous knowledge, rather not to engage it in the process of data gathering. Husserl acknowledged that this was difficult task, something that might involve a struggle, but he stressed that he was not asking something that would not be done in ordinary life; for example, setting aside prejudicial attitudes if serving on a jury.

The second stage of the method is to capture the essence of the object through what Husserl termed 'free imaginative variation'. By this he meant imagining other possibilities for an object, or other circumstances under which the object of study may be encountered. The work then is to describe the essence. However, for Husserl and therefore for Giorgi, description is not construction, explanation or interpretation. In stating that interpretation is not part of description is where this method of phenomenology differs in a critical way from phenomenological methods that are informed by hermeneutics; for example, interpretative phenomenological analysis (IPA). For Husserl and for Giorgi, description is the use of language to articulate the objects of experience.

4.4.2 The descriptive phenomenological psychological method – procedural steps

First, description is obtained from others about structures, usually through the use of interviews or written accounts. Second, the researcher adopts the reductive phenomenological attitude, as described above. Then the researcher adopts his/her own disciplinary attitude, be this psychological, occupational, social, nursing, and educational. Third, the researcher needs to remain sensitive to the phenomenon being explored – for example, the experience of returning to work with a mental health problem. Thus the researcher strives to adopt a tripartite attitude. Data analysis involves close engagement with the text and the transformation of the data into meaning units which can then be transformed into psychologically sensitive expressions; the emphasis is on description and not interpretation. By working in this way the researcher aims to understand the essence of the phenomenon being explored; for example, the essence of the forest (or the meaning of work).

Studies which have used this method tend to have very small numbers of participants, usually around five or six, sometimes fewer (Langdrige, 2007). These small samples are the major focus of any critique of Giorgi's work. However, he counters this by reminding critics that it is instances of the described phenomenon occurring across participants and not numbers of participants which is important. This is depth research, not frequency research.

4.5 Hermeneutic phenomenology

Hermeneutic phenomenology shares some similarities with descriptive phenomenology. The concept of intentionality is key to both approaches; both approaches rely on the analysis of text for data; generally studies using either method would have small samples. Where the two approaches differ is in the recognition of the researcher as part of the research process. In hermeneutic approaches to phenomenology the researcher

is an essential player, using his or her presuppositions and foreknowledge in the gathering and making sense of the data.

The German philosopher Martin Heidegger (1889 – 1976) has been described as the entrance to contemporary philosophy (Dreyfus, 2007). Heidegger was a pupil of Husserl, and he took the concept of intentionality further when he theorised that it is impossible to separate the person from the world. This idea of subject /object being inseparable he called *dasein* which translates as ‘being-in-the-world’. For Heidegger, we are not substances or objects but we are what we do and we give ourselves identity by what we do. Heidegger was especially interested in the activities of the indigenous people of the Black Forest region of Germany, and their apparent unthinking way of ‘being’ through ‘doing’, or what occupational science would call occupational engagement; what Husserl termed ‘the natural attitude’, Heidegger called our ‘thrownness’ into the world. Both of these concepts indicate a way of moving through the world that we are unaware of, a sort of pre-reflective state (Langdridge, 2007). Langdridge (2007) gives the example of driving or playing music; when engaged in these occupations we are rarely conscious of thinking about the series of small thoughts and actions that are needed to perform these occupations. These pre-reflective ways of being in the world are the basis from which the world is understood. It is because of this mode of being in the world that we cannot separate ourselves from the world and look on it and the objects in it as if from outside, as the concept of bracketing implies. Heidegger set out to illuminate our way of being in the world by describing how we are in the world. Dreyfus (2007) illustrated what Heidegger meant by using the example of the light in the room; because of the light we can see the room and what is in it, but we are not usually aware of the light itself.

The occupational scientist, Wilcock (1998), was influenced by a Heideggarian perspective in the development of her theory of ‘doing, being and becoming’ (p248).

She theorised that as occupational beings, people engage with the world through engagement in occupations, and that it is through this 'doing' that we make sense of and understand our world. Thus research approaches which are informed by Heideggarian views about being have much to offer to researchers within occupational science and occupational therapy. As the architect of hermeneutics, Heidegger's philosophy has been an important influence on the development of IPA (Smith, 2008), which will be discussed in more detail later in this chapter. However, the importance of Heidegger's hermeneutic phenomenology presented me with a problem, as the extract below from my reflexive diary illustrates.

Heidegger & the Nazis (7.10.08) this is a conundrum. As far as I am aware the IPA community has not engaged with Heidegger's political past. It's not mentioned in the discussion group archive; I've never heard anyone mention it (conference) or seen it referred to in print Langdridge (2007) talks about bracketing it and fusing his political horizons with that of the text. Two things occur to me about this - one the irony of bracketing off Heidegger's political past given his (Heidegger's) own stance on bracketing, and two it is all very well fusing one's *political* horizons; what is more difficult is one's personal (family) history.

Where Heidegger's Nazism is discussed, opinion seems divided. Some authors e.g. Sheehan believe that what is important to consider is how much Heidegger's political views influenced his philosophy and that rather than refuse to have anything to do with Heidegger, one should continue to read him with a question (health warning?) in mind. Others e.g. Rorty are what Sheehan refers to as 'Heidegger apologists'.

It is all very disconcerting to someone new to phenomenology and having been quite taken by Heidegger - made the 'leap of faith' Langdridge (2007, p29) talks about, feeling a sense of betrayal. I will continue to think and read. I guess one of the things about doing the PhD is to challenge my thinking in this way, explore the arguments and make my own mind up in the end.

So much of Heidegger's work has a great appeal for the caring professions and it has been applied extensively, particularly within nursing research (Koch, 1995, 1996; Grose, 2007; Smythe et al, 2008). However, Paley (1998) has argued that the nursing profession has misunderstood and misinterpreted much of Heidegger's work. Furthermore, Holmes

(1996) contended that Heideggerian phenomenology is at odds with the values of the nursing profession. However his concepts of 'being-with' (*mitsein*) and the idea of the world as a 'with-world' are very consonant with the ideas about the importance of belonging, as described by Wilcock (2006). This seemed to me place his philosophical ideas at odds with his political beliefs and activities. Nevertheless, Langdrige's approach (2007) of fusing his horizons with those of the text when reading about Heidegger's philosophy has proved helpful, as has personal communication with other IPA researchers. Holmes (1996, p585) has suggested that, having rejected the fascist and anti-Semitic ideas espoused by Heidegger, we are at liberty to 'selectively scavenge' his work for what is useful, all the while heeding Sheehan's warning (1988) which I referred to in the extract from my reflexive diary; that we read nothing of Heidegger from 1933 onwards without raising political questions.

4.6 Interpretative phenomenological analysis (IPA)

In order to fully appreciate the use of IPA in this study, it is important to understand something of the theoretical, philosophical underpinnings of the method. 'Method' may be a slightly misleading word to describe IPA. Larkin, Watts and Clifton (2006, p104) prefer to think of it as a 'stance' or a perspective from which to approach the task of qualitative data analysis, for it draws on a number of different philosophical theories and in its use, the analyst can draw on a range of informing theories to create the analysis. IPA is a relative newcomer in the field of phenomenological research. It was initiated by Jonathan Smith, now Professor of Psychology at Birkbeck College, University of London, and the first IPA paper was published 15 years ago (Smith, 1996). Since then a number of other researchers have become involved with the IPA project. In two seminal texts Smith and Osborn (2008) and Smith, Flowers and Larkin (2009) set out steps to be followed, but these are considered by the authors to be recommendations or guidelines and not rigidly prescribed processes to be followed with absolute adherence. Nonetheless, the apparently structured approach makes it appealing as a

method to some researchers because there are sets of steps to follow and extensive examples of analysis are given by these authors.

4.7 The hermeneutic circle

A phenomenological approach to research is taken as a means to understand a phenomenon by 'connecting with the world as opposed to conceptualizing it' (Oakland, 2010, p4). Many writers have invoked the metaphorical image of a circle to convey the ongoing process of engagement with aspects of the research. As an object with no beginning and no end, the circle represents the ongoing movement in the research process, between the researcher's own subjectivity, engagement with the participants and, during analysis, with the data. Although understanding of a phenomenon as it appears to another can only ever be partial, the importance of engaging in a circular fashion, with all elements of the experience of the study, including the changes wrought by the act of carrying out the study, are crucial. The emphasis on interpretive activity bestows the hermeneutic element to the circle.

An extract from my reflexive journal may help to illustrate how the research attitude pays attention to the component parts of a phenomenon, as well as the whole concept -

Loving metaphor as I do, the study has come to seem like the preparation of a meal. I have been collecting the ingredients - the literature, the data from the interviews with the participants, as well as new knowledge - and preparing part of the meal, maybe a sauce. Other ingredients have been left to marinade - thinking, reading, and discussing aspects of the study. Eventually I will assemble all of the ingredients together into a whole; though I will still be able to consider the individual elements of the meal I have created (11.4.11)

Each time I have gathered some new data through an encounter with a participant, or performed some analysis of data, my experience and understanding of the phenomenon

I am exploring has been changed, and I have been changed by my experience. This changed attitude is then brought to bear on further encounters with participants, analysis of data and understanding of the topic. Langdridge (2007) describes the hermeneutic circle as moving between part and whole, with no end and no beginning. Smith (2007) has taken this metaphor further and describes a second, smaller circle within the large circle, which illustrates the interpretive and reflexive activity undertaken by the researcher, on returning from an encounter with a participant, invariably changed by that encounter and the new knowledge and insights it has provided. These are then taken into the next encounter, and so it continues in a circular fashion. Although Smith (2007) refers to encounters with participants to illustrate the hermeneutic process, it could pertain to other encounters, be they with data, or with other researchers, texts and so on.

IPA starts with, but goes beyond, a traditional thematic analysis. It takes as a central concept the understanding of humans as 'self-interpreting beings'. IPA is idiographic, iterative and interrogative (Smith, 2011). This means there is first and foremost an emphasis on individual accounts, with the analytic work creating a thorough phenomenological account based usually, but not always, on interviews as the primary method of data gathering. Thus 'IPA offers an established, systematic and phenomenologically focused approach which is committed to understanding the first-person perspective from the third-person position, so far as is possible, through intersubjective enquiry and analysis' (Larkin, Eatough and Osborn, 2011, p 4). An account can then be created across a series of individual accounts in an iterative and interrogative process which looks for convergences and divergences, similarities and differences, while always taking care to make sure that findings are supported by the data.

IPA cannot be said to generate theories which are transferable to other populations and does not attempt to do so. Instead, IPA aims provide insights into the experiences of individuals which can then be explored in relation to existing theories and evidence. In this study, these may, in turn, provide starting points in the development of a more complete account of the experiences of individuals who experience mental distress and who wish to return to work.

4.8 A critique of IPA

Giorgi's descriptive phenomenological psychological method (1985) has been detailed earlier in this chapter. Giorgi (2010) raised some important issues in his critique of IPA that it may be useful to consider in defending IPA as my chosen method. The critique is principally a comparison of IPA with Giorgi's own method, the descriptive phenomenological psychological method (Giorgi, 1985). This is distinct from IPA in the lack of an overtly interpretative stance. As a research method which turns on the use of hermeneutics, IPA differs in a fundamental way from Giorgi's phenomenological approach to research. Conversely, as a method which turns on the description of essential structures only, then the element of interpretation within IPA will appear dissonant to researchers who adopt Giorgi's method.

Giorgi (1985) refers to the bracketing of presuppositions and pre-understandings in order to adopt the natural or phenomenological attitude. However, as Smith (2007) suggests, one cannot always be aware of one's pre-understandings and presuppositions *a priori* and if one was, they would no longer be pre- understandings since they may be changed by or replaced with, new understandings as a result of engaging with the research participants and performing data analysis. Finlay (2008a) goes further and suggests that researchers need their pre- understandings as a source of insight in making interpretations, and advocates the active use of these in reflexivity.

As described earlier, the interpretative element of IPA is informed by the work of Heidegger (1962), among others. Heidegger's concept of *Dasein* ('being-there' or 'there-being'), which emphasises the embedded nature of individuals within the world, and the impossibility of separating individuals from the world in which they find themselves, is central to understanding the interpretative activity involved in IPA. Heidegger contended that people are situated historically and culturally within the world, and have certain other aspects to being that are unalterable, which he called 'facticity'. In order to study the world and objects in it, therefore, it is necessary to engage with the meaning and experiences of individuals. The researcher is as embedded in his or her world as the participant is in theirs, and when engaged in the research endeavour they share the same world to a certain extent. Giorgi (2010) focused his criticism of IPA on the absence of a link with philosophical phenomenology but it seems to clear to me that the hermeneutic element of phenomenology is fundamental to IPA.

Leaving aside Giorgi's criticism of IPA as not being 'proper phenomenology' (personal communication, 2008), I turn to his criticism of IPA as not being properly scientific. In some respects I think Giorgi (2010) overstates his criticisms. For example, he suggests that IPA researchers have 'total freedom to deviate from what they are doing' (p7). This is inaccurate, as IPA researchers who have laboured to follow the steps set out by Smith and Osborn (2008) and Smith, Flowers and Larkin (2009) will attest. I also think he overstated the absence of rules. It is true that Smith, Flowers and Larkin (2009) and Larkin, Watts and Clifton (2006) describe IPA as an approach, or a sensibility, and warn against 'methodolatry'. However, there are detailed guidelines, and the findings must always be shown as coming from the data with the use of extensive verbatim extracts from the participants' accounts. Smith's (2011) extensive and detailed review of the IPA literature has identified IPA studies of a high quality which will prove useful touchstones

for future research; this substantial corpus of evidence might suggest that IPA is a qualitative research method that can be taken seriously.

Giorgi (2010, p10) suggests that a 'strong limitation' of IPA is that no rules are given to guide the conscious processes of the researcher. The same criticism could be levelled at the Descriptive Phenomenological Psychological Method, as the bracketing of presuppositions and adoption of a phenomenological attitude would seem to be intrinsically personal cognitive processes. I believe this is why the use of a reflexive approach within qualitative research is essential as it can enable the researcher to present *a priori* the position from which he/she will carry out each step of the research, including the analysis.

4.9 Using IPA to explore occupational engagement

IPA has been criticised for its apparent espousal of a cognitive element, which is considered by some to be inconsistent with phenomenology because it seems to acknowledge the dualist position which regards mind and body as separate (Willig, 2008; Giorgi, 2010). This Cartesian view seems quite at odds with the 'person-in-context', 'being-in-the-world' hermeneutic phenomenology of Heidegger and Merleau-Ponty on which IPA draws (Smith, Flowers and Larkin, 2009). Recently, Larkin, Eatough and Osborn (2011) have formulated an argument which not only allows for the role of cognition within IPA to be entirely consonant with the method, but which has relevance for the study of different aspects of occupational engagement, including work.

These authors have presented a case for what they term the 'third phase' (p1) of cognitive science and phenomenological philosophy. Understood from this perspective, cognition is seen as being embodied, active and situated, and that 'thinking beings be reconsidered as active beings' (Anderson, 2003, p91). This position facilitates an

understanding of cognition which seems entirely consonant with the phenomenological position occupied by IPA, and suggests IPA as a suitable way to contribute to the occupational science evidence base. Put simply, if IPA regards cognition as active, embodied and situated (people are first and foremost active beings) this elides with the occupational science view of humans as occupational beings and occupation as the natural mechanism for health and well-being. Therefore it would seem that IPA is an obvious choice of research method to use to answer occupationally based research questions, such as the ones I have proposed - what is the meaning of work in the context of severe and enduring mental health problems, and how do people living with such problems manage their lives over time as they consider returning to work? Furthermore, as a newly evolving discipline, occupational science has no unique research traditions. Given that it is informed by a number of other academic disciplines, occupational science should be free to borrow the research traditions from other academic disciplines in order to advance the field of study and build an evidence base. Phenomenological methods have much to offer to the profession of occupational therapy with its commitment to a client-centred approach to practice as suggested earlier.

Some studies have used IPA as means to explore aspects of occupational engagement from outside the disciplines of occupational science and occupational therapy. For example, in their exploration of risk-taking behaviour among people who use the drug Ecstasy and people who engage in bungee jumping, Larkin and Griffiths (2004) used IPA in order to take an 'open approach' to exploring the meaning of engagement in these two occupations. They suggested that a simple 'bipolar approach' of exploring meaning (offered by the psychological theory of reversal) was not flexible or sophisticated enough to capture the nuanced meanings of these occupations for the participants in their study (p 217). As previously noted, 'bipolar' approaches have been taken to explore aspects of work for people with severe and enduring mental health problems –

for example, barriers and facilitators to work (Rosenheck et al, 2006), and one approach to supported employment compared with another (Bond et al, 2007; Rinaldi and Perkins, 2007). Studies designed in this dichotomous way, where one concept is being weighed against another, may overlook the fine distinctions that individuals experience in their daily lives. IPA offers a means to explore this area of shade and uncertainty, allowing the interpretations of the researcher to reveal an aspect of the phenomenon not previously subject to scrutiny.

Although Larkin and Griffiths (2004) explored a topic which may not seem to relate very directly to experiences of work, I was interested in this study because of its focus on engagement in an occupation and the authors consideration of 'flow' theory (Csikszentmihalyi, 1990), a theory which is frequently referred to in the occupational science literature and which describes a state of optimal psychological engagement in an occupation which is characterised by total absorption. Other IPA studies which have focused on an occupation include those by Reynolds and Lim (2007), who carried out an exploration of the meanings of art and other creative occupations for women with a cancer diagnosis, and Pettican and Prior (2011), who reviewed the transition to retirement and the impact of this on occupations for eight participants.

Clarke (2009) and Cronin-Davis, Butler and Mayers (2009) have encouraged occupational therapy researchers to use IPA as a means to explore occupational engagement, and illness and therapy experiences from the perspective of service users, their families and carers. A number of occupational therapy researchers have used IPA as a means to explore aspects of occupational engagement already. Reynolds and Prior (2003) used it to explore the meaning of creative activities for women with chronic illnesses, and Reynolds, Vivat and Prior (2008) used it to explore art-making for women with Chronic Fatigue Syndrome (CFS). A study by Timmons and MacDonald (2008) used

IPA to explore the meaning of engaging in ceramics for people with long-term health conditions.

Each of these studies produced rich personal accounts of the meaning and experience of engagement in creative activities, as well as revealing shared findings across the groups of participants in each study that revealed deeper meanings of art making than might have been uncovered through alternative approaches. For example, Timmons and MacDonald (2008) found that art making can be enhanced by life crises such as illness; this supported previous findings by Reynolds (1997, 2003). Unexpected discoveries that were made through the exploration of participants' experiences of working with clay were described as performing 'alchemy and magic' (Timmons and MacDonald, 2008, p 92). This deeply symbolic description of clay work, which was shared by other participants in the study, would probably not have been revealed through more realist approaches to the research.

Clarke (2009, p38) argues that 'IPA is an approach which can enable the gathering of knowledge that is often not available with positivist approaches', and that it offers a useful approach for occupational science research in gaining access to a deeper understanding of how occupational engagement is experienced as central in people's daily lives and the place it has in the promotion of health and well-being. Furthermore, the fundamental view of people as being inextricably linked with, or embedded in the world, on which IPA is predicated, has resonance with the importance attached to consideration of the environment by occupational therapists.

As I have suggested, as a means to elicit lived experience of the constructs of occupational engagement and work, phenomenology has much to offer. Interpretative Phenomenological Analysis has been used to explore many aspects of human endeavour and has potential to shed light on the meaning and experience of work in the context of

mental health problems. A factor in choosing IPA as the method included consideration of other studies which have used this method to explore people's experiences of engagement in occupations and the meanings that were attached to these occupations.

Reynolds and Lim's (2007) study is among 14 studies considered in a review of IPA literature (Smith, 2011) to be of high quality. These authors interviewed 11 women who had received a cancer diagnosis and analysed the data using the guidelines for IPA analysis provided by Smith and Osborn (2008). The findings revealed previously unexplored elements of living with a cancer diagnosis and the value of engaging in creative occupations. These included the need to preserve a sense of self in the face of a life threatening illness, and in identifying ways in which certain types of occupations may meet people's needs for positive well-being. Reynolds and Lim (2007) suggested that the use of IPA produced rich data which enabled the explication of the complex processes of making lifestyle changes in order to live more positively with cancer. They argued that other methods might have limited the extent to which such nuanced understandings were rendered possible by their chosen method. Of course, there are limitations associated with the use of IPA, which Reynolds and Lim (2007) have acknowledged. These include small sample size, which renders making claims for generalisation of findings difficult, and the need to acknowledge that participants' access to their unconscious mechanisms is limited. A further limitation of IPA is the extent to which findings are specific to the group of participants in question and the analysis of the researchers in question; different methods of recruitment might have produced participants who would have produced different data, and different researchers, especially those with different academic backgrounds and thus possibly different epistemological positions, would likely have produced different analyses.

To date there do not appear to have been any published IPA studies which have explored the meaning and experience of work in the context of severe and enduring

mental health problems, or studies which have explored how these might alter over a period of time, and which have used IPA as their method. A small number of studies have used IPA to explore closely related topics such as returning to work with a physical health condition (Royal, Reynolds and Houlden, 2009), the transition to retirement (Pettican and Prior, 2011), and perspectives on voluntary work for adults with mental health problems (Farrell and Bryant, 2009). Cairns (2004) used IPA to explore the experience of returning to work for people with severe and enduring mental health problems. However, the study differed from mine in that Cairns recruited from a population of people who had already returned to work, and he interviewed participants on only one occasion, as opposed to two or three points in time, as I have done. The longitudinal aspect of my study and the fact that none of the participants had returned to open (competitive) employment differentiates my study from that of Cairns (2004), and would suggest that it has a unique perspective to offer to the field of mental health and employment.

A further extract from my reflexive journal may serve to illustrate some of my thinking about my chosen method, as well as my reasons for paying serious attention to the reflexive element of the study. This entry was prompted by my earliest attendance at the IPA annual conference –

5.7.07 IPA conference - reflection on method. It still seems somewhat dissonant that, while IPA seems really artful and creative, there is such a structured approach to data analysis but I think this will suit my study and my temperament. It seems very important to be very aware of one's self and 'stuff' in this process and to be quite transparent about this.

4.10 Summary

The Methodology chapter has introduced and discussed qualitative research methods in general and phenomenological research methods, in particular. I have provided a description and critique of two phenomenological methods – the descriptive psychological phenomenological method (Giorgi, 1985; Giorgi and Giorgi, 2003), and interpretative phenomenological analysis (Smith and Osborn, 2008; Smith, Flowers and Larkin, 2009), and I have accounted for my choice of IPA as the method for my study.

In considering these two phenomenological methods I have engaged with the underpinning philosophies (Moran, 2000; Langdridge, 2007). I have considered the application of some of Heidegger's thinking to the science of occupation (Wilcock, 1998) and presented argument for why IPA is a suitable method for exploring the meaning and experience of work in the context of severe and enduring mental health problems. I have also considered a number of studies that have employed IPA as the method for the exploration of occupationally focused topics, guided by the small body of literature on the use of IPA within occupational therapy.

The next chapter will describe the way in which I carried out an IPA study to explore the meaning and experience of work in the context of severe and enduring mental health problems, and how people manage their lives and their work plans over time under these circumstances.

Chapter Five - method

5.1 Introduction

This chapter will describe in detail how I designed and carried out the study. I will explain the involvement of people with lived experience of mental health problems in some elements of the study; I will describe the approach to data gathering and debate the issues around carrying out a longitudinal study, justifying the reasons for doing so. The chapter includes detailed information on sampling and introduces the reader to the participants. The procedure for carrying out the study is detailed, together with an account of the approach to data analysis. Finally attention is drawn to questions of rigour and audit; ethical considerations within the study conclude this chapter.

5.2 Involvement of people with lived experience of using services in the planning and design of the study; the user advisory panel

The meaningful involvement in research of people who use mental health services is crucial. Many authors have emphasised the importance of involving users of mental health services in all stages of the research, from planning and design, through to conducting the research, and writing-up and dissemination of findings (Beresford 2002; Faulkner, 2002; Borg, Karlsson and Kim, 2009). This involvement is also a requirement of research which is carried out within the National Health Service (NHS), and, where service users are not involved, researchers are required to account for this (National Institute of Health Research, 2010).

There are degrees to which individual mental health service users can, and wish, to be involved in research projects. Tew, Gell and Foster (2004) have explained five levels at which users can be involved. These range from very minimal participation to full

partnership, with user researchers forming an integral part of the research team. Partnership denotes full and equal involvement as researchers, such as would be the case in participatory approaches to research. Wadsworth (1998) described this approach to research as actively collaborative research for and by those who are to be helped by it; Wadsworth (1998) stresses that this type of research goes beyond user consultation, which is the level of involvement that I had chosen for my study. An early extract from my reflexive diary illustrates my position with regard to participatory approaches to research and helps to explain the way in which I chose to invite people who use services to take part in my study-

7.6.2007 I believe I need to know why I am not doing Participatory Action research though. Possibly because as a PhD student I need to own the research more completely than maybe I would feel I do in PAR. I am not great at delegating and like to keep control of my own projects. The purpose of doing a PhD is to become a fully professional researcher and I think at this stage I need to keep hold of the process. When I've got my PhD then I will have the confidence and experience to be more inclusive in research methods.

The reflexive extract above shows that the involvement of mental health service users in my study was limited to what Tew et al (2004) would describe as the second rung of the ladder, which describes users being involved in consultative roles. Thus, in terms of study design, data gathering and analysis, the main influence is my own. In addition to the reason alluded to in the diary extract, my justifications for so limiting user involvement in my project were twofold; the primary purpose of the project was to enable me to gain a PhD, therefore it followed that I should do most of the work; and IPA as a research method does not have a strong history of user involvement. Clearly the limited user involvement will have produced findings which have illuminated a different facet of the phenomenon being studied than would have been illuminated if users had been more closely involved, and perhaps the focus is narrower, but I would argue that it is none the less revealing for all that.

I was keen to include people who had used mental health services, or who were still doing so, as part of the research process for my study from the outset. During my years of clinical practice I had done some work with, and developed relationships with, a service user organisation whose core business was education and research with mental health professionals. One of my first actions in planning the study was to meet with representatives from this group to discuss ideas for the study. This group contributed to the planning, design and implementation of the study in a number of ways which will be described at the relevant points in this chapter.

As well as advising me about possible areas to explore in the study and thus helping to develop the research question, five people from this group formed a consultation panel, some of whom had an interest in and experience of research; all were previous or current users of mental health services. I met with the User Advisory Panel, as it became known, periodically throughout the course of the study. In the first instance it advised on the wording of the participant information sheet, letter of invitation to take part in the study, and the consent form. See Appendices B, C and D.

5.3 Data gathering – semi-structured interviews

Interviews are generally accepted as being the staple means of data gathering for many qualitative research methods and IPA is no exception (Flowers, 2008). Although other means of gathering data within IPA, such as focus group interviews, online discussions and written accounts such as diaries, have been used, the one-to-one depth interview remains the most commonly used form of data gathering within IPA (Smith, 2011).

In the title of their book on the topic, Kvale & Brinkman (2009) write the word *interview* as two words; *inter view*. This device serves to emphasise the co-constructed nature of the qualitative research interview. These authors describe the interview as a journey, where the interviewer and participant 'wander together' while constructing the interview and thus mutually construct the data that is collected. Their alternative, less favoured, metaphor presents the interviewer as a miner, where knowledge is to be uncovered like nuggets of precious metal buried deep inside the earth. Smith, Flowers and Larkin (2009) suggest that the interview is seen as a conversation with a purpose. Eatough (personal communication, 2009) suggests that the skill of the interviewer lies in helping the participant to 'dwell' in their experiences and to engage in 'real time reflection' on their experiences. For rich, textured data to be gathered, whether uncovered or co-constructed, it is important that the researcher is able to create an environment in which the participant will feel able to engage in the interview process, to dwell in his or her experiences and to reflect on them. The researcher also has to make sure that the participant is not unduly distressed by the interview experience and that the 'conversation' stays close to the 'purpose' while at the same time allowing the participant to tell their story. Face-to-face interviews are the usual way of gathering data in a phenomenological study as this generally agreed to be a method of data collection which enables participants to offer a rich and detailed first-person account of their experiences (Smith, Flowers and Larkin, 2009), and for this reason individual semi-structured, in-depth interviews were chosen as the method of data gathering for this study.

5.4 Planning the interview questions

The initial meeting with the user group was instrumental in planning the initial interview questions, including prompt questions. At this meeting there was a free flowing discussion about work and mental health, and suggestions were made for the kinds of topics I might like to explore. These included stigma (including self-stigma), the

problems of disclosing a mental health problem in the workplace, the perceived need to sometimes accept poor rates of pay or inferior working conditions in order to take a job. Support was seen as being vital, and there was discussion about the benefits of work. Volunteering as opposed to paid work was seen by some as a viable alternative.

An interview topic guide was developed following this meeting and in consultation with supervisors. The intention was to keep the questions very open to enable the participants to focus on what was important to them about work in the context of their mental health problems. This is consonant with an IPA approach to research (Smith and Osborn, 2008; Smith, Flowers and Larkin, 2009). Semi-structured, in-depth interviews were used at all three points of data gathering. The main questions used in the first interviews can be seen at Table 2. Prompt questions were used to follow up on the answers to the main questions. The full topic guide, with prompt questions can be found at Appendix E.

5.5 Pilot interview

A preliminary interview was conducted with one User Advisory Group member who volunteered to act as a pilot, helping me to refine my questions for the first wave of interviews. The main interview questions are presented below. The pilot interview also enabled me to practice my research interview skills and receive feedback and suggestions for improvement from the User Advisory Group member. An extract from my reflexive journal may help to show the subtle change in my approach by the end of this phase of the study –

3.10.07 End of first phase of user consultation - pieces of the jigsaw are falling into place. I've done a lot of visiting and listening to people at the sharp end of mental health and work this month, and it has been really useful. It all makes me even keener to get cracking on my data gathering. I am learning to listen and think and not be in a problem solving role but rather a finding out and understanding role.

Table 2 – main interview questions for first interviews

1. Can you tell me how long you have been going to/coming to [name of Day Centre]?
2. Can you tell me a bit about what about what you do there/here?
3. Can you please tell me about work you have done in the past or are doing now?
4. Can you please tell me about any experiences you have had of getting help with accessing work or employment?
5. What does/would having a job mean in your life?
6. Is there anything else you would like to tell me about?
7. Is there anything that didn't come up in this interview that you expected would come up?

5.6 Sampling

I wanted to explore the twin phenomena of being a person with a serious and enduring mental health problem, and envisioning the prospect of returning to work. People with severe and enduring mental health problems are likely to have been using mental health services for many years and thus may present a challenge to service providers who aim to help them to return to or start work. Consequently, I wanted to recruit to the study individuals from among a group of people who were currently using mental health services, and had been doing so for at least a year. This concurs with the main requirement in sampling for an IPA study that the participants be experts in the field being explored (Reid, Flowers and Larkin, 2005). The people in my study formed a homogeneous group by virtue of their attendance at the same mental health day centre, having been referred from secondary mental health services, and by all having worked in the past. However the nature of the difficulties they were living with varied from one individual to another. Some were living independently, some were living alone but receiving support, others were living with family members. Some of the participants had day- to- day issues that caused them distress, such as fears around contamination

or anxiety about going out alone; others had episodic periods of distress which required additional support.

Following liaison with the clinical lead for vocational services within the NHS Trust in which I was to carry out the research, I attended a staff meeting at a mental health day centre which had been identified as an appropriate place from which to recruit to the study. The day centre was considered a suitable venue for recruiting to the study because it was used predominately by people with severe and enduring mental health problems, the majority of whom had been attending the centre for many years. The purpose of this initial meeting was to outline my research proposal and to discuss recruitment. The ethical approval given by the Local Research Ethics Committee (LREC) had stipulated that I must recruit to the study via the staff at the day centre, in order to allow them a gate keeping role. This was considered necessary to ensure that only people who were well enough, took part in the study, and to allow the day centre staff to be responsible for risk assessment as the day centre members were not known to me.

Following this initial meeting it was agreed that I would attend a meeting of the day centre members to present my study, answer any questions and leave behind the recruitment packs for the staff to give to interested day centre members. This meeting took place a few weeks after the meeting with the staff of the day centre.

5.7 Inclusion and exclusion criteria

All members of the day centre (n=45) were considered by the staff to be eligible to take part in the study, and everyone was invited to take part and given a letter of invitation (Appendix B), a participant information sheet (Appendix C) and a consent form

(Appendix D). These were in envelopes which were distributed by a member of staff at the day centre. The only exclusion criteria were people for whom English was not their first language and those whom the day centre staff judged to be too unwell to take part in the study. The first exclusion criteria reflected the need for participants to be able to respond in detail to the interview questions, reflecting on their experiences in a way which is consonant with the gathering of rich description through semi-structured interviews in IPA. This necessitated clear communication skills in English as I did not have access to interpreters. The second exclusion criterion was stipulated by the Local Research Ethics Committee which was concerned for my safety as a lone researcher. In the event, no one who wanted to take part was excluded from the study on the grounds of either of the exclusion criteria.

It was made clear in the participant information sheet that taking part or not taking part in the study would not affect their treatment, and that they were free to withdraw from the study at any time, without this affecting their treatment. The interviews were clearly going to impact on participants' time; fortunately, a small grant enabled me to give each participant £10 for each interview as a goodwill gesture. This grant also enabled me to meet any expenses, such as travel or childcare, that participants incurred by being in the study

5.8 Participants

Ten people, three women and seven men, agreed to take part in the study; Table 3 shows the participants' details together with the number of interviews that each person participated in. The names given are pseudonyms assigned by me. As can be seen from the table, two people dropped out of the study after the first interview, and a further four dropped out after the second interview. No reasons for withdrawing from the study were given. Thus all 10 participants took part in the first interview; eight took part in the

second interview, and four in the third interview. This resulted in a total of 22 interviews, 21 of which comprised the data for the study. An initial interview was carried out with each of the 10 participants; a second interview was carried out six months later, with eight of the 10 participants; and a final interview was carried out a year after the second interview, with four of the participants.

It was anticipated that some of the participants might drop out of the study, given its longitudinal nature, and the potentially unpredictable nature of the mental health problems that the participants were living with. However, small sample sizes are entirely consistent with an IPA, which emphasises ‘the idiographic, inductive and interpretative’(Smith, 2004, p40). Small sample sizes facilitate prolonged engagement with the texts, immersion in the data, and depth and detail in the analysis. In recent years Smith (2007,2011) has advocated for smaller sample sizes, suggesting that even a single case study has a great deal to offer IPA.

Table 3 Study participants

Name	Age	Previous employment	Employment status at first interview	Length of time out of work at first interview	Future plans re work at time of first interview	Number of interviews
Chris	52	Office clerk	Voluntary work 2x ½ days per week	14 years	No plans to return to paid work	3
Ian	50	Teacher	Planning to start up own business	1 year	Continue to expand own business	3

Name	Age	Previous employment	Employment status at first interview	Length of time out of work at first interview	Future plans re work at time of first interview	Number of interviews
John	50	Domestic	Occasional user consultation work	10 years	Would like to enter paid employment	3
Stella	35	Sales assistant	Not working	1 year	Would like to go to drama school	3
Anne	48	Care worker	Voluntary work ½ day per week	10+	Would like to train as a nurse	2
Harry	47	Horticulturalist	Not working	10+	Would like to return to previous type of work	2
Mark	35	Plant nursery worker	Not working	10+	Would like to go to art college	2
Matt	57	Carpenter and joiner	Working one day per week	N/A	No plans to increase paid work	2
Charlotte	42	Office worker	Occasional user involvement work	10+	Would like to work part time	1
James	60	Retired chef	Voluntary work one day per week	Retired	No plans to return to work	1

5.9 The interviews

All 10 participants took part in the first wave of interviews. The main interview questions have been presented. The full topic guide is at Appendix E. At the point of recruitment to the study all 10 participants had agreed to take part in three interviews spaced over 18 months. At the end of the first interview I reminded each participant that I would be in touch with them again in six months time to arrange a second interview. Eight of the participants responded to a letter requesting a second interview. I made arrangements with each of them individually to meet up again at the day centre at a time of their choosing to carry out a second interview.

For the second wave of interviews a topic guide was developed to include an open question which was asked of all participants, and a follow-up question which was tailored to each individual and reflected an aspect of their first interview. Thus the first question for the second interview was 'How have things been in your world with regards work since we last met?'

This was followed by personalised prompt questions which were designed both to enable me to probe deeper about the phenomenon under investigation, as well as recognise that I retained information from my previous meeting with each participant, thus demonstrating the importance of that to me. An extended extract from my reflexive diary that relates to this stage of the study is given at the start of Chapter Seven, which reports the findings from this wave of the study. It has been positioned there to highlight the effect of my reflexive activity on that stage of the data gathering

Planning the questions for the third and final wave of interviews required careful consideration. As with the second wave of interviews I wanted to create an openness

that would give the participants freedom to talk about what was important to them in relation to work and their mental health problems, but also to be able to reflect on any other issues of importance to them. Carefully balanced with this open attitude was an opportunity to follow up on themes from the previous wave of interviews. In order to do this I developed 10 'theme' cards from an early stage of the analysis of the interviews from wave two with the intention of using them at an appropriate point in the third interviews to encourage the participants to reflect more deeply on any themes that resonated with them. The theme cards represented the 'making sense' phase of the analysis (Larkin, Watts and Clifton, 2006). These authors describe this phase of the analysis as providing an account in which the participants would probably recognise themselves i.e. the degree of interpretation has not been fully developed. As such the theme cards offered the dual purpose of feeding back some very early findings to the participants on which they had an opportunity to comment.

The theme cards were piloted with a number of groups of people, both with and without mental health problems. They were used as part of a presentation to a group of qualitative researchers, some of whom had experience of using IPA; another group of researchers who were all familiar with IPA used them for discussion in small groups; and a group of postgraduate students on a vocational rehabilitation module of a Master's programme reviewed the cards as a group. These groups of researchers felt that the cards were a useful strategy to probe further into some of the themes but that additional explanation to participants might be necessary to allow them to make sense of some of my interpretations.

No changes were made to the cards following piloting, although I was aware of the need for careful explanation of their intended meaning and the need to try and do this in as straightforward a way as possible to avoid influencing participants' responses.

At the end of the second interview, I checked with each participant that they were still happy for me to make contact with them for a final interview a year later. All eight agreed, although in the event I was able to arrange interviews with only four of the participants, the other four did not respond to my attempts to contact them. For Phase 3 an open question was put to each participant – ‘How have things been in your world as regards work since we met a year ago?’ - and then the theme cards, introduced previously, were used to explore issues that resonated with each participant in greater depth.

5.10 Longitudinal design of the study

A number of authors have debated the use of longitudinal approaches to qualitative research methods. Coyle (2007) has suggested that such approaches are a developing area and that they are ideal as a way to study unfolding processes or to chart change over a period of time. Some topics that have clearly lent themselves to being studied over time include transition to motherhood (Smith, 1999) and women’s experience of brain injury (Howes, Benton & Edwards, 2005). Repeated interviews with the participants in these studies facilitated a deep exploration of a temporal process (as in pregnancy), and the exploration of recovery of physical and psychological function over time, as in acquired brain injury. Both of these studies used IPA as the research method, although single interviews are generally considered to be the standard approach to data gathering within IPA currently (Coyle, 2007).

Flowers (2008) has provided a useful discussion of the advantages and disadvantages of carrying out multiple interviews with the same participants. Advantages include the opportunity to study experiences which will alter over time, such as those referred to above (pregnancy, recovery from acquired brain injury). Other advantages include the opportunity to follow up on unexplored issues raised by the participants, and to

establish a greater rapport with participants. Langdrige (2007) also advocates this approach, suggesting that transcription and analysis of the first interviews can act as a springboard for the follow-up interviews. Flowers (2008), however, warns that this can impact on the inductive nature of the interview, rendering it more researcher focused as opposed to encouraging the participant to tell their own story.

Furthermore, repeat interviews may be treated in two different ways when carrying out analysis and writing up findings (Flowers, 2008). They may be analysed and written up as one set of data, or they may be analysed and written up as separate events in order to show changes and developments over the period of the study. Flowers (2008), cautions that the latter option can render the final writing up of a study quite complex, as it can be challenging to show clearly the temporal element within the study. However, he offers some pointers to make this task more straightforward including the need for the researcher to maintain contemporaneous research notes to help with elucidation of the impact of temporal issues on the project, and clear presentation of data so that the reader can tell from which interview it derived.

As well as the complexity involved in writing up the findings from a study with multiple interviews, there are other difficulties associated with this approach. A single interview clearly requires less of a commitment to the research on the part of the participants; participants in the Smith (1999) study were required to meet with the researcher on four occasions as well as to keep a diary between interviews. Flowers (2008) strongly advises researchers to give careful thought to the planning of multiple interviews as it will clearly involve the participants, as well as the researcher, in a greater time commitment. Neale (2011) refers to sample maintenance in longitudinal research and the importance of investing in and maintaining relationships with the participants over time; by carrying out interviews over 18 months, I became a familiar face at the day centre as the interviews were not all done on one day. Thus I would frequently have

occasion to greet the participants, on an informal basis. Despite the challenges, if the time available for a study can accommodate multiple interviews, and the research question requires at least one follow-up interview, the advantages would seem to outweigh the disadvantages.

As my study aimed to explore the meaning and experience of work in the context of severe and enduring mental health problems, a longitudinal approach was part of the study design from the outset, as recommended by Flowers (2008). Three interviews spaced at intervals over 18 months (initial, six months and one year) were decided as a means to explore the processes involved in trying to access work for the participants in the study. I anticipated that a return to work might take time for people who had not worked for many years, and I was also mindful of the episodic nature of some mental health conditions, as well as the developing nature of return to work programmes for people living with these types of problems. Therefore, an approach which allowed me to meet with the participants over an extended period of time was desirable as this would facilitate exploration of the intricacies of their lives as they unfolded over the duration of the study, as they changed, or did not change, as they moved towards work, or not.

5.11 Procedure

Although longitudinal research has some disadvantages, including participant attrition, a retrospective view of the phenomena, time, and expense, it is an area which is evolving within the qualitative paradigm (Coyle, 2007). Flowers (2008), contends that within some research projects multiple points of data collection are core to the research question as is the case in the current study. I wanted to explore the processes that people engaged in when thinking about returning to or starting work in the context of a severe and enduring mental health problem, and to see how the participants managed their work plans over time. Therefore, it was necessary to interview the participants at

more than one point in time. In part, this reflects the long-term nature of the mental health problems suffered by participants and the length of time many had been using services, which for the majority of the participants was most of their adult lives. The need for a longitudinal approach also reflects the evolving nature of vocational rehabilitation services for people with mental health problems in accordance with relatively recent and developing social policy as discussed earlier.

I had met most of the participants prior to the first interviews taking place, when I had attended a day centre meeting to present my research proposal. At the beginning of the interview I would see if the person to be interviewed wanted to make a cup of coffee and we would make our way to an office which was seldom used and had been allocated to me for the purpose of the interviews. The office was situated at the end of the building and felt quiet and private. If the participant had not come with their consent form already signed, I would ask them to read a spare one that I brought with me and, if happy with what it said, to sign it. Each participant was thanked at the beginning of the interview and given an honorarium of £10 in cash – a small token of appreciation of their time.

Interviews lasted between 30 minutes and an hour, and were digitally recorded. After the interview the recorder was switched off and a short debrief took place in which I would check that the participant felt alright about the process. Most said they felt fine and I would take a few minutes just to enquire about what they were doing for the rest of the day – a way of normalising the interaction between us as well as giving me an opportunity to see how I felt they were following the interview. I also used this time to check that each person was happy for me to contact them again in six months to arrange for the second interview. On two occasions I was concerned about the mental state of participants following interview and, as planned and indicated in the section on

managing distress, made sure that the staff were aware of my concerns and able to give any follow-up support as appropriate.

5.12 Data analysis

The type of analysis used in an IPA is sometimes known as layered analysis. Dean, Smith and Payne (2006) liken this approach to analysis to peeling away the layers of an onion. In my study the analysis began at an early stage. I transcribed the first set of 10 interviews myself. This gave me an opportunity to become familiar with the participants accounts and to become immersed in them. The transcripts were presented in landscape format on the page with wide left- and right-hand margins, and short central lines of text which were numbered chronologically from 1 onwards. Pages were also numbered. As soon as possible after each interview I transcribed the recording into a specially designed word-processed form, which numbered each line of text. (See Appendix F for an example). At this stage all identifying features of the participants were removed in order to preserve anonymity and protect confidentiality. The transcripts were then analysed following the five-stage procedure detailed by Smith and Osborn (2008). Smith and Osborn (2008) allow that this is not a prescriptive methodology and that it can be adapted by researchers to their own personal way of working. I have outlined the way in which I proceeded with the analysis of the 10 interviews, in a case-by-case, idiographic manner, below.

5.12.1 Stage one – a close reading of the interview transcript took place. I augmented this process by listening again to the interview recording as I read the transcript through initially. I used the left-hand margin of the transcript to note what seemed interesting or significant about what the participant was saying. As suggested by Smith and Osborn (2008), I was particularly looking for contradictions, echoes and amplifications, similarities and differences, use of language, and pieces of text which gave a sense of

the person. I was also using the left-hand margin to summarise or paraphrase, note associations and connections, and make some preliminary, tentative interpretations. In addition to these activities I was attempting to adopt and maintain a phenomenological attitude as recommended by Giorgi (1985) and Giorgi and Giorgi (2003) in adopting my own disciplinary attitude – that of occupational therapist – and by remaining sensitive to the phenomena being explored – having a mental health problem and the prospect of returning to work.

5.12.2 Stage two – once I had gone through a transcript in its entirety as described above, I would then return to the beginning and use the right-hand margin to document emerging theme titles. Again, I attempted to retain my phenomenological attitude and my own disciplinary attitude, while being careful not to omit any passages of text which seemed significant, but which were not obviously connected to the phenomena being explored. Smith and Osborn (2008) remind researchers that at this stage all text is treated as data and no attempt should be made to omit or select certain passages, while at the same time, the researcher does not need to generate themes from every section of text.

5.12.3 Stage three – in this stage I clustered themes together. In order to do this I wrote each theme onto a small slip of paper. The number of initial themes (right-hand column themes) I identified varied with each interview. The greatest number was 61 (Anne) and the smallest number was 18 (John). (See Appendices G and H.)

Then, one interview at a time, with all the small slips of paper spread out on a table, I could cluster together those that were similar, push to the top those that seemed more significant, literally making them higher level themes. So, for example, all the initial themes from the interview with Anne that pertained to her desire to work and the

positive feelings it gave her were clustered under a theme that I labelled 'Anne the worker/wanted self'. Those that were connected with her mental health problems and feeling badly about herself, I clustered together and called 'Anne the person with a mental health problem/unwanted self'. Appendix J shows how I clustered the initial themes from the first interview with Anne, and the sub ordinate themes I developed from them.

As the theme clusters emerged, I would check back to the transcripts to make sure that the narrative from the participant was accurately reflected in the themes I was developing. Smith and Osborn (2008) suggest at this stage it may be useful to compile a directory of passages of text which illustrate the identified themes. Using the cut and paste function of Microsoft Word, I did this for each participant and found it a useful means to check consonance between the participants own words and my clusters of themes and their titles (see Appendix K for an example).

5.12.4 Stage four - at this stage I devised a 'master' table of themes for each participant, again as recommended by Smith and Osborn (2008). (See Appendix L for an example.) To do this I named each cluster of themes, often with a phrase from the individual participant, or with a phrase which had meaning to me and would, therefore, help me to recall the meaning of the theme and the interpretation I had put on it. I then transposed each cluster of themes with its super-ordinate theme title, and sub-ordinate themes written alongside, into a table, together with 'identifiers' (passages of text from the transcript which illustrated each sub-ordinate theme), interview, page and line numbers, and a brief summary of what the theme represented.

5.12.5 Stage five – following completion of the analysis of all 10 interviews as described in stages 1-4, I then devised a master table of themes for the whole group of 10

interviews. I did this by reading through all 10 of the individual tables of themes, noting all of the super-ordinate themes. At times, I subsumed a super ordinate theme from one table into a similar heading from another either because it better represented the participants' concerns, or because the two were very similar. In doing this I created a list of 14 themes for the group of 10 interviews. (See appendix M.) Three of these were able to be collapsed into one theme entitled 'Work as Part of the Future', and 'Negative Experiences of Working' was subsumed into 'Barriers to Work' leaving a total of 11 themes in a table of master' themes for the group of 10 interviews. As well as listing the 11 themes, this table shows page and line numbers that relate to the place in the interviews where these themes are represented in individual narratives. Not every theme is represented in every narrative. The table shows where individual narratives are represented within particular themes. (See Table at Appendix N.)

The table of themes was further refined when writing up the narrative account. In order to make sure that the themes were sufficiently prevalent in the accounts and that the themes were representative of the participants' views, some themes were collapsed to give an overall table of five themes. This table can be seen at the beginning of the next chapter which reports the findings from the first wave of interviews. Smith (2011) suggested that for a sample of participants of more than eight, extracts from at least three participants plus an indication of prevalence for each theme is acceptable, or that at least half of the participants should be represented in each of them if prevalence is not commented on.

Larkin, Watts and Clifton (2006) have described the analysis in IPA as layered and two-pronged. The first prong is quite descriptive – how the individual understands the phenomenon being investigated. As the analyst, I was aiming to create a coherent third person psychologically (and I would argue occupationally) informed description which tried to get as close as possible to the participants' view. The second prong is more

analytical and explores the sense that I, as analyst, was able to make of the participants' sense-making in relation to the phenomena. Thus I proceeded by doing a thorough first order analysis in which I summarised the participants' concerns and then went on to develop a more overtly interpretative analysis which positions the initial description in relation to a wider social, cultural, theoretical and occupational context.

5.13 Analysis of the second wave of interviews

For the analysis of the second wave of interviews I proceeded in the same way as described for the first wave. I analysed each of the participants' interview transcripts individually using the steps already described. As before, the final step was the creation of a theme table for each individual. Then I created a table of themes across the group of participants. I created this by noting down all the super-ordinate themes for each participant, subsuming ones that were similar into an Overarching Theme (e.g. 'the meaning and importance of occupation' became 'the meaning and importance of occupations including work', and 'relatedness' and 'the importance of other people' were collapsed. In doing this, I was able to create a list of 15 master themes. Two pairs of these were then collapsed to create just two and one theme, 'belonging', was dropped, but the label 'belonging' attached to other themes which seemed to be about belonging (see Table at Appendix P). Thus I ended up with the 12 themes in the Table.

Cards bearing the theme title with super-ordinate themes beneath were created. During the creation of the cards I subsumed two more themes into existing ones. 'Occupational identity' was subsumed into 'constructing a new occupational identity' because they seemed very similar. 'Negative experiences of work' was subsumed into 'barriers to work' as it had become apparent during the analysis that negative work experiences in themselves constituted a barrier to considering a return to work. These were then used to facilitate conversation in the third interviews. The interview began with the opening

questions – ‘How have things been in your world since we met last time?’ ‘What about work?’ As in previous interviews I wanted to keep the questions very open and allow the participants to talk about the things that were important to them. After about half an hour, I presented the theme cards in groups of three or four, and asked each participant to comment on as many of them as they wished, and to identify the one which resonated with them most strongly. In this way I attempted to facilitate deeper exploration of the themes and the participants’ interpretation of my interpretations. Van Niekerk (2009) used a similar approach in her study on work as a source of well-being for people with mental health problems. She took themes from the first interviews into subsequent interviews with her participants; not just those that emerged from the participants own interview, but those from other interviews as well. In this way the participants contributed to the ongoing analysis, as well as receiving some early feedback about the findings from the study.

The theme cards, used in this way, were not intended as a member validation exercise. Such approaches are not consonant with the interpretative nature of IPA; owing to the interpretative element of the analysis, it would be unrealistic to expect participants to necessarily recognise the interpretations that had been put on to their data.

5.14 Analysis of third wave of interviews

This was carried out in same way as for interviews 1 and 2. The participants’ responses to the theme cards were not analysed separately but I noted in the write-up where responses were elicited in response to the cards.

5.15 Developing overarching themes

A final stage of analysis of all three waves of interviews together created three 'overarching' themes. These are: 'Work and other ways of belonging', 'Building and maintaining an occupational identity'; 'Work values, personal values: the need for accord'. In this way the component parts of the study, the three waves of interviews, were considered as a whole. I wanted to do this to ensure that the accounts from all 10 of the participants were represented in the final findings chapter as this constitutes the main contribution of the study to the extant literature and provides the framework around which I have articulated the discussion.

The overarching themes were created by taking all of the super-ordinate themes from each of the three waves of interviews and clustering them in the same way that initial themes are clustered for an individual transcript, or sub-ordinate themes from a group of individuals are clustered to create a set of master themes across a group of participants. In doing this, I created the three overarching themes around which the discussion is framed. More detail on the content of the themes and reasons for clustering them as I have done will be given at the beginning of the final chapter, Chapter Nine, Discussion of Findings, and Conclusions.

5.16 Rigour

There are many ways of ensuring rigour in a research project. (Ballinger, 2004; Yardley, 2008) describe reflexivity, transparency and utility. I have presented Ballinger's views on epistemology in a previous chapter, where I declared my own position. Ballinger (2004) argues that it is important for the epistemological position of the research question and the study design, and the means by which rigour is ensured, to be in harmony with one another. Thus, having rejected a positivist or realist approach to the study, I am also able to jettison the concepts of reliability and validity, at least as understood from a

positivist position. Viewed from such as position, reliability refers to the ability of a measurement to yield the same outcome on different occasions (Willig, 2008), and is largely irrelevant within qualitative research in general, and in my study in particular. The participants' responses were to my questions at the time and in the context in which I asked them; another time, another interviewer would have probably received different accounts. The longitudinal design of my study gave me an insight into this aspect of research as I became aware of participants' willingness to share more detailed understanding of their experiences; the simple fact of having developed a rapport over repeat interviews affected the experience of the interviews.

The concept of validity however, raises slightly different issues for qualitative researchers. Validity is defined by Willig (2008) as 'the extent to which our research describes, measures or explains what it aims to describe, measure or explain' (Willig, 2008,p16). Clearly it is important for research projects to do what they set out to do. Apart from the resources involved, there may be ethical implications of not carrying out a research project that has been proposed and approved and on the basis of which, participants have been recruited.

A rigorous approach to my study has been facilitated in a number of ways although, of course, there are no perfect studies, and there is a critique of mine at the end of the final chapter. However, I have endeavoured to be rigorous by putting the following processes in place. These are set out below. Some have been addressed in detail in this chapter already so will be briefly reprised; others will be described in greater detail.

- A reflexive approach to the study, as detailed in Chapter One;
- A homogenous sample of participants as recommended by Smith and Osborn (2008), and described under 'sampling';

- The longitudinal design of the study (Flowers, 2008), affording the opportunity to follow up on previous issues and ‘hunches’ developed from early analysis, as well as the opportunity to establish a rapport with the participants;
- Open-ended interview questions (Kvale and Brinkman, 2009), facilitating depth of enquiry and helping the participants to engage in ‘real time reflection’ (Eatough, 2009, personal communication);
- Regular research supervision, which was used in a number of ways including the corroboration of some elements of the analysis;
- An iterative approach to the data analysis, detailed below;
- An audit trail of the research process;
- The involvement of people who use mental health services in some aspects of the design and implementation of the study.

5.16.1 Checking the analysis

As part of the iterative process required when analysing data in this way, I decided, following discussion in supervision, to return to each wave of data analysis at the level of super-ordinate themes to a) check that they reflected the sub-ordinate themes below them in an appropriate way, b) that they are all captured in the master themes across the group of participants, and c) to see if they are reflected in the overarching themes that I created for the whole study. This process allowed me to identify any themes at lower levels which are not adequately represented, as well as seeing if any new themes emerged or developed across the three interviews. In this way I was able to ensure that the three waves or parts of the study were represented in the whole.

The way in which I did this in the first wave of interviews is described below.

1. First, I revisited the table of themes for each participant, checking that the super ordinate theme title properly reflected the sub-themes below, and making sure that I had given them phenomenologically illustrative titles.
2. Then I made a table of super-ordinate themes across the group (see Appendix R) and checked that they were all represented in the table of themes for the group (see table of themes at the beginning of Chapter 9). I found that 'meaning and purpose of occupation' had become lost from the themes for the group. It is at super ordinate level in the accounts of James, John, Harry and Matt. So the table of themes needed to be adjusted to show this. Interestingly, 'meaning' and 'importance of occupation' is in the overarching themes, so had not been lost altogether from the study.
3. Finally, I put the 45 super-ordinate themes, the total number of super-ordinate themes from the group, onto individual pieces of paper, and working as in clustering themes, grouped them under the titles of the overarching themes. Appendix S shows how each participant is represented in each theme, in each wave of the study.

5.16.2 Involvement of people with lived experience

The involvement of the User Advisory Panel was another way in which I attempted to ensure a methodologically rigorous approach to my study. A meeting to share findings with the original service user organisation, which included two members of the Advisory Panel, took place towards the end of the writing-up phase of the study. An informal approach to this feedback seemed appropriate and it was agreed with the co-ordinator that a PowerPoint presentation was not required. Instead, I prepared a single sheet of A4 which presented the overarching themes, supported by the super-ordinate themes from which they derived, and illustrated by extracts from the interviews.

The main points of feedback from the user group were;

- The need to further emphasise the negative effects of work;
- The need for a greater range of options for voluntary work aside from 'charity shops';
- That other ways of contributing to society be valued alongside paid work;
- The importance of matching the person with the job was highlighted;
- Getting back into work takes time and this should be acknowledged.

These comments could be considered in the light of the findings from my study and the extent to which they are reflected in my findings. Furthermore, some or all of these ideas could be the focus for future research. The relationship with this group will be ongoing, and they have requested a more detailed report, together with a copy of the finished thesis.

5.16.3 Audit trail

Steward (2006) suggested that an audit trail for research can be based around a number of key questions. I have kept an ongoing audit trail for my study in response to these questions, which is set out below. The first question concerns the choice of topic, and asks the researcher to consider his/her decisions around the choice of topic, the time and the place of the study, the approach to the study, and the anticipated findings.

The personal reasons for my choice of topic were documented in Chapter One as part of the positioning of myself as the researcher. In terms of the need for the study, it was in an emerging area of practice, which was not currently being explored within the Division of Occupational Therapy at Brunel, and which was likely to have an impact on the role of occupational therapists working in mental health services. I could see that such a study

would enable me to explore an aspect of lived experience of mental health problems, which was consonant with my research interests.

The approach to the research that I adopted was an idiographic, 'bottom-up' approach to understanding the individual which I anticipated would allow the voices of mental health services users to be heard. The approach (IPA) seemed structured, yet creative, appealing to my 'doing' nature (Dean, Smith and Payne, 2006). I learnt a lot at the first IPA conference I attended (2007) about the idiographic (individual) nature of the data collection and analysis. I was very drawn to the ordered, yet creative approach that it offered. Furthermore, it is an approach which is epistemologically suited to exploring aspects of occupational engagement as I explained in Chapter Four, Methodology. The longitudinal design reflected my anticipation of the pace of recovery for many people, and it seemed original in terms of an IPA study. From a pragmatic perspective, the part-time nature of my PhD facilitated a longitudinal approach.

In terms of anticipated findings, I imagined that that many people would be very stressed by proposed changes to employment rehabilitation and to the welfare benefits system. I also anticipated that the prospect of having to find work might cause distress and possibly lead to increased hospital admission, but that many people would welcome the opportunities that were available to them. I expected to find occupational therapists and vocational workers forming some collaborative relationships with service users, and that there might be criticisms and negative views as well.

Steward (2006) also advocates being cognisant of support systems and resources. I chose my supervisors for their experience, one having worked as an occupational therapist, the other with extensive qualitative methodological expertise, and both with an excellent track record of supervising PhD students. The user group provided

invaluable support and was developed from existing relationships. I was concerned in the early stages of the study about a lack of financial resources with which to reward the research participants and pay the user group; fortunately three small grant applications were successful and enabled me to pay for people's time and expenses.

Locating and understanding existing knowledge forms part of Steward's (2006) approach to audit. Extensive and continued searching of the literature, as described in Chapters Two and Three contributed to my knowledge and understanding. I also benefited from speaking with experts in the fields of supported employment and phenomenological research, and from hearing presentations from such experts.

Framing the research question is a key part of audit, according to Steward (2006). Silverman (1993, p3) advocated learning 'a lot about a little'. Although I began my study with the intention of exploring the experiences of people who had received vocational rehabilitation interventions, it quickly became clear that what I really needed to explore was the meaning and experience of work for people with severe and enduring mental health problems. An extract from my reflexive diary shows how and why this became apparent-

8.12.09 My research question started off being about the journey into work - people's experiences of vocational rehabilitation received via IPS or similar. Along the way I have been conscious that the question morphed into the meaning & experience of work for people with severe & enduring mental health problems. Now I am thinking that this change in emphasis (to meaning) may have arisen as part of the analysis. That it became clear to me that the meanings attached to work were what people wished to explore. Will need to keep this in mind when returning to the analysis & write up.

This moment of clarity emerged following a discussion on the IPA discussion board about the possibility of the research questions framing the eventual findings as the analytic process could become skewed towards the interview questions.

5.17 Ethical considerations

It is always possible that in any situation where research is seeking to understand individual perceptions and experiences that people may bring up issues exploration of which they may find upsetting. I anticipated from the discussion with the user group that participants may have had experiences of being stigmatised at work because of their mental health problems, or lost work because of this or had other distressing experiences. All of the people at the day centre had a care coordinator who was aware that they were taking part in the study, and the day centre staff knew all of the members well. I had arranged that a member of staff was always around when the interviews were taking place and could be available to debrief the participant if necessary. Also as a mental health worker with more than 20 years of experience I felt able to manage distress in the first instance before helping a participant to contact their care co-coordinator or other source of support should this become necessary. If any participant had wished to have someone present this could have been arranged but no one requested this. After each interview I spent some time with the participant informally, giving them an opportunity to 'wind down'. Informed signed consent was obtained from each participant prior to commencing the first interview. Consent was then checked verbally at the start of subsequent interviews.

The study was approved both by Brunel University Research Ethics Committee, and by the local NHS research ethics committee (LREC).

5.18 Chapter summary

This chapter has set out in detail the way in which I designed and carried out the study, including detailed attention to data analysis and the iterative processes undertaken. There is extensive use of appendices to illustrate many of the steps in the data analysis, together with raw data from one participant, Stella, included to provide an auditable example of my data analysis. See Appendix T.

The next three chapters will report the findings from the three waves of interviews and subsequent analysis.

Chapter Six – findings from the first wave of interviews

6.1 Introduction

This chapter will present the themes that emerged from the analysis of the first wave of interviews. It can be read as a 'stand-alone' account of the work-related experiences and concerns of the 10 participants, and the shared and divergent themes across the accounts. It can also be seen as setting the scene for the second and third chapters of findings; issues that were identified by the participants and which are reported in this chapter are developed in subsequent interviews, and through my data analysis, to form the findings presented in Chapters Seven and Eight.

The research question was formulated to facilitate exploration of the meaning and experience of work for people with severe and enduring mental health problems. The themes that emerged from the analysis represent key aspects of the participants' accounts of the role work had played in their lives, and their future plans with regard to work. Six themes were identified using the analytic process described in the previous chapter. The themes are shown in Table 5, p136. Each theme will be presented in turn, along with extracts from the participants' interviews which illustrate it.

The themes are not presented in order of importance or prevalence, but in an order that, I feel, reflects their significance in telling the stories of this group of people. This is to enable the reader to become familiar with each of the research participants, and to engage with their stories. A table containing some basic demographic information about each of the participants is also included as an aid to this reader engagement. The participants' names (pseudonyms) are listed in the order in which I met with them for the first interview.

Table 4 Study participants

Name	Age	Previous employment	Employment status at first interview	Length of time out of work at first interview	Future plans re work at time of first interview
Anne	48	Care worker	Voluntary work ½ day per week	10 + years	Would like to do nursing training
Chris	52	Office Clerk	Voluntary work 2x ½ days per week	14 years	No plans to return to paid work
Harry	47	Horticulturalist	Not working	10 + years	Would like to return to previous type of work
Mark	35	Plant nursery worker	Not working	10+ years	Would like to go to art school
Matt	57	Carpenter	Working one day per week	10+ years since full-time employed	No plans to increase paid work
John	50	Domestic	Occasional user consultation work	10+ years	Would like to enter paid employment
James	60	Chef	Voluntary work 1 day per week	Retired	No plans to return to paid work.
Charlotte	42	Office worker	Occasional user involvement work	10+ years	Would like to work part time

Ian	50	Teacher	Planning to start up own business	1 year	Continue to expand own business
Stella	35	Sales assistant	Not working	1 year	Would like to go to drama school

The first theme is entitled **Work: benefits, beliefs and values**. This theme sets the context for the participants' accounts of their working lives so far, and their imagined working futures. The first theme illustrates the participants' current positions in relation to work and how they felt about it.

The second theme is entitled **Barriers to work** and is concerned with the multiple barriers to accessing work faced by the participants. These barriers are seen as being either intrinsic or extrinsic to the individual. Stigma, as a complex phenomenon which can be intrinsic and extrinsic, is presented separately in the Barriers to work theme.

The third theme is **The importance of other people** and captures the significance of human relationships in the lives of the participants and highlights relational aspects of work and the role that other people play or have played in the participants' lives.

The fourth theme is entitled **Negative experiences of work** which shows the many difficult experiences in the group in relation to work. In many ways this theme is the converse of the first theme – Benefits, Beliefs and Values. However, as the negative experiences are based on past reflections on experience, as opposed to imagined or wished-for future working experiences, I felt it important to present negative experiences as a separate theme. In some cases, as will be seen, participants attributed

their mental health problems directly to their negative experiences of work; this is a significant attribution and requires consideration.

The fifth theme is entitled **The meaning and importance of occupation for health and well-being** and it illustrates the role that engagement in a wide variety of occupations played in the lives and mental health of the participants.

The final theme is entitled **Work as part of the future** and is concerned with the imagined and wished-for futures that participants wanted to create for themselves. The final theme conveys the hopes and aspirations of the group as they described their future working selves.

In presenting the themes from the first wave of interviews I have purposely retained an idiographic focus and have included only a limited amount of interpretation. This is consonant with 'giving voice' to the participants as described by Larkin, Watts and Clifton (2006, p 102), explained in the previous chapter. This approach should allow the reader to become familiar with the participants' individual accounts. A greater emphasis on interpretation ('making sense' – Larkin, Watts and Clifton, 2006) will be seen in subsequent chapters presenting Findings, and in the Discussion, where I will be 'making sense' of the accounts by taking a more interpretative stance and drawing together themes from all three interviews.

Table 5 presents the themes from the first interviews. The super-ordinate themes are presented in the right hand column to show how they emerged from the sub-ordinate themes on the left. This reflects the way in which I worked with the original transcripts, as described in the previous chapter.

6.2 Themes arising from the first interviews

Table 5

<u>Themes from first interviews</u>	
<u>Sub-ordinate themes</u>	<u>Super-ordinate themes</u>
Self-confidence & self-esteem	1. Work: benefits, beliefs & values
A valued role in society	
Financial incentive for working	
Extrinsic barriers e.g. availability of suitable jobs	2. Barriers to work
Stigma	
Intrinsic barriers e.g. anxiety about working	
Relatedness – mental health workers, family & friends, co workers	3. The importance of other people
Support in accessing work	
Work as pressure or stress	4. Negative experiences of working
Perceived causal relationship between work and mental health problems	
The occupational nature of the self	5. The meaning and importance of occupation for health and well-being
Ways of coping	
Occupation & well-being	
Hopes of having a different life	6. Work as part of the future
Being normal	
Work & identity	

6.3 Work: benefits, beliefs and values

This theme captures the benefits of working as perceived by the participants. For those who were not working at the time of the first interviews (the majority), these benefits were either recalled from previous experiences of working, or imagined as future possibilities. Most of the participants were able to reflect upon and describe benefits of working in paid employment in the past. Chris, who was currently working in a voluntary capacity, was able to reflect on the differences he saw between having paid employment and having the autonomy he felt came with voluntary work. In the accounts of Ian and Charlotte, perhaps due having had recent negative work experiences, the benefits of working did not feature with any prominence. However, the other seven participants, despite negative experiences of being employed in the past, presented themselves as certain of the benefits of working. These benefits are illustrated by three sub-ordinate themes: 'Self-confidence and self-esteem', 'A valued role in society', and 'Financial incentives for working'.

The three sub-ordinate themes will be presented, with extracts from the interviews to illustrate them. Extracts from my reflexive diary have been included where they relate to the findings. As indicated earlier in the thesis, I have paid serious attention to issues of reflexivity and wished to include these extracts as a way for the reader to more fully understand the co-constructed nature of the findings, and to be able to see more clearly the influences of my position on my analytic work.

6.3.1 Self-confidence & self-esteem – ‘it was a good job. It gave me confidence and self-esteem’

Many of the participants spoke about work as a way of increasing their self esteem. The following extract from the interview with Harry acknowledged that, although getting back to work might be a gamble, he stood to gain in the long run -

I might win some more self-esteem I suppose and uh...I could be happy I suppose as well if I find the right job ...but it's the self-esteem really that's the main thing I think. If I did well then you know then self-esteem and your confidence would boost right up (Harry)

It seemed that for Harry, having ‘the right job’ would be crucial, and if that were possible, it could only be good for how he felt about himself. He described getting the anticipated increase in self-esteem as something of a prize. Conversely, if he could win the self-esteem prize by being in the right job, presumably being in the wrong job could lead to a loss in self-esteem and self-confidence. His emphasis on self-esteem, repeated three times in this short extract, highlighted the significance of this for Harry.

Matt described his very first job, obtained at the age of 15 after leaving school, with some pride in his abilities as an apprentice joiner –

I was the first apprentice there to do setting out work [technical engineering task associated with joinery] – not actually making the stuff but planning it on paper and rods [detailed drawings for the purpose of constructing joinery items]... staircases and things – anything that's gotta be made – in the machine shop and that – it has to be set out on a rod (Matt)

Although it was 35 years ago, Matt seemed to smile with pride at the memory of his 15-year-old working self. Perhaps for him this had been the *'right job'*. The work had required considerable skill and, as an apprentice, he would have had someone to teach him and help him develop his skills which may have been very satisfying to a young man in his first paid job. This first job also predated the mental ill health that came to dog him in his later working life.

Stella described a previous job as a volunteer and later a paid worker in a drug and alcohol service, where she had felt highly valued by her colleagues, as *'the perfect job'*. However, Stella also described her first amateur acting role as a time when she had felt really good about herself. Discovering her love of performing on stage had been a defining moment for her although she was struggling to accept it as *'a proper job'*. Stella identified similarities in terms of feeling valued and getting on with people at work, and standing on stage and having people looking at her, being interested in and approving of her –

You know I obviously needed to go to work and feel valued and feel I was getting on with people and that's not dissimilar to standing there[on stage](Stella)

The participants were able to reflect on and articulate work experiences where they had felt good about themselves when working, and this enabled them to imagine a future where working would continue to give them this positive sense of self, as will be further explored in final super-ordinate theme of this chapter, 'Work as part of the future'.

However, some extracts from the interview with Chris provided an alternative account of work as he described work that had a seriously detrimental effect on his sense of self and his well-being. A large proportion of the interview was taken up with his description of how difficult he had found his (previous, paid) job and how he felt sure it had led to his eventual break down -

Maybe I could be employed but the baggage that comes with employment and working relationships and relationships with managers and stuff are the things that really put me off [Chris was stammering as he said this]. I mean people say it's tough at the top but I think it's tough at the bottom because you don't have the compensation of the salary do you and yet you still have everybody on your back? (Chris)

The way that Chris experienced his voluntary work provided a sharp contrast to these feelings of lacking control and autonomy, and the almost suffocating sense of having people 'on his back' -

There's never anybody checking up on me. I can change my days round if I want to. I can go on holiday and do it [shop accounts] the week after, or one of the shop managers will do it while I'm away... there's no pressure with it and I'm not working for people who sort of don't want me there... (Chris)

In this way he felt he had been able to resolve the tensions and opposition experienced in paid work. In this voluntary job he felt autonomous, his time was flexible, he felt wanted and although the work was important, it could not only be done by someone

else, relieving him of the onerous sense of responsibility he had described in his previous job, but that responsibility was shared with a manager. In his account of his previous work, Chris had described a very unequal relationship with his managers; in his voluntary role the manager was prepared to share the workload in a way that seemed to suggest more equality.

Harry's comment about the need to have the right job is important because it highlights the relationship between the job and the person; if there is a good match between job and worker, then the prizes of happiness and self-esteem are more within reach, but if there is not a good fit, losses can ensue. Matt may have had *'the right job'* as his first apprenticeship. For Stella the *'perfect job'* was one where she felt appreciated and valued by colleagues, or admired by an audience. Anne had felt good about herself in a voluntary job where she felt she had played a valued role in society and where she had felt she was a highly valued member of the team –

I had good self-esteem there...you could go in [to the charity shop] when you wanted, you felt useful, things like that... felt I was doing something for society (laughs) put it that way... and I was treated as one of the team. I was treated normally. I could go on the till and sort out the clothes (Anne)

The participants in my study were almost all able to reflect upon positive experiences of working in the past, and to be able to draw on past positive experience as a resource in thinking about future work roles. It seemed that if a job was the *'right'* job there was much to be gained in feelings of self-worth and this seemed to be highly valued by the participants.

6.3.2 A valued role in society – *‘putting in to the bucket and enriching, hopefully, your society’*

Some of the participants suggested that working was something that was expected of them by society, or that they expected of themselves. John and Stella were particularly concerned with working as being *‘the right thing to do’*. John offered this summary of how he felt about work -

I was brought up to believe that you should work ...and I feel in a childlike sense I feel like I’m in the correct – I’m doing the correct thing – you know – I’m going to work – it’s the correct thing to do. (John)

In this extract it is possible to see not only the quite deeply rooted beliefs arising from his early experiences, but also some indication of the meaning of work for John and what working offered him in terms of satisfaction. Where John sounded quite positive about an expectation to work, Stella experienced a pressure to work that seemed to indicate a sense of feeling obliged to be in paid employment -

...I do feel a bit guilty that I’m not working. I think you feel like you should be, and people probably think ‘well we have to go to work’... (Stella)

She had found an occupation that she greatly enjoyed and which made her feel really good about herself but she did not regard it [belonging to an amateur dramatic society] as work, although at the time of the interview she had just finished a series of performances of a play in which she had taken a leading role. She indicated a pressure that she ought to be doing a paid job that other people would consider suitable -

I feel I ought to be doing something else as well – it feels like it [the amateur dramatics] should just be a hobby (Stella)

She described feeling valued and needed at work, and how these feelings contributed to her well-being. However, Stella seemed to judge herself quite harshly in her worker role. She used the word 'boredom' to describe how she had felt when she was in work –

...and also as well with work I always find I get really bored. I know that we probably all do but I find that quite [unmanageable] - I'm not very good at tolerating it and trying to just get on with it anyway and I don't know why that is – whether that's because I do have a lot of difficulties and therefore it is very hard or whether (laughing) it's because I'm not very good at doing things when I don't enjoy them – I suppose in my mind I think it's because I'm a bit lazy (laughs)(Stella)

Although just prior to saying this Stella had been describing how with her mental health problem she sometimes had concerns about people and objects being contaminated, it seemed that she preferred to present herself as easily bored and lazy rather than to dwell on painful aspects of her mental health problems that made work difficult for her.

Both John and Stella offered a view that working was socially desirable, with Stella hinting at the uncomfortable feelings that may be aroused by not fitting in with what she may have seen as the social norm. To be unable to work in a society that places a high social and economic value on paid employment may be very difficult. Stella's concern seemed to be that her acting was not a paid job, and thus not of value, although John suggested that making a contribution to society was important and need not be paid, when he said -

I worked in a charity shop before now – I've done the soup run with the church down in [name of town] for the homeless, and I feel these things help to shape and make you ...make you a person that's putting in to society – putting into the bucket and enriching, hopefully, your society (John)

Thus John seemed to suggest that paid work may not be the only way to make a contribution to society, although voluntary work may not feel sufficiently like 'proper' work for someone like Stella, with her strong work ethic, evidenced by her account of herself as easily bored and lazy; Stella and John shared a view that work was something that was expected of one by society, and that they seemed to expect of themselves.

6.3.3 Financial incentives for working – 'you go to work to pay your way'.

Although two of the participants referred to the importance of money, there was less of an emphasis than I had anticipated on having more money as a reason for wanting to work. In giving his overview of work, John cited money as just one of a number of reasons for working -

There's lots of things that work gives you... the social life...the feeling of... independence – the feeling of achieving something – a reason to get out of bed in the morning – there's hopefully a little bit more money than just – to live on so that you can enjoy your hobbies or whatever you want to spend your money (John)

John was quite hesitant as he listed the reasons for working. This could have suggested that these were benefits that he hoped work would give him. He had described an extensive and varied work history, so these things may well have been part of his experience as opposed to imagined future benefits of work.

Matt commented on the vulnerability he had felt as a consequence of not having money when he said *'I was vulnerable – I had no money – nothing – I used to worry about things'*. Although he was not directly linking this with not working, it may be that lack of money did increase his sense of vulnerability, lack of choice and feelings of being excluded. However, a number of participants explicitly said their motivation for working was *not* about money, but about *more* than just the money, an outlook which has been used to inform the title of this thesis. For example, although neither Ian nor Chris felt they needed to work in order to survive financially because of previous savings and investments, both suggested that they had redefined their lifestyles to need less money and to be able to manage to live on what they had. When he had been working in the building society, Chris reflected that he –

Didn't need cars, houses or any of these things you see. So I found it difficult to see why I should particularly want to get on (Chris)

He was referring to the fact that his managers had wanted him to advance his position and earn more – his view was that he didn't need more than he already had. Nevertheless, he had offered a contrasting view of this position in the extract used earlier where he had cited high earnings as possibly offering a compensation for *'it's tough at the top'*. This might suggest that he could see that others held salary in a higher regard than he wished to. Nevertheless, the description of a high salary as compensation does attach a certain value to income. Ian also perceived that he had no need to work to earn money and, although his income had dropped, he seemed happier to live on a reduced income than consider returning to his previous paid employment -

I'm actually at a lower standard of income than I would have been if I'd continued teaching (Ian)

As has been shown, Stella had found her acting more satisfying than a paid job. She anticipated not enjoying a job she was doing 'just for the money' which seemed to imply that enjoyment, satisfaction, feeling appreciated were all more important to her than earning money. Charlotte, however, did talk quite extensively about money and the challenges of living on a reduced income, although she did not seem to link this challenge with a wish to work. In fact, she was clear that earning enough to meet her basic needs was unrealistic -

A couple of weeks ago I was having trouble with my fridge-freezer and unfortunately... it was a crisis to me, it was freezing too much and I didn't know what the hell to do...I'm seeing pound notes in front of my eyes. When you live on a small amount of money you don't even have the money to call a man in to come and fix it (Charlotte)

She went on to suggest that to earn as much as she would need, she would need to be on a wage of more than £250 per week –

you go to work to pay your way but there's no way if I think about it that I could afford – I'd have to be bringing home nearly £250 a week to pay bills council tax rent and you haven't even bought a loaf of bread yet – you know? (Charlotte)

In summary then, the participants held different and sometimes conflicting views about the need to earn money. Money was seen as important for life's necessities such as having a kitchen appliance repaired, or as providing security, or for enjoying oneself.

However, they seemed cautious about sharing financial information with me, and I was aware of a need to be clear that my role was not to check benefit claims; however, this may have been a concern for some of the participants. In addition, some of the participants may have felt uncomfortable discussing the desire for money, especially at a first meeting.

This super-ordinate theme has introduced some of the concerns held by the participants about work, as well as accounts of some of the rewards that work could offer. Beliefs about working may be rooted in one's upbringing, as John suggested. There may be a sense of obligation and a wish to fulfill expectations in a society that places a high social and economic value on work. Not working, for whatever reason, may give rise to painful and difficult feelings. For people who may have already felt excluded because of their mental health problems, these feelings could have been especially problematic.

6.4 Barriers to work

A wide range of barriers to accessing work was described; many of these came from just one participant, although most of the participants referred either directly or indirectly to some sort of barrier to working. Some of the barriers cited were those which would be faced by anyone seeking employment, such as lack of availability of suitable jobs, or transport difficulties. Others were specific to people with mental health problems, such as the symptoms of mental illness or the side-effects of medication. I had expected concerns about, or experiences of, stigma related to being a mental health service user, to be a common theme. But stigma was mentioned by just four of the 10 participants. Stigma is a very complex phenomenon, and, as will be seen, was experienced both as internal and external, with one participant admitting to harbouring a stigmatising attitude himself.

6.4.1 Extrinsic barriers to work – *‘no one is going to give me a job – I’m mentally ill’*

Employers’ attitudes, overprotective attitudes of family and professionals, lack of job opportunities, age and transport difficulties were all cited as barriers to accessing work, which I have collected together and conceptualised as being broadly extrinsic to the individual. Many of these examples came from the interview with Charlotte. Charlotte had a mild learning disability as well as her mental health problems and it may have been that she had experienced more overprotective attitudes and stigma as a result; this did seem to be the case from the account she presented – *‘sometimes the cotton wool comes in’* was her way of denoting the protection that she had experienced as somewhat suffocating as a child and a young adult.

The attitudes of other people towards mental health problems was perceived as presenting a barrier, especially if they held positions of power and authority, as is usually the case with employers in relation to employees. Two participants, John and Stella, talked about the problems they associated with disclosing a mental health problem to an employer. Stella had not let her employers know she had been diagnosed with Obsessive Compulsive Disorder (OCD). John’s view, in contrast, was that it was better to disclose a mental health problem in order to be able to get support -

...I would say on the whole it’s better to disclose about your mental health issues because if they don’t give you the job then you’re not in a place where people are going to be negative. If they do [give you the job]...in a sense they’ve got no excuse to say ‘we weren’t told ‘... you know if you’re under a lot of pressure you could sometimes need support um.....and you know people say generally in life honesty’s the best policy – if they excluded me from work illegally because of my mental health issues – I could sue them (John)

John seemed certain that, not only was the best policy to disclose the existence of a mental health problem, but to derive a sense of power in making that decision. His comment about the potential to sue his employer, presumably under the Disability Discrimination Act, was delivered with forcefulness. Although Stella had not previously disclosed her mental health problem at work, when she did her experience was positive and supportive –

I didn't let them know beforehand that I had problems and I maybe should have done – I did tell them I think – they were actually better when I told them – they were quite understanding. (Stella)

Although none of the participants described a situation where they had disclosed a mental health problem at work and been rejected as a consequence, the fear of this happening was experienced as a potent barrier. John spoke about how he had felt unable to return to a job following an episode of illness because of the shame and embarrassment he felt -

I worked at [airport] as an aircraft cleaner in the mid 80s...and um...I had a breakdown ...and they were quite supportive actually ...but I actually resigned from that job because I felt embarrassed ...um I could've gone back after I'd been ill but I was - felt humiliated because I had been ill at work. (John)

John's increasingly powerful use of language in this extract, to describe how he felt following this episode of illness – 'embarrassed', 'humiliated' – suggested that the support offered from his employer was not sufficient to enable him to overcome the painful feelings that had been aroused. It is possible that some working environments would be more supportive than others towards employees with mental health problems and difficulties returning to work after a period of illness may say more about the

workplace than the individual. However, John described his employers as being supportive and yet it still felt too difficult for him to return to that job.

Charlotte had presented an account of her struggle to overcome some major challenges in her life around her (mild) learning disability and mental health problems. The experiences of her early life - being overprotected by her mother- had followed her into adult life and given her what she described as '*a bugger that – can do sort of attitude*' -

She [mother] was overprotecting me you know? Sometimes the cotton wool comes in, and yet on the other hand maybe if I decide I want to learn how to drive... I got mum going 'no you're not learning how to drive'. I said 'right can I just have one lesson and if I can't do it then...' – but the problem is you see if I can't do anything I get mortified, absolutely mortified and I don't seem to get over it you see? (Charlotte)

She acknowledged herself that she gets '*absolutely mortified*' if she can't do something. Her choice of word suggested that it 'kills' her in some way if she cannot do what other people can do, for example, learn to drive. She also experienced this protective attitude from her Community Psychiatric Nurse (CPN) –

I got mad about it [being turned down for a job], so it's been kind of disastrous so the CPN and I decided that it was better that I didn't work. (Charlotte)

Again she used a very strong word – '*disastrous*' - to describe an attempt to get a job that didn't work out. It would appear that for Charlotte perceived failure represented a threat to her sense of self. In the same way as Charlotte had experienced an overprotective approach from her mother, and to a lesser extent, her CPN, since the

decision not to work appeared to have been a joint one, Harry also found that when he mentioned a desire to return to work his CPN would '*literally panic*'. When asked why he thought the CPN had this reaction Harry said -

well the doctor is very like that as well – they'll say one day – he'll say 'I think you should get some sort of charity work' ... something similar to that, and then sometimes he'll say 'I don't think you are fit to work' (laughs) - so I get the mixed responses. [Mental health worker] was the same. If I mentioned work to [mental health worker] he would panic immediately – it's not so much the people here now – they're more amenable to the idea (Harry)

When asked to elaborate as to why he thought the professionals had these reactions to his expressed wish to work he explained further –

Harry – I think it's because of the implications of if it went wrong, if I couldn't do it. I'd be off the benefits and everything and it would be difficult for me to get back on [benefits] and I would be stuck.

Alison - So he was concerned about how it might adversely affect you?

Harry - Yeah, yeah.

Alison – And what did you think about that?

Harry – In a sense I was relieved (laughs) strangely enough – yeah.

So although Charlotte and Harry may have felt frustrated by the overprotective approach of other people, there was also a sense of accepting this, and of being relieved to have been protected from possible failure. Both Harry and Charlotte had experienced being discouraged from working by others, as a way of protecting them from distressing failure, or from jeopardising their Benefits claims. As a result Charlotte had developed her determined attitude whereas Harry seemed more content, relieved even, to be guided by his CPN, doctor and other staff members and not continue to seek work at that time, even though, as I have suggested earlier, he was aware of the prizes that could be won through being in the right job – self-esteem and happiness. Harry seemed caught between two positions – wanting to work to win the aforementioned prizes, but feeling discouraged from doing so by the mental health professionals who were involved with his care.

A lack of available and suitable job opportunities was part of Chris's concern about re-entering work. Educated to degree level, *'collecting the trolleys in Tesco's* may have seemed too menial. Lack of job opportunities and transport difficulties are factors that are not exclusively barriers to people with severe and enduring mental health problems. Harry raised the issue of difficulty accessing work because he didn't have a car as a major concern for him –

I tell you one thing that is a concern to me is – it is quite a big concern – it's a practical concern is getting to a place of work (laughs) because I don't have a car (Harry)

He raised this at the end of the interview and emphasised the magnitude of this problem for him. Ownership of a car seemed important to Harry, and the lack of one was seen as a major barrier to accessing work. A car may also be symbolic of status and

independence; for Harry it might also signify a forward momentum in his plans to re-enter work; at the time of the interview he seemed to have stalled.

6.4.2 Stigma - *'they're not going to talk to me, a lunatic'*.

Stigma is a complex phenomenon about which there is an extensive corpus of literature. It cannot be easily divided into internal and external components, although it is sometimes convenient to do so to simplify a complex construct. Goffman (1963) described stigma as a two-way process resulting from the interaction between the 'normal' and the stigmatised. Felt stigma or self-stigma is conceptualised as feelings of shame about oneself which develop from a negative valuation of oneself (Link et al, 2001), and people who are stigmatised are not themselves incapable of holding stigmatising attitudes, although these may shift with experience as illustrated by Ian's comments. He indicated an internalized form of stigma when telling of the new understanding he had developed of mental illness, through having been unwell himself -

...and the strange thing is I can understand that now, ... sitting there being terrified of nothing, just absolutely petrified – it was horrible - for hours and hours and hours , sat there. But if prior to me having that experience someone had said they were doing that I'd have said 'ooh that's a bit odd', you know; almost 'pull yourself together, what's the problem?'(Ian)

Ian's personal experience of being mentally unwell had given him a new perspective on the distress that others in a similar position might feel.

Harry commented directly on the possibility of stigma preventing him from getting a job but did not say that he had had this experience himself, although his switching use between 'I' and 'you' may have been a means of depersonalising a painful personal account -

The basic problem is of course if you get stuck in between two poles because you've got the stigma of being mentally ill, and asking somebody to employ me even though you're mentally ill, and you've got people taking off benefits on the other side so sort of stuck in the middle if you see what I mean (Harry)

Again, Harry seemed to offer a comment about the risk involved in relinquishing his benefits claim; there seemed to a tension between the two positions – being employed and claiming benefits. His switch from the first to second person when he said '*...and asking somebody to employ me even though you're mentally ill*' could reveal a discomfort with stating that he himself is '*mentally ill*'.

Matt revealed that he, too, experienced stigma as a barrier except that he experienced what has been referred to as 'internal' or 'felt' stigma. He said when talking about the different groups of people he knew, some of whom were work colleagues –

That's another problem you have to live with isn't it? You're always conscious of – oh what's the point – they're not going to talk to me, a lunatic – they don't want to know – they're not interested in people with mental illness (Matt)

His use of the pejorative word '*lunatic*' seemed to suggest that Matt saw himself as very different and excluded; someone that other people would not want to bother with, and offered an example of self-stigma.

The overprotective attitudes of family members and professionals, as experienced by Charlotte and Harry, could also be interpreted as a type of discrimination. While less overt than much of the type of stigma portrayed in the media, it may still have quite profound effects upon the individual. These four participants – Charlotte, Harry, Matt and Ian – indicated that stigma can be a barrier to accessing work and that the stigma can be felt from others, but can also be an internalised phenomenon, causing people to make negative judgements about themselves.

Anne's reflection on an unsuccessful job interview provided an example of a rejection of self-stigma as a barrier, as she did not suggest that her lack of success was in any way due to her status as a mental health service user. Instead she explained the outcome in terms of her lack of up-to-date qualifications and her back condition -

Anne - I applied for a job in a nursing home in [name of town]. I filled all the forms and went for the interview - they didn't contact me or anything they wasted my time.

Alison – What was the interview like?

Anne – It was very basic. They asked me what qualifications I had - it was in a nursing home – a care assistant job – I didn't get it. Somebody else got it instead of me. I had me back, my bad back then. Very bad back problems ... so I couldn't have done it - wouldn't have been able to lift anyway.

Alison - Why do you think you didn't get the job?

Anne - My qualifications weren't right you know? I hadn't done any courses for a while, hadn't updated my safety courses for a long-time - things like that...it was good experience to go for an interview though.

It could be that Anne was rejecting the possibility that she didn't get the post because of discrimination against her as a mental health service user, and is choosing to think that it is to do with her lack of qualifications. This divergent example of not accepting self-stigma as a barrier is important in that it may represent a more empowered and hopeful stance.

Two participants who did not mention stigma as a barrier to work were James and John. This could be that, as a retired person not planning to return to paid work, James did not see it as an obstacle. John, on the other hand, was full of determination to get back to work and optimistic about the future. For him, it may have been that stigma was a negative element on which he did not wish to focus. Alternatively, it may be that he had encountered rather more positive attitudes towards mental health problems from other people. He spoke of a job he had had when other people had become mentally unwell and had been admitted to hospital and the manager had visited them there-

It was as easy for the manager to go to the psychiatric unit and visit somebody as it was to the general hospital (John)

John seemed to be suggesting that there was no difference between a worker who was mentally unwell and one who was physically unwell. In the eyes of this manager, they were the same and he or she would visit them in hospital.

6.4.3 Intrinsic barriers to work – *'I am quite frightened of working'*

Ambivalence and anxiety about working, experiencing symptoms, lack of self understanding, feelings of hopelessness, and gambling with one's mental health – all of these were cited as barriers to accessing work which I have collected together as being intrinsic to the individual. Stella described the difficulties of working in a supermarket while suffering from Obsessive Compulsive Disorder –

...when I was putting the food out and touching the food I was constantly worrying about contaminating the food with blood, or me getting contaminated from the food (Stella)

Harry spoke about the difficulties of working while experiencing the side-effects of his medication –

I had a very difficult problem with keeping down the job I was doing when I became ill...my whole mood was against it and I found it very difficult...I don't know if it was the medication...I found it much more difficult than I would normally do to get up in the mornings...(Harry)

Ian, who had also experienced being mentally unwell at work, found the research interview setting quite difficult in a way that emphasised how difficult going back to work would be for him because of his experiences -

Being here [in the interview] it's [anxiety] starting already cos it's slightly formalised. I can feel it starting (Ian).

This surprised and concerned me. As can be seen in the entry in my reflexive diary, I had made assumptions about Ian that proved to be incorrect.

27.8.08 Ian's first interview - I had spoken to Ian twice on the phone in order to arrange the interview (once interrupting his guitar lesson). My foreknowledge and presuppositions about him were strong - I knew he learned guitar, had been on holiday to Spain, that he was articulate and friendly, and I had (wrongly) supposed him to be emotionally quite robust. Therefore I was surprised that he found the interview situation so difficult (because it reminded him of his previous work situation). I learned that it is easy to have the wrong idea about someone, of making assumptions about someone's mental state.

This encounter with Ian led me to approach subsequent interviews with Ian, and with the other participants, with greater sensitivity and a heightened awareness of my presuppositions about the participants.

Stella, Harry and Ian all described aspects of their mental health problems or experiences associated with them that would potentially be a barrier to working. Much of the literature on work and mental health suggests that work can be a way of helping to manage symptoms but this did not seem consistently possible for these three participants. However Matt found that certain of his symptoms were actually easier to cope with when he was at work –

I do get paranoid there [at work] but nowhere near as bad as - I get less paranoid than I do here [day centre]... it's odd really (Matt)

Matt's account painted a picture of someone who was very troubled by his mental health problems. Towards the end of the interview, Matt asked for my name, before telling me how lacking in hope for the future he felt –

I don't have any hopes – I don't know – what's your name? Alison? Alison I don't have any hopes – I just keep plodding on (Matt)

Shortly afterwards in the interview he talked about the need for a sense of humour in his situation -

I think you need a sense of humour to cope with it [being mentally unwell]. Yeah, don't take it too seriously. I mean, it is a serious illness [schizophrenia] ...try not to worry about things (Matt)

Though he mentioned humour, it actually served to underline the bleakness of his narrative. This was not about humour. It was right in the middle of a very bleak section of the interview – he may have been trying to lighten the mood for at this point the interview had become very sombre. The tone in which he said this was extremely sad and the desire to check that he had my name right seemed to suggest that his lack of hope was an important message for me to hear and understand. He went on to convey how he felt that the beginning of his illness had marked the end of his (working) life -

[I] become ill – it's all out – it's all out the window – that's the end of the story. (Matt)

Matt's account was delivered in a grave tone and, at times, both during the interview and when transcribing it, I felt a strong sense of sadness. His metaphors about everything being '*out the window*' and the '*end of the story*' sounded as if he had given up on his life. His own lack of hope for the future may represent a major internal obstacle to change and an inability to imagine a brighter future for himself. I made the following entry in my reflexive journal as I was transcribing the first interview with Matt.

4.6.08 Transcribing the first interview - Matt - a theme about wanting to be seen as normal, or maybe having two selves, emerged. A mentally ill self ("a lunatic") and non-mentally ill self who goes on motoring holidays in France and learns to cook "French cuisine". He spoke about sitting outside in the summertime - something many people, including me, take for granted. This makes me feel sad for Matt. In all the years I have worked with people with mental health problems I have never got as close to the experiences [of being mentally ill] I have during these interviews.

Despite his wish to '*win some self-esteem*', Harry worried that he could also jeopardise his current mental well-being by returning to work. This may in part have been why he seemed so willingly to accept the cautious approaches of his CPN and doctor in regard to returning to work. This concern was shared by Stella, who said that she was worried about not being able to cope with the demands of a job and was '*quite frightened*' of working.

The participants who described barriers to work described multiple and varied barriers to which they had received mixed reactions. Overprotective attitudes were not entirely unwelcome, and practical barriers such as lack of transport varied between participants and their individual circumstances and future plans. Stigma was a feature of

participants' accounts and was interpreted as a perceived barrier to work, but it was experienced and expressed in various ways.

6.5 The importance of other people

The parts played by other people in the lives of many of the participants emerged as being highly significant. Family, friends, partners, mental health workers and other services users all had parts to play in encouraging and supporting the participants in their goals. Conversely one account, Mark's, was characterised by a loneliness and isolation in a life seemingly devoid of contact with other people. And not all relationships were helpful. As suggested in 'Barriers to work', Charlotte and Harry both experienced the overprotective attitudes of others, although this was not always entirely experienced as unwelcome. Eight participants talked in detail about the roles that other people played in their lives, with regard to work and more broadly. The subordinate themes here are 'Relatedness', and 'Support in accessing work'.

6.5.1 Relatedness - mental health workers, family and friends, and co-workers - *'I found my safety'*.

Some of the participants had a number of people who were important to them. For example, Anne's narrative was filled with references to a network of people who supported her and enabled her to continue to feel hopeful of achieving her goals in relation to returning to work, and in helping her to establish a satisfying and meaningful life. She had a partner whom she described as being extremely encouraging and supportive, as well as a number of other family members who were similarly supportive and encouraging. She also had access to a network of mental health workers whose interventions she valued and found very helpful. She was the only person who

mentioned a spiritual aspect to her recovery journey; Anne highly valued the shared Christian perspectives of two of her mental health workers. In this extract she described the support and encouragement that she received from her partner, her sister and a cousin, as well the mental health workers involved in her care -

[Partner] gives me good support, he says 'go for it, just go for it'. My sister says the same thing – 'just go for it', and as well my cousin - he's very good. My cousin in London he comes down and sees me once a fortnight and takes me out. I see [name] my social worker once a week [and] I see [name] during the week – she's a social worker at [name of Community Mental Health Team] (Anne)

Anne seemed to regard herself as fortunate in having not only a close personal relationship with her partner, but also with members of her family, and a range of mental health workers, all of whom were involved in supporting her.

Matt also spoke about a number of good friends, including the one for whom he worked half a day a week. He seemed concerned that other people who had not seen him since he had first become ill might not understand his situation and therefore had no real wish to see them. He valued his friendships with people whom he had come to know since being unwell, in particular at the day centre, which he described as protecting him

I was getting bullied a lot when I was first ill. I had no protection – I never had a set up like this [day centre] when I was first ill. (Matt)

For Matt, it seemed that the day centre provided him with some protection against the attitudes of others when he became unwell. Ian also placed a high value on the Mental

Health Day Services he was offered when he first became ill, describing it as his 'safety'. He especially valued contact with other people who used the services –

I found my safety [the day centre], and the reason I've recovered well was being with people who were anxious and were able to understand (Ian)

James, recently widowed, also valued company, which he found at the day centre –

I come and see my friends and socialise. Just recently I've lost my wife so I need the company, you know (James)

The relationships that Matt, Ian and James had with other people, seemed to provide a shield, a refuge from the slings and arrows of daily life with a mental illness. John, however, valued everyday contact with other people outside mental health services as a way of feeling connected –

I think it's important to not close yourself off if you can avoid it and to interact. This is why – people say 'oh I can do online banking on the computer'. Well I prefer to go and talk to a girl at the bank and say 'I'd like £50 please' and smile and say 'hello' (John)

By not 'closing himself off' John was suggesting that maintaining contact with the world outside mental health services was important for him. Mark seemed to feel valued by the contact with customers that his job gave him. This was in contrast to the isolated and repetitive part of his job referred to later in the theme 'Negative experiences of work', where he experienced aspects of it as alienating. The customer contact satisfaction is illustrated by the following –

I was helping customers, you see. Serving customers, picking up [bags of compost] for them. That was good. You talk to people, make jokes, laughing with them – they like that (Mark)

It seemed that Mark gained a good deal of satisfaction from the human contact aspect of his job. This may have been especially important as someone who had become quite isolated as a result of his mental health problems.

At one point Stella had worked as a volunteer and then as a paid worker in a service for people with drug and alcohol problems. In the extract below she talked about how much she had looked forward to going into work and seeing her colleagues because of the support they gave her, although she seemed to hold a view that really she should be looking forward to the actual work itself -

[Looking forward to going to work] mainly because of the team - not necessarily the clients, I think which is interesting – just a really nice bunch of people – people you look forward to seeing (Stella)

19.8.08 Initial analysis of the first interview with Stella - I am aware of my 'foreknowledge' relating to working in a substance misuse service because of my previous work, but this knowledge is part of what enables me to make sense of Stella's experiences. When she speaks about it being OK in this type of work setting to talk about your problems, I thought about my own experiences of working in mental health services and the reason I was drawn to do so being in part the emphasis on the importance of relationships (including sharing problems). I learned a lot about that in my first job where there was a culture of 'staff sensitivity', group supervision and so on.

So, for a range of reasons, contact with, and feeling connected to, other people were described by the participants as being of importance. Some of these contacts were facilitated through work, others through Mental Health Services, family, friends, and daily life. In having relationships with people who valued them and were supportive of their goals, participants felt encouraged to have hopeful attitudes about the future. As previously discussed, hope has been identified as a crucial ingredient in recovery from mental health problems. When sustaining a hopeful attitude is difficult for the individual, relationships with significant others can provide vital support; having the support of people who encouraged them and believed in them seemed to help the participants to keep focused on their work goals even when they were experiencing difficulties in their lives.

6.5.2 Support in accessing work - *'It doesn't hurt to have another person alongside'*

Three of the participants spoke of the extent to which they had received help from services in accessing work. Their experiences ranged from a very positive and helpful experience to something which was quite discouraging. John, who had recently been referred to an Employment Support Agency, spoke about contact with people who were helping him to access employment and spoke of the practical help he had received –

I've just started my preliminary interviews with them [Employment Support Service] and they can do you a CV and such like. I'm capable of ringing up an Adult Education Centre and finding out what the courses are myself, but I'm allowing her [employment support worker] to assist me and it doesn't hurt to have another person alongside. (John)

Although John acknowledged that he was able to make contacts for himself, there was something about the worker being *'alongside'* that he valued. As a person who has had repeated episodes of mental ill health, perhaps John felt it wise to enlist help where he could and forge relationships which may help him in the future?

Harry had spoken previously about the lack of help and encouragement he had received from his team of mental health workers in accessing work. This has been explored under *'Barriers to work'*; as it seemed that the fears of the mental health workers with whom he had contact were preventing him from moving forwards. Chris had also had rather difficult experiences in this respect and found the whole process of looking for work quite dispiriting –

It was a really depressing business because he'd [Employment Officer] set me up with interviews with employers and people he knew who had firms and stuff, and I'd go along and (laughing) they'd have absolutely no interest or no intention of employing me at all! (Chris)

It is important to point out that John's experience of employment support was current, whereas both Harry and Chris were reflecting on services received some years previously. The changes in approach to helping people with mental health problems get back to work, discussed in detail in a previous chapter, may in part account for these differences. Thus, in some instances relationships with other people were experienced as helpful and encouraging, while others presented obstacles to progress.

6.6 Negative experiences of work

The participants in the study described a range of previous experiences of work. Some of them had had both positive and negative experiences of working. Positive experiences led to the generation of themes which have been addressed already in 'Work: benefits, beliefs and values'. The theme now presented relates to the range of negative experiences that the participants have had and the consequences of those on their view of work and sense of themselves. Some participants expressed these experiences of work as a stressor; others seemed to directly attribute their mental health problems to their work experiences. The subordinate themes therefore are 'Work as pressure or stress', and the 'Perceived causal relationship between work and mental health problems.

6.6.1 Work as pressure or stress – *'there's always pressure on you'*.

This extract from Chris's account conveys the feelings of impotence that accompanied a job where he had little autonomy -

you always sort of feel as though you've gotta pay particular attention to all these people who are higher up than you are about what they say about what you should do and this sort of thing (Chris)

It seemed that, not only did he lack autonomy in the day-to-day duties involved with his job, but that his superiors had plans for his future which were not commensurate with his own -

My view of my career was quite different from the management's. The management expected me to want for myself what they thought I should want

and I mean job-wise I wanted to be free – I wanted to be able to apply for jobs in the firm that I thought would suit me rather than be given something by them (Chris)

These extracts from the interview with Chris conveyed a strong sense of powerlessness and lack of autonomy which may have seriously undermined his self-esteem and self-confidence. He concluded this section of the interview by saying -

After I left I was in a dreadful state really. I felt I felt I felt (stammering) I'd been used and generally exploited by them and then just sort of – thrown in the dustbin (Chris)

Chris conveyed his experiences of work in the strongest terms, implying that he had been used and thrown away, as if he were a commodity rather than a person with feelings.

Charlotte had experienced difficulties at work which had led to her losing her job because a new manager felt she was not up to it. She had been working in the factory for three years and felt aggrieved that she had not been told earlier that she needed to work faster –

There was always pressure on you. I found trouble started when management changes and management isn't as sympathetic as the management that took you on. When you tell them the problems, yeah they're very understanding? But if management changes you're the first one out the door. And you can find it's very hard to take but when you get five sheets of paper telling you what you can't do and they've never sat you down in the office and said to you before this. Also my argument was if I can't do it after six months tell me,

don't wait three years to tell me! Because three years by that time I'm in the act, I'm with it; I'm obviously getting it right (Charlotte)

For Charlotte, the lack of feedback from a new and possibly less sympathetic manager was difficult and led her feeling anxious that she would not perform to the given standard. She implied that she would have valued being given feedback and the chance to improve her performance at an earlier stage. In a similar vein, Anne described feeling very overworked and undervalued. Talking about a voluntary job that she had held previously she said –

I wasn't very well before then – very tense- I felt very used, I didn't feel well there you know? I was overtired from 14-hour shifts, seven days a week, you know? (Anne)

Like Charlotte, Stella found that she was not performing as well as required at work –

...when I was doing paid work with them [a former employer] and I'd be going in with a lot of things – difficulties, maybe feeling a bit rejected and stuff like that and I'd go in and I was finding it – just found it really difficult and I'd just struggle to get through the day – I just wanted the days to- you know hurry up and be over and I couldn't tolerate those feelings and as I say I left so... (Stella)

For Mark negative experiences of work involved doing the same, rather repetitive and menial work for a long period of time –

I did it a long time- 10 years. In 10 years you get very tired. I didn't realise that at the time. It went on too long, I was overdoing it. I shifted about half a ton of compost at one time bending over it was so heavy. I had to lug that down a slope on two planks of wood. It was narrow. I had to go along there with a barrow with two wheels on there (...) I would do that about eight times a day - fill them up, take the trolleys, do it again - sometimes more than eight times. I used to do about 17 things of compost a day. They used me for a slave and I didn't like that at all... (Mark)

The above extract illustrates Mark's isolation at work, doing the jobs others maybe didn't want to do. Mark presented as being very vulnerable and quite troubled by his psychotic experiences. It was not difficult to imagine that he might have been somewhat taken advantage of by his employers, and as he said himself '*used for a slave*'.

For both Stella and Charlotte not performing to the standard required eventually led to both women losing their jobs and suffering the consequent blow to self-confidence and self-esteem. Although Charlotte, Anne and Mark did not attribute their subsequent mental health problems directly to their work experiences, Ian and Chris both did so as can be seen in the next sub-ordinate theme.

6.6.2 Perceived causal relationship of work and mental health problems – '*lying on the floor sobbing, unable to do my job*'.

A few of the participants described their working conditions or aspects of their past jobs which had been very problematic. In the plant nursery work, Mark complained of not even being given the right protective clothing that he needed to do his very alienating task of sterilising endless plant pots and seed trays –

It [formaldehyde - used as a sterilising agent] splashes on your clothes sometimes cos you didn't have the right uniform to start with (Mark)

Ian's previous job as a teacher had proved extremely stressful for him and he described how he believed it contributed to his eventual crisis –

...I couldn't stand it [job] basically – and it just got difficult and (...) just closed down really mentally (speaking very quietly) yeah it just started just started – it's difficult ...yeah over the year before it was like ...really...anxiety was up, I was having trouble going in[to the school] trouble with the behaviour [of the pupils], short tempered, not relaxed about it at all and like having little... episodes of like anxiety, real quite bad anxiety, regrets about the past and stuff and it just got worse and worse and worse ...and worse and I was just crying all the time at the weekends, going in the toilet at work and lying on the floor sobbing, unable to do my job... (Ian)

Chris spoke of being misled by his employers about some extra work he was doing that should have led to further qualifications –

They [employers] induced me to undertake something under false pretences and I spent HUNDREDS of hours of my own time on this to have it hijacked and ruined by them (Chris)

Both Mark and Chris spoke of working situations where they perceived they had been unjustly treated by employers, and for both of them this lack of care was not only a contributing factor to feeling alienated from the particular workplace, but also from working again in the future.

So it seemed that a number of the participants had had very negative experiences of working, and in the cases of Chris and Ian, these experiences were seen as having directly contributed to the mental health problems that resulted in them leaving work. Perhaps it is possible that for some individuals there are aspects of being in the workplace that may exacerbate existing difficulties.

6.7 The meaning and importance of occupation for health and well-being

Many of the participants spoke about the importance of *'having something to do'*, and there was a really strong occupational theme to a number of the narratives, with a wide range of pursuits being described, including cooking, woodcarving, learning a musical instrument and being part of a band, DIY, art work and exercise. Seven participants described, in various ways, the importance to them of having meaningful occupations which were not paid employment. Three of the six described experiences that were consistent with the concept of occupational balance, two described the importance of having a routine and some structure to the day, two described the essence of doing, and two participants described experiences that were consistent with the concept of being in a flow state. Each of the subordinate themes will be presented in turn with the concepts explicated and illustrated with extracts from the interviews.

6.7.1 The occupational nature of the self -*'I'm not sitting around doing nothing'*

Occupational balance, as discussed in an earlier chapter, is defined by Wilcock (2006) as a balance of engagement in occupation that leads to well-being. The balance may be among physical, mental and social occupations; between chosen and obligatory occupations; between strenuous and restful occupations; or between doing and being. After his episode of mental illness and as part of his recovery, Ian talked about the importance of occupation. He found that it was important for him to engage in physically demanding occupations:

The walking in the mornings – it's a physical thing it got me going cos I was quite physical before. I do mountain bike riding and go to the gym a lot – I was doing all that before so that was useful to me. I do get a good feeling from exercise and that of course aids your sleep. (Ian)

James spoke about the value of the occupation of gardening, done with the support of the day centre –

I'm scared to go out but slowly and surely... The [day centre] they took me out on gardening jobs and various jobs and that gave me more confidence in myself. (James)

For Matt, attending the day centre helped to provide him with some routine and structure, as well as a place to do his wood carving –

I need to come in to somewhere, to the [day centre] in the mornings to get out of the house. (Matt)

For James as well the day centre provided an important focus for his occupational engagement, for it was here that he did the cooking that he talked about when emphasising the importance of doing something that he really enjoyed. James also spoke about using occupations as a way of distracting himself from his painful thoughts, presumably about his wife's death among other things. Routine cleaning occupations were a way to distract himself –

I try and keep occupied indoors I try and keep myself occupied. It's not always easy – I find odd jobs to do – cleaning the kitchen sink or cleaning the bathroom or toilet or wash the floor or something but it's not always easy cos all the time

you're sitting down well you think more, you got more time to think to yourself and keeping busy you can't think so much so I do try to keep myself busy. Not always easy but it's basically to occupy my mind really. (James)

What this subordinate theme has shown is that the participants were engaging in occupations to help them cope with the experiences associated with their mental health problems; an intuitive understanding of the importance of occupations for health and well-being was held in their accounts. For some of them these occupations provided some of the benefits that they had linked with working, for example building confidence and self-esteem.

6.7.2 Ways of coping – *'I think it's best to do something'*.

For James his engagement in cooking became a work-like occupation as is clear from the extracts that follow. He used to provide the meals at the day centre but he gave this up when his wife died and he became unwell again.

Sometimes I went back [to the day centre] in the afternoons because I had the kitchen to myself and I used to make cakes, great big trays of cakes, 24-portion cakes. And sweets I used to make as well, just to sell over the bar, the coffee bar, and sometimes in the evenings I went there and I done the evening meals as well. Cheesy chips and things like that, or egg and chips if somebody fancied it...sometimes I did like theme evenings, like a curry evening.... It was great doing the cooking, I really enjoyed it. (James)

In this extract from James's narrative it was possible to see the value of his occupation of cooking as giving him a meaning and a purpose, as well as doing something that he really enjoyed and which made him feel *'fantastic'*.

Matt was the only participant who was in regular work at the time of the first interview. He was working one day a week for a friend who was a builder, and his role seemed to be that of assistant to his friend. A really strong theme of occupation ran through Matt's interview and he frequently referred to how important it was for him to 'do something', however small:

From my view I think it's best to do something. Doesn't mean you've got to make big goals in life – do something. I think it's better that way really. (Matt)

Matt also spoke about a number of other occupations that he enjoyed including cooking and wood carving. He seemed to associate the cooking with preparing food for friends and now no longer seemed able to do this

... I wish I could [still cook for friends] I'm not – with this illness it don't do me being the entertainer you know – can't do it, you know – ...loads of people round – it wouldn't mean anything to me – I can't do it – it would be nice just to have a – in the summer somewhere to sit outside and have something to eat – in the summertime – I can't do it. (Matt)

The wood carving was still something he did a little of but, as with the cooking, not as much as he used to do. Like Matt, Ian conveyed the importance of being occupationally engaged –

I knew I wanted to get back and do something because I'm not sitting around – not wasting – I'm not sitting around forever. I need to do something; I am a person who needs to do something, to occupy myself. (Ian)

There was a recurring theme about the value of the occupations that the participants engaged in. in the absence of work. For some of them these occupations provided the

routine and structure that a job would have provided, for others, a sense of meaning and fulfilment.

6.7.3 Occupation and well-being – *‘something to make you feel you’re ticking your brain’*.

As suggested in the previous sub-ordinate theme, many of the participants seemed to intuitively understand the concept of occupation as a natural mechanism for health and well-being. Many of them described specific occupations that held meaning for them in this regard. Mark was an artist and this occupation formed a major part of his identity –

Art is the only thing I can think of to do which is not distressful. (Mark)

He absorbed himself in his art, became lost in it and found great comfort in art. In the extract below he described how doing his art work makes him feel

Alison - And how does that [doing art] make you feel? You’re smiling.

Mark – Yeah, it makes me feel great actually.

Alison - Say some more about how it makes you feel if you can.

Mark - makes me feel I’ve achieved something...wow.

Alison- ‘Wow’? It makes you feel ‘wow’?

Mark – Yeah, yeah something to make you feel you’re ticking your brain...can’t think of anything else. (Mark)

The ‘ticking brain’ might be Mark’s way of describing being intellectually and creatively stimulated by his occupation of art. The expression ‘wow’ when asked how it made him

feel suggests that he was simply lost for words, overwhelmed by the memory of what a good experience engaging in that occupation can be for him.

This theme illustrates both the wide range of meanings of occupations for the individuals in the study, as well as highlighting the awareness people have of their own need for occupation. It seemed that there was an overlap between the meaning of work and the meaning of occupations more broadly as fulfilling similar needs. However, while Chris's experiences of paid work were very damaging for him, voluntary work, being more within his control although similar work, was very beneficial. Similarly, Stella was doing what she described as '*the perfect job*' as a volunteer. When she became a paid worker it all became too much of a responsibility perhaps and she ended up leaving the post.

To start with I really enjoyed it and I was just voluntary, one day a week I think it was – I used to really look forward to it. [Then] they offered me a [paid] job in a day service project and that went well to start with. I don't know. I just went a bit weird really – I don't know if it was because I was doing the [counselling] course and everything got really sort of intense. I ended up leaving....and I carried on a bit of voluntary work for quite a while for a different branch. (Stella)

Both Chris and Stella have had the experience of doing similar types of work as paid workers and as volunteers. Both of them seemed to have found the pressure of paid work more difficult to cope with than the more flexible style of voluntary work. Stella may have also carried a tension around due to not doing paid work, speaking of '*feeling guilty*' about not working. She did not seem to consider the acting that she had recently discovered she was good at and enjoyed was a proper job. It is possible that some people may feel that voluntary work is more like a hobby and that paid work is the only 'proper' work.

6.8 Work as part of the future

Seven of the participants had plans for the future that included either paid work or further education, or both. Three participants did not see work as forming part of their future; Chris, who was vehement that he had no intention of returning to work because of his previous difficult experiences, Matt, who was already working one day a week and had no plans to increase that, and James, who was retired. With the exception of Stella and Ian, none of the 10 participants had been in paid employment for at least 10 years; nevertheless, it seemed that it was possible for them to envisage work as part of their future plans and future identity. The sub-ordinate themes are 'Hopes of having a different life', 'Being normal', and 'Work and identity'; these will be presented in turn, with extracts from the interviews to illustrate.

6.8.1 Hopes of having a different life – *'I've got a different life now'*.

Of all of the participants with future work plans, John seemed to present the most optimistic account. He had been referred to an Employment Support Service and had a long-term goal of getting back to work, with short-term goals of improving various skills in order to enhance his job prospects-

I am thinking in the short term about this 'Better English' and this computer course and then I may – even if I do do part time work - I may then beyond that be able to think about some sort of training um...so that's where I am at the moment, Alison. I'm at the blocks really, waiting to bat on... I've got hopes for the future and there is nothing, and I mean this sincerely, wrong with mopping floors but I would like to try and raise my sights up a bit beyond that (John)

John conveyed a sense of being poised for action. The expressions ‘*waiting to bat on*’ and ‘*at the blocks*’ are evocative, respectively, of a cricketer going in to bat or a runner at the start of a race. The sense of anticipation could also be interpreted as anxiety (adrenalin produces the same physiological responses for both excitement and fear) and in this next extract John conveyed something of the risk which may be associated with his new venture when he said –

I actually think it's exciting to put your head above the parapet and ask yourself, 'what else is out there?' Not just driving, not just cleaning – what else could I do that might be challenging – and maybe there's even more training involved in doing the job, but I think if I improve my English, and I did manage to get any level of IT skills, especially the European Driving Licence for computer skills, I could say to potential employers, well actually I haven't worked for so long but in the meantime I've got this, I've got that, I've done this, I've done that (John)

In these two extracts John conveyed not only a wish to return to work but to raise his expectations of what he might achieve. There was a sense in which returning to work might mark a new phase in his life, but also that it could be risky – in putting his head above the parapet he could find himself under attack. As John was planning changes to his life, so Ian was also engaged in a process of transforming himself from an overworked, highly stressed teacher to a self employed gardener –

Ian - And totally opposite to teaching it [gardening] is and I can get some – I'm not being silly but it's like you can get all the gadgets – you know boys [and their toys] - petrol mower, petrol trimmer, and just go round and have cards and just do a little bit you know a few hours a week and if I can't make it on Monday cos I'm not feeling very well I'll do it on Tuesday you know?

Alison - So how does that feel? You've painted this picture of you – a different character of yourself really I suppose. What does that feel like?

Ian - *A lot freer because I'm also like I'm growing my hair, I'm learning the guitar, I go about and it's just pretty chilled out and I've given myself the freedom to not to be that formalised teacher, wearing the suit and the tie and short hair cut and I'm not doing that any more*

Alison - *And what does that feel like?*

Ian - *It feels really good. It's really good. I put the shed base [in] for my sister and we had some people in and I organised that and I enjoyed going and buying the stuff and talking – just talking at a different level - a more working, get on [attitude] instead of all this bloody paperwork and bureaucracy culture of teacherishness - I don't have to bother about that.*

Ian had chosen to do something that was very different to his previous work as a teacher. He saw having his own business would give him greater freedom and flexibility. The tools of the trade seemed important to him and the phrase 'you know boys [and their toys]' might suggest that he sees these as toys and is thus able to take a more playful approach to work than all the bureaucratic pressures involved in teaching. It could also be read as taking it all less seriously than he did when he was teaching – 'if I can't make it on Monday...I'll do it on Tuesday' – which would have been impossible in his former working life. A further interpretation could be that dealing with tools, seen as toys, would be easier than the human interactions that he had found so difficult as a teacher.

Like John, Ian envisaged a future very different to his past life; however, the emphasis of their future plans was different. John was looking for an occupation that he regarded as of higher status than the cleaning and driving jobs he had done previously, whereas Ian

was seeking a freer, more autonomous lifestyle with his own small business. John and Ian were also the two who seemed to have the most developed plans, both having been referred to an Employment Specialist; perhaps this was why they seemed clearer and more specific about their future plans.

Harry, Anne, and Stella, although less certain of their future plans, conveyed similar feelings of excitement about their possible futures with regard to work. Together with John and Ian, they formed a group which could be looked at as being excited and positive about the prospect of returning to work, envisaging a future for themselves despite negative past experiences connected with work and their mental health. As Harry said –

The thought of going forward rather than backward. The thought of going onwards – it's not the same feeling you have when you settle into something. It's the same when something is maybe going to happen, or you're in a position where in the future you're going to make something happen – it's just a positive feeling really I suppose more than anything. It's a positive feeling - makes me feel - gives me nervous excitement I suppose (Harry)

In this extract again it seems possible to see a wish to effect change and to be an active agent in the process of making 'something happen'. During the interview at this point, I had been aware of a feeling of excitement or anxiety in myself, which I had commented upon. Harry's response – the extract above - indicated the mixture of anxiety and excitement that he experienced. Harry went on to acknowledge the possible risks involved in making changes to his life. Because of his previous experience of becoming mentally unwell while in work, he felt that returning to work for him now would be a gamble – he would be risking his mental health as well as his financial stability. But it's a chance he was prepared to take - 'I do feel mixed I think it's a gamble. I'd take a gamble.' As John talked of risking raising his head above the parapet, so too Harry felt that the

process of getting back to work might be fraught with danger, particularly in terms of the risks to his mental health.

The journey as a metaphor is often invoked to denote a process. Anne described getting back into work as a journey –

I see it as a long journey, you know what I mean...being ill...getting better...I feel much better than I did last month really - it's not long. I get better all the time really you know (Anne)

Anne started by describing the journey as being long, but in the same extract says 'it's not long'. Her apparent contradiction of herself may represent her ambivalent feelings about the journey she is on. Sometimes it may seem long and arduous, at other times the journey may feel easier. I have described previously the network of supportive and encouraging people that Anne had around her and this may have been a key ingredient in her feeling that the journey was manageable at times when she felt daunted by it. Like John and Harry, Anne's gaze seemed fixed on the future, yet she had an awareness that making the kinds of changes in her life she wanted to would not be easy.

As I have shown previously, Stella was someone who judged herself quite harshly in regard to her worker role and the working life she felt obliged to have. She seemed to feel that society not only expected her to get back to work, but that she should also enjoy work for work's sake (as opposed to appreciating the social contacts she had there). Stella was also feeling quite vulnerable at the time of the first interview. She had described in some detail the difficulties of working with Obsessive Compulsive Disorder, as well as the responsibilities of being the lone parent of a young child. She, therefore, did not have any definite plans about returning to work at this stage, although, as will

be shown, this altered over the time period of the study. However, she had had an epiphany regarding the acting and how much she had enjoyed that. As a result she had a wish to do more and perhaps attend drama school –

I think I'd like to do this acting. That's what I'd like to do but I don't know whether it's realistic to get anything that'll be paid...well I guess it's not silly because people do. I could go back [to college] and do a drama course...some people decide that's what they want to do don't they? (Stella)

Stella held a fledgling ambition to pursue her acting. She implied that this might be thought 'silly' – perhaps by me, or other people, or maybe she herself thought it might unrealistic. But she was also able to remind herself that other people do this, seeming to want my acknowledgment of this fact as well. What these individual accounts seem to represent is an optimism about what the future may hold, tempered with realism about the possible stresses of work, but also a sense of opportunity to make changes to one's life which may bring their own reward.

Matt was already working one day a week and had no plan to increase this. James had retired from full-time work although, as a former member of the Magic Circle, something he had been involved with while his wife was still alive, he had some ideas about taking up his previous hobby of performing magic -

What I used to do at Christmas was charity shows at the old people's homes .You go round the old people's homes and do a show for them but I haven't done that for a few years but I might get back into it (James)

Charlotte perceived many barriers to working, based mainly on her past experiences of working as someone with a mild learning disability as well as mental health problems. Many of the barriers to work emerged from her interview. These barriers may have felt too difficult for her to overcome, hence her lack of immediate plans to return to work.

6.8.2 Being normal - *'there are some days when I think 'Oh, can I get a job and be like everybody else'.*

Three of the participants, Anne, Mark and Harry, seemed to equate working with being 'normal'. When describing a time when she had become mentally unwell while at work, Anne said *'they [employers] thought if you were ill you were useless'*. When I enquired if she ever felt that herself she said -

...there are some days when I think 'Oh, can I get a job and be like everybody else and go to college and study', or something like that (Anne)

This could be read as that there are also some days when she *doesn't* feel she can be like everybody else and therefore does feel *'useless'* and different from other people.

Mark also talked about getting *'back to normal'*. He seemed quite unwell at the time of the interview and in places his account was quite difficult to follow. He had been talking about people stealing his art work – as his art was so important to him, this may convey a feeling of fear and vulnerability. I commented on something he had been talking about prior to the interview starting, which was the effect on his welfare benefits if he was to return to work. He said in reply to my question about working –

...very frightening...get back to normal again as quick as possible. I just want to get back to normal again...I have a miserable life at the moment...(Mark)

Later, when describing his first episode of being unwell he said –

I've got to try and get over this patch, try and get back to normal again and that's hard for me (Mark)

Although Mark was not overtly linking working or being at college with being 'normal', these two extracts show that he had an idea of there being a state which he called 'normal' and to which he wanted to return.

Harry was able to speak more clearly than Mark about his illness experience and his wish to return to a previous 'normal' state, perhaps because at the time of the interview he was less distressed by his mental health problems than Mark was. At the end of the interview he had raised the issue of his experience of hearing voices and how difficult that had been for him while at work. He described it as –

I was agitated I heard voices I was depressed I couldn't get up in the morning – a catalogue of things you know. I believed the voices too at the time – it's very easy to say don't believe the voices but they come at you in such a way that you're in a way you're sort of rationalising things you know – you do take them seriously ...so against the normal way I am, the normal me if you see what I mean. It was strange (Harry)

For these three participants, who wanted to either get back to work, or in Mark's case, go to art college, these feelings of not being 'normal' sounded very painful. Mark spoke

about how frightened he felt and how miserable his life was at that time, Anne of feeling useless, and Harry described hearing voices that were almost impossible to ignore because they would *'come at'* him. There was a pervasive sense of the tensions experienced by the participants of wanting to work to be *'like everyone else'* and yet having to manage the assault on the sense of self from the experience of mental illness.

6.8.3 Work and identity - *'I can be a white van man'*

A number of the participants seemed engaged in struggles around issues of identity. John, for example, saw work as linked with identity – *'I believe in a fair day's wage for a fair day's work and I think it gives you a sense of identity'*. For some of the participants their imagined future included not only a different life, but also a new identity. John was explicit about the link between work and identity; Ian wanted to completely reject his previous identity, declaring with feeling – *'I'm never going to be a teacher again!'* This sub-ordinate theme represents the way in which the participants wished to recast themselves in entirely new roles or revisit previous ways of being prior to the onset of mental health problems and subsequent move away from paid employment. For some it was about quite dramatic new beginnings, for others the process was characterised by an integration of different aspects of their lives and themselves.

The most extreme example of this metamorphosis can be seen in Ian's account. This subordinate theme encapsulates Ian's reinvention of himself following his traumatic period of mental illness, triggered by extreme and chronic stress at work. He was in the process of changing almost everything about himself that it is possible to change – what he does, the way he looks, his relationships – it was as if he had decided to become a different person – a *'white van man'*.

Anne saw work both as part of who she is and as part of her future. When I asked her what having a job would mean to her, she replied -

[it would] make me happy fulfilled doing something giving something you know I feel more...whole as a person (Anne)

The notion of being ‘*whole as a person*’ when she was working prompted the idea that she was not whole when she was not working, and that through working she would become ‘whole’ and thus a different person. Anne seemed uncomfortable with the mental illness label, preferring to think of her difficulties in terms of her physical health condition (back pain) and her lack of current qualifications. Working would allow her to eschew the mental illness aspect of herself and become as she said ‘*like everybody else*’. Throughout the interview Anne stressed the magnitude of some her physical health problems in a way that was quite dramatic. She talked of being in a wheelchair at one time, unable to walk -

I was really ill...while I was in [hospital] I was in a wheelchair...I couldn't walk...I lost the ability to walk. I was having fits and everything (Anne)

Her major physical difficulties were alluded to throughout the interview and sometimes cited as the reason for plans not coming to fruition rather than her mental health problems being the cause of this. However, she did also at times cite mental health problems, or at least other people’s perceptions of her mental health problems, as reasons for things not working out as she had planned. Perhaps it was simply too painful to confront or maybe she was refusing to be labelled mentally ill and accept the role and the stigma that go with that label. Anne attributed her lack of success with a job interview to her bad back, or to her qualifications not being sufficiently up to date. She

did not seem to consider the reason may have been because of her mental health problems. However, later on in the interview she said, *'I'm mentally ill; no one's going to give me a job anyway'*. It could perhaps be suggested that Anne was experiencing a dissonance between the two aspects of herself. She had described her recovery from mental ill health as 'a journey' – *'I see it as a long journey you know what I mean.. being ill...getting better...I feel much better than I did last month really it's not long I get better all the time really you know.'* In this single sentence she linked being ill and getting better and, perhaps by doing so, was able to integrate both aspects of herself. The following extract from my reflexive diary illustrates my initial thoughts about the interview with Anne and which undoubtedly shaped my interpretation of her interview transcript. I have included it here to demonstrate my awareness of this presupposition.

16.9.08 Anne's first interview -There seemed to be a sense in which she was unwilling to own mental health patient status and associated stigma which I unfortunately introduced to the interview. Unwilling to inhabit a role she's been cast in by other people, myself included. What is it about her physical ailments? Are they legitimising her work and other difficulties? Are they inseparable from her mental health problems? Although she presents as having masses of support she takes ownership of her future with regards to work. She acknowledged she might need some help but she would initiate finding that and would drive the process.

My awareness of my own assumptions about the role of mental health service user was brought to the forefront of my mind as a result of this encounter with Anne. Thus it became a presupposition that I was aware of in further encounters, both with Anne and with the other participants.

Ian emerged from his traumatic experience with a new identity which he had constructed largely as a defence as he saw it, against becoming mentally unwell again in the future. He saw being self-employed and working outside with plants as less stressful and demanding than his previous role teaching badly behaved school children. However, he also seemed to feel that the crisis he had experienced had given him an opportunity to change his life. He described an encounter with a community nurse who first suggested to him that this might be the case-

One of the guys who came round from the support team that used to come and see me every day – really nice guy – he said ‘you never know Ian ‘ – he had an Irish accent – a really nice bloke – he said ‘you never know. I’ve met people before who’ve said, after a couple of years, it’s been probably the best thing that’s ever happened to them. You never know ‘... it’s gonna take a bit longer I think but he’s probably right (Ian).

Thus, it seemed that the process of accessing a worker role was different for each participant. Ideas about work and identity did not feature in the accounts of Matt, Charlotte and Mark but for the other participants this theme appeared in different guises. A further extract from my reflexive diary illustrates my thinking about the role of identity that I had not anticipated at the start of the study, but which seemed to emerge through the analysis of the interviews.

16.9.08 I think there is a linking thread about identity. Work and identity are linked for many people, me included. Maybe if you have been a psychiatric patient there is another struggle to integrate the identity of a patient/mental health service user with an identity as a worker (occupational integrity?). I gave Anne an identity as a mental health patient and in the same way have given all the people in my study such an identity.

6.9 Chapter Summary

This chapter has presented the accounts of the 10 participants who were interviewed in the first wave of data collection. The participants explored their current positions with regard to work, and gave their thoughts about past experiences and future plans. I have largely confined my analysis to a 'giving voice' (Larkin, Watts and Clifton, 2006) level of analysis in which the participants would probably recognise themselves as I have presented their stories. More extensive use of an interpretative approach to the analysis will be seen in subsequent chapters, and in the Discussion of Findings, Chapter Nine.

Looking back on positive experiences of work seemed to be an important resource in enabling participants to imagine working in the future, and to set goals for themselves in accessing work. Negative experiences of working in the past did not, on the whole, seem to have discouraged participants from considering working in the future, with the notable exception of Chris. However, he had created a working role for himself with his volunteer and community work.

A tension between wanting to work and feeling a societal pressure to work was evident in some of the participants, and this, combined with concerns about being able to cope with work placed some participants in a dilemma. In addition to negative experiences at work, some of the participants described barriers that they faced in terms of returning to work. Some of these were internal barriers, other were external. Some were specific to people with mental health problems; others were barriers which would be faced by anyone wishing to work. Stigma also appeared to be both internal and external. However stigma and discrimination as barriers to work did not feature as prominently as I had anticipated. A desire to be financially better off did not emerge as a major motivation for working either; the non-financial benefits of working were seen as more significant, perhaps even priceless.

The function of mental health services and contact with other people as sources of safety and support were significant for some participants, especially for those who were in earlier stages of recovery and thinking about a return to work. The importance of work in constructing identity emerged, with some participants wanting a work identity that conferred status, while others wanted to use work roles as a way of creating a new identity.

A final reflexive diary extract on the experience of doing the interviews follows -

26.4.08 Supervision meeting with [clinical advisor in Trust]. Feelings described were mainly around the interviews themselves. These have been very powerful experiences during which I have felt saddened by people's negative experiences of employment with a mental illness. These feelings have also arisen during the transcription of the interviews. [] commented on her feelings of anger when dealing with the closure of [two sheltered workshops in the Trust]. I've been struck by the difference in roles between being a therapist with a problem solving and intervention approach, and a researcher with a listening approach. Transcribing the interviews I have been amazed at how much rich information I have obtained from someone relatively unknown to me in such a short time. It has highlighted the value of really listening and giving people time and opportunity to tell their story. This in turn highlights the value of the research in generating stories which may be of recovery.

6.10 Preliminary discussion of findings

I have presented a preliminary discussion of the findings from the first wave of interviews because the study is longitudinal and it seemed necessary to make some sense of the findings at the end of each phase before moving on to the next. This was helpful for me, as the researcher, as it enabled me to follow up on some issues in the

second wave of interviews. I hope this approach will help the reader to become oriented to the narrative of the study and to have a greater understanding of what emerges over the course of the study.

The findings from the first wave of interviews provide an introduction to the work-related concerns that were held by the participants in this study; they also provide an understanding of what work meant to this group of people and of some of the perceived difficulties associated with accessing work, as well as the potential for work to contribute to well-being. While findings from a study such as this can only be considered partial, nevertheless they offer a deepened and more nuanced understanding of work in the context of severe and enduring mental health problems and, as such, enhance the understanding offered by previous research. The findings will be discussed in the order in which they were presented and under the theme headings.

6.10.1 Work: benefits, beliefs and values

Most of the participants seemed positively disposed towards the concept of work and were able to identify the benefits they perceived having a job would bring. Work was seen by most of the participants as a way of potentially enhancing self-esteem and self-confidence by having the opportunity to perform a socially valued role; a small number mentioned the opportunity to increase income as a benefit of work.

The findings from the first wave of interviews support much of the extant literature. Having the opportunity to fulfil meaningful social roles, for example, was found to be important by Davidson et al (2005) and by Borg and Kristiansen (2008). Davidson et al (2005) theorised that the active ingredient in recovery from mental ill health is through doing, by which these authors mean engaging in occupations. This view resonates with

Wilcock's theory of 'doing, being and becoming' in which she articulated the concept of occupation as a natural mechanism for health (Wilcock, 1998). Some of the participants in my study suggested that they saw work in a similar way, expressing a view that it was a natural way to behave in society, both expecting it of themselves, and feeling it was expected of them by others. This was a recurrent theme in the study and will be returned to.

Borg and Kristiansen (2008) saw many of the same benefits of work for people with mental health problems as for those without mental health problems. This was also true of the participants in my study, although many of them added caveats around their mental health problems which presented barriers to accessing work. In this way the participants in my study had more in common with those in the study by Honey (2004) who were found to take a critical view of work and to assess the degree to which it fitted with their existing occupations, weighing up the advantages and disadvantages of working at the point in their lives when the interviews took place.

Repper and Perkins (2003) have suggested that people with mental health problems attach a high priority to work because they are already socially excluded as a consequence of their mental health problems, and are sensitive to the isolation and loss of structure and purpose that unemployment brings. Most of the participants in my study presented accounts which indicated that work had a high priority for them. However as Marwaha and Johnson (2005) have suggested, an expressed desire to work may reflect the social value that is attached to work in Western societies and thus fulfil what Pope and Mays (1995) described as public accounts as opposed to private concerns. For the participants in my study these private concerns were principally to do with anxiety about working based on negative early experiences of work, and concerns about encountering stigma. The latter has been extensively explored in the extant literature, but exploration of people's negative experiences of work is an area that has

been overlooked and the findings from the first wave of my study have painted a vivid picture of how difficult and damaging work can be. Western society places a high value on work and it is regarded as contributing to self-esteem, fulfilment, identity, social interaction and connectedness (Harper & Fu, 2002). Both John and Stella offered a view that working is socially desirable, with Stella hinting at the uncomfortable feelings that may be aroused by not fitting in with what her account suggested she saw as the social norm. To be unable to work in a society that places a high social and economic value on paid employment may be very difficult, and such social attitudes may cause people to say they wish to work when, in reality, they are unsure. Furthermore, the participants in this study may have wished to present accounts of themselves which were socially acceptable, particularly in the instance of a first interview with a researcher who was previously unknown to them.

Employment value is an important concept to engage with in discussing the findings from my study because it is a central aspect of the experience of work, determining the meaning that work, jobs and related experiences have for people (George and Jones, 1997). For example, Chris had suggested that the wealth creation and home ownership aspect of his building society work had not been consistent with his values; his work for a charity and his local community seemed to satisfy him more deeply. He identified this as being because of the flexibility of voluntary work in the main, and had hinted that it was more consonant with his world view when he said that this work was *'doing somebody somewhere some good'*. These findings strongly suggest that care should be taken in helping people to find jobs that are consistent with their values. This finding is further discussed in Chapter Nine.

6.10.2 Barriers to work

Many of the barriers cited by the participants in my study support those that have already been identified in the literature, and furthermore, share similarities with those that might be faced by anyone trying to get a job, for example lack of transport, as suggested by Harry. Although the participants in my study implied ambivalences and anxieties about work, few of them actually presented themselves in this way very overtly, with the exception of Stella who stated that she was *'quite frightened of working.'* Anxiety about a new job may be a familiar feeling for many people but for Stella the prospect of work was more than this due her previous difficulties experienced when trying to manage her obsessive compulsive disorder while at work.

Perhaps one of the most shocking barriers described by participants was held in the attitudes of others who wished to protect them from perceived failure. A few of the participants found the overprotective attitudes of staff members impacted adversely on their goals of employment and other achievements. Some participants also found their families to be overprotective and therefore unhelpful, or overly critical. Charlotte spoke about her mother wrapping her up *'in cotton wool'* in order to protect her from failure, and Harry spoke about a staff member at the day centre who would *'literally panic'* when Harry raised the subject of returning to work. Such attitudes are reflected in the literature by Rinaldi et al (2008) who found that mental health professionals were cautious about encouraging what they saw as unrealistic expectations in their clients and wished to protect them from the perceived stress of finding work and possible failure. Though a protective attitude is understandable from the perspective of a parent perhaps, the paternalistic attitudes of staff described by some of the participants should give pause for thought. This aspect of the findings resonates with those of Roets et al (2010) in their description of *'toxic psychiatric orthodoxies'* (p271). Mental health workers may be guilty of views which are unhelpful and disempowering for mental

health service users who wish to expand their horizons in many ways, including returning to work.

The complexity of the welfare benefits system often means that professionals are concerned about the cessation of welfare benefits payments that their clients will face in order to access work because of the delay in reinstating payment should the client leave the job for any reason. Mental health professionals have also been found to have concerns about work placing their clients under more pressure than they can cope with, triggering relapse (Rinaldi et al, 2008). These barriers are cited by Rinaldi as reasons for IPS being poorly implemented within the UK. With the exception of John, Ian and Stella, who had been referred to an employment advisor, none of the participants had this type of support yet more than half of them expressed a desire to work.

Discussion of stigma did not feature in the participants' accounts as prominently as I had expected though it is cited as a barrier to work in much previous research (Boyce et al, 2008, Koletsi et al, 2009). This may have been because they had attended a mental health day centre over many years, the participants felt integrated into a small community and did not experience stigma on a day-to-day basis. Repper and Perkins (2003) suggested that stigma stems from the non-acceptance of difference by society which accounts for the prejudice and discrimination that is experienced by many people who use mental health services. Perhaps Anne's refusal to accept that she was different in a way was a rejection of these stigmatising attitudes. However it is important not to overlook the individual experiences and accounts of stigma; Matt's reference to himself as 'a lunatic' that nobody would want to talk to is a powerful reminder of the potency of felt stigma.

6.10.3 The importance of other people

Having relationships with other people that are supportive and encouraging was important for many of the participants in my study. The importance of hope in recovery approaches to mental distress is highlighted in the literature, and the significance of an individual having someone to 'hold hope' for them when feeling hopeless themselves is a feature of this approach (Repper and Perkins, 2003; Slade, 2009). Some of the participants saw work as offering a way of providing themselves with a social network, which enabled a sense of belonging, of feeling connected to others and included. A number of writers have suggested that feeling a sense of belonging or connectedness with other people is an essential human requirement. Wilcock (2006) maintains that belonging is the state that humans wish to achieve, and that the route to belonging is via doing, being and becoming. These concepts, as described by Wilcock (2006) belong to the discipline of occupational science and will be returned to at later points in this thesis.

6.10.4 Negative experiences of working

Some of the participants had very negative past experiences of work, where work had been experienced as very stressful and they lacked the autonomy and flexibility to be able to balance work with other elements of their lives. Little evidence of studies which explored negative experiences of working emerged during the literature review process, although Nagle, Valiant Cook and Polatajko (2002) found that occupations that were deemed to be unhelpful were avoided. This finding from the study by Nagle, Valiant Cook and Polatajko (2002) is resonant of Chris's declared position of being opposed to the idea of work. Chris spoke eloquently about the control that his work had exerted over him, both during working hours and to a certain extent in his free time as well. He experienced this lack of autonomy as damaging to his well-being and attributed his mental health problems directly to his work experiences. Bunting (2004) suggested that 20% of British people find their jobs stressful or very stressful, and the Sainsbury Centre

for Mental Health (2007) noted that one in seven absences from work are directly caused by work or the working environment. Chris's experiences may reflect the experiences of many British people and their working lives, particularly those who work in jobs where opportunities for autonomy are limited. Entry-level type of work is commonly deemed suitable for people with mental health problems who are returning to the workplace (Rinaldi et al, 2006), although these types of jobs often limit opportunities for autonomy. An awareness of the importance of autonomy for creating competence suggests that such work placements for people who may already feel that their competence and autonomy are compromised by their mental health problems and experiences of mental health services may be disadvantageous.

As a result of the lack of available autonomy at work, both Chris and Ian had a desire for autonomy and flexibility in any future work roles. Chris had facilitated this for himself in his multiple voluntary roles, Ian by planning to become self-employed. Ryan and Deci's Self-Determination Theory (2000) emphasised the importance of autonomy, and will be discussed in more detail in Chapter Nine, Discussion of Findings. Honey (2004) also commented upon the desire for autonomy, a position reflected in the accounts of some of the participants in my study.

6.10.5 The meaning and importance of occupation

Most of the participants described other occupations in which they engaged in the absence of work, and their occupations seemed to meet a wide variety of needs. The participants described occupations which helped them in gaining confidence and self-esteem; in providing a necessary routine and a structure to life; and as a way to build a personal and social identity. Employment can also be a way to meet these needs (Unruh, 2004), but as the accounts from the participants in my study illustrate, non-work occupations are equally potent ways of being.

6.10.6 Work as part of the future

Most of the participants saw work as forming some aspect of life in the future, and thus comprising some aspect of a future self (Markus and Nurius, 1986). The participants in the study viewed work as being a way of building a sense of self. Many of the participants described work as being a way of enhancing self-esteem. Christiansen and Bryan (1999) suggested that people are universally concerned with social identity and acceptance by others. McCuaig and Frank (1991) suggested that daily occupation is the primary way in which the participant in their study (Meghan), a profoundly disabled woman, was able to communicate her identity as a competent person. Ryan and Deci (2000) have argued that 'competence' is a fundamental psychological need, along with acceptance and relatedness. The findings of the present study provide insight into the role of work and the contribution of work to a sense of self and identity in people with severe and enduring mental health problems.

6.11 Conclusion

In this chapter I have presented and begun to discuss the findings from the first wave of interviews with the 10 participants in the study. I have purposefully retained a very idiographic focus to allow the reader to become familiar with each of the participants and their stories. The key findings to emerge from the first wave of interviews emphasise the strong motivation towards work that most of the participants described and the perceived value of work in enhancing self-esteem and a sense of belonging. The strong motivation towards work seemed particularly poignant given the negative past experiences of work and the difficulties of managing their mental health problems that the participants described. In the absence of work, the significance of other occupations emerged as being of importance to health and well-being.

Chapter Seven – findings from second wave of interviews

7.1. Introduction

This chapter will present the findings from the analysis of the second wave of interviews. Four themes were identified using the analytic process described in the Methods chapter. As will become clear from my account of how the second interview questions were developed (below), some issues from the first interview with each participant were carried forward to the second interview. This was also true of the analysis; my foreknowledge of the participants indicated that I would draw on this in the analysis of their interviews, although this was not done in a formalised way

7.1.1 Developing the second interview questions

The first interviews were structured around a topic guide (see Appendix E) which was used for all participants to a greater or lesser extent dependent upon how many prompt questions were needed. For subsequent interviews decisions had to be made about how to approach the interview questions. There is some literature on planning follow-up interviews and I drew extensively on Flowers (2008) in thinking about and planning mine because his paper specifically addresses follow-up interviews within IPA. I have included below an extract from my reflexive journal in which I set out my reasoning for the way in which I approached the second interview questions.

7.1.2 Reflexive diary extract - planning the second interview questions

Most studies which employ IPA have adopted a 'one-off' interview. Flowers (2008) argues that this is the staple means of data collection within most kinds of qualitative research. Repeat interviews offer the opportunity to follow up on

themes which emerged from the first interview (assuming at least a rudimentary analysis has been carried out - in the case of my study I had carried out a full analysis of the first wave of interviews as described in Chapter Four, Methodology). In his study of transition to motherhood, Smith (1999), gives an example of returning to participants with interpretation of interview data which enabled an even deeper access to and interpretation of one participant's responses. This approach is more fully described in a subsequent paper (Smith, 2007) which has been frequently cited in the IPA literature since then as it proved to be a helpful means of confirming initial interpretations and to delve further still into the meanings derived from the interpretive activity. While initially attractive as a way of approaching the second interview I was concerned that there was perhaps a risk of the focus of the interview process, and thus the study, becoming increasingly researcher focused rather than the focus being on the accounts the participants wanted to present. It seemed important to keep an idiographic focus and enable participants to lead the narrative about their own personal experiences of work and their plans regarding future work. Added to this is the difficulty that taking one's own interpretations back to participants for comment, perhaps hoping for validation and maybe further insights, risks participants not recognising themselves within the interpretations which are, by definition, subjective to the researcher. Furthermore, there is the difficulty posed by participants who do not agree with the interpretations offered. Thus it seemed that taking themes from initial interviews as a means of framing questions for further interviews is a matter which required careful consideration. A further difficulty for this particular study could have been that by taking the participants back to where they were at the first interview in terms of return to work, one might lose something of the essence of the journey, a forward momentum, which, if it has not occurred might leave participants feeling that they have failed in some way.

However meeting participants three times over eighteen months also offered an opportunity for the development of a relationship within the context of the research, and in a relational context it is natural to ask people whom one has not seen for some time how things have been since last meeting and making some reference to topics discussed when last seen. If nothing else it shows the researcher was listening and has remembered the conversation. Thus one option was to ask a Grand Tour question (Spradley, 1979) such as 'how have things been since we last met?' Alternatively, to keep it occupationally focused the question could be 'what have you been doing since we last met?' though this seems to carry an expectation of the participants having been *doing something*. If not very much has changed this might also be felt to be a failure.

The study is a phenomenological one, underpinned by a hermeneutic approach as developed by Heidegger. He coined the concept of *dasein* which means literally

being-in-the-world. What I wanted to know from the participants was 'how has it been to be you in the world since we last met?' A psychologist friend of mine, when we meet, asks me 'how are things in your world?' This gives me licence to talk about what I've been doing or how I am feeling or what has been happening in my life. I want to offer this breadth of choice to the participants in my study. Follow-up or prompt questions can be individually tailored based what on individuals told me at the first interview. Thus, for Chris, who stated categorically that he has no intention of returning to work I could ask a follow-up question phrased '*when we last met you were adamant that you didn't wish to return to work. I'm wondering how you are feeling about this now?*' For Harry, who expressed excitement at the prospect of returning to work, a follow-up question could be - '*when we last met we talked about the excitement of maybe going back to work. How are you feeling about this now?*' Or, referencing his uncertainty about the process for return to work - '*when we last met you said you were interested in maybe going back to work but didn't know what the process is. I'm wondering if you have found out any more about that since we last met.*'

In this way the initial question is open enough to enable the participant to tell me what is uppermost for them (with the added advantage of being phrased in a way which is consistent with Heideggerian hermeneutical inquiry), followed by personalised prompt questions which will enable me to probe deeper about the phenomena under investigation, coupled with a reference to our previous meeting, demonstrating the importance of that to me.

7.2 The second wave of interviews

These second wave of interviews took place six months after the first interviews. Two original participants, Charlotte and James, did not respond to the letters requesting a second interview, although they had agreed to do so at the end of the first interview. As a consequence eight interviews were carried out. One of the interviews (Mark's) was not included in the analysis; the reason for this decision is discussed below.

In order to retain the idiographic focus of the study, and to alert the reader to any major changes in the circumstances or mental health of the participants, an updated account

of each participant's circumstances at the time of the second interview is presented. This information was gathered during the second interview.

7.2.1 Chris had applied for a part-time paid job in his local library. He had not been successful in his application, however, and continued to do his volunteer work at the charity shop; he had increased his commitment to this job, doing the accounts for three shops, as opposed to the two he had done previously. He was still living with, and caring for, his elderly parents.

7.2.2. Matt continued to work half-a-day a week for his friend. He was doing more wood carving at the day centre. Matt had been diagnosed with a physical health condition which was going to require surgery at some point in the future.

7.2.3. Anne had been for three interviews for paid work but had not been offered a job. She had been offered some voluntary work as a carer but had not accepted it. She was still in a relationship but living alone. She had acquired two kittens, and had plans to get a puppy.

7.2.4. Harry had been doing some gardening at the day centre, and had started attending a number of community groups including his local Neighbourhood Watch, and Tai Chi classes. He had recently been to the dentist alone.

7.2.5. John was continuing with his Adult Education classes in English and IT. He had held a voluntary post as an escort to a driver for a charitable group for a short time. He had recently left this job. He had also had an episode of psychosis and spent a short time in hospital.

7.2.6. Ian had completed a short gardening course and had plans to do another. He had sold his house where he had lived previously and continued to lodge with his sister. He had recently begun a relationship.

7.2.7. Stella and her young daughter had moved into the local town from a small village, giving her and her young daughter greater opportunities. A re-run of the play she had been involved in before had not gone ahead due to poor ticket sales. She had recently begun a relationship.

7.2.8. Mark continued to be mentally quite unwell although not in hospital. Although he agreed to talk to me in the second interview, his distress was such that the transcript from his interview proved to be difficult to analyse. IPA requires that the participant is able to reflect on their experiences and I did not feel that Mark was able to do this during this interview. Arguably, a different approach to research would have been needed to have been able to incorporate Mark's psychosis (Georgaca, 2003). Consequently, I took the decision to exclude his transcript from the analysis of the second interviews.

7.3 Themes from the second interviews

<u>Themes from second interviews</u>	
<u>Sub ordinate themes</u>	<u>Super ordinate themes</u>
Moving on from being ill	1. Occupation as Part of Recovery
A sense of agency	
Making sense of & managing the illness	
Coping with setbacks	
Who I was, who I still am	2. Building an Occupational Identity
Who I am going to become	
The right thing to do	3. Beliefs & Values About Work
Giving & taking through work	
Supportive relationships	4. Experiences of Support
Work as a way to belong	

As in the preceding chapter of findings, each of the themes will be presented in turn, with extracts from the interviews to illustrate and support them. In Chapter Six I presented the themes in an order which I felt best narrated the stories of the participants as a group; I commented on prevalence within each theme. In this Chapter, the themes are presented in an order which represents the frequency with which the participants are represented within them, and the sub-ordinate themes are similarly presented. Therefore, the first theme to be presented is 'Occupation as part of recovery' in which all seven participants are represented multiple times, with the sub-ordinate themes represented in order of prevalence within the theme. A table which shows prevalence by individual participants can be found at Appendix U.

7.4 Occupation as part of recovery

The majority of the seven participants who took part in the second wave of interviews envisaged work as forming some aspect of their future, eliding work with a sense of being 'normal', and they retained a sense of optimism and hope for the future. Participation in occupations, including work, was seen as providing a sense of agency and enabling participants to move on from being ill. Some participants, however, experienced a tension between feeling ready to move on and being fearful of the perceived risks involved in making the changes needed to move on; some were concerned about the setbacks, rejections and disappointments anticipated or already experienced. For some, work was envisaged as a primary means of occupational engagement for the future but there was also an emphasis on the importance to well-being of non-work occupations, as will be shown. For some participants, it seemed necessary to engage in sense-making around their mental health problems, as well as developing ways of coping with illness. These less apparent occupations were also an important part of the recovery process for some individuals and are represented in the findings.

The sub-ordinate themes will be presented in turn with extracts from the interviews to illustrate them. The sub-ordinate themes are 'Moving on from being ill'; 'A sense of agency'; 'Making sense of and managing the illness'; and 'Coping with setbacks'.

7.4.1 Moving on from being ill – *'that's what this is about – it's about moving on'*

The majority of the participants presented accounts which suggested that they saw work as a way to move on from being ill and from being someone who used mental health services. With the exception of John, none of the participants had needed in-patient care between the first and second interviews, and although John had had a short admission to his local mental health unit, he felt ready to move on and had retained his focus on work as a way to do this. The idea of moving ahead with one's life goals, while managing the effects of a mental health problem is consonant with a recovery orientation, where recovery is defined in terms of finding meaning and satisfaction in life, despite the limitations caused by illness (Anthony, 1993).

Ian had used gardening as a means of moving on from the period of being mentally unwell that culminated in his leaving his teaching job. Although he had not fully established himself as a self-employed gardener at the time of the second interview, he had moved ahead with his plans, having undertaken a gardening course, invested in some of the equipment he would need for his new role, and was helping family members and friends with their gardens. He said –

I occasionally come [to the day centre] – not that often now. But I was coming here quite a lot. But what seems to happen is ... as you get better you start getting a distance from it and moving on really. And I think that's what this [gardening] is about – it's about moving on (Ian)

The choice of gardening as an occupation seemed to reflect Ian's need for something which provided a contrast to the pressured environment of teaching, where his life had been ruled by the ring of the bell and where he felt frequently upset by the behaviour of the students. As a self-employed gardener he would be able to have more autonomy and benefit from spending time in the natural environment. Reflecting on the difference between the two occupations, Ian described it thus –

Now, being in the garden it's a completely different pace. I can choose what I want to do, it's gentle. The flowers don't argue back, you know... so that's ... so the setting, that's very therapeutic and relaxing, and you can spend a couple of hours out there and it's nice – you get a physical feeling that you've done something as well as stepping back and seeing what you've done. It's enjoyable.
(Ian)

This extract encapsulated all that Ian valued about gardening; the environment was one that he found soothing and peaceful, he was in control of what he did, and he could gain feelings of satisfaction and achievement from physical work, as well as the feelings of well-being engendered by this new occupation. Gardening appeared to provide opportunities for occupational engagement that were markedly different to teaching, and as such, it enabled him to find satisfaction and meaning in a way that had not been possible in the latter part of his teaching career.

Harry described being helped towards greater independence by the staff at the day centre. They were encouraging him to gradually take more control of his life by encouraging him in his work in the day centre garden. Harry reflected on the fact that as this process developed, he found himself wanting more out of life and feeling better in and about himself as a result. In response to feeling better he felt able to achieve still more –

I'm finding it quite tiresome as well, the life I lead... I want more out of it I think. It wasn't something I felt before because I was stuck in a little cocoon with my illness, but I'm finding I want more ... the doctor did say that this would happen when he signed me off, actually. He said eventually I shall feel that it won't be enough for me to be out of work. And it is gradually getting towards that stage I think (Harry)

Harry's previous occupation as 'an horticulturalist' was being used by staff at the day centre to help in his recovery and re-engagement with work. Harry had indicated that his identity as 'an horticulturalist' was important to him in the first interview and the staff clearly recognised this and were helping him to build on skills and experiences that he already had. The transformational elements of occupations can be seen in Harry's description of himself as being 'in a cocoon' with his illness, evoking the image of a caterpillar, waiting to emerge from the cocoon as something new and different. Ian was transforming himself and his life by changing his occupation and with it his outward appearance, for example, he was growing his hair; Harry was also undergoing a transformation but retaining the same occupational focus.

For Anne, everyday occupations beyond work were important in enabling her to be 'involved with the world' –

I meet people from church for coffee and we go for lunch together and you know, stuff like that. Lots of things, you know. Go for weekends with [partner], go to the seafront for walks, go to church ... the usual stuff I do...there's more in my life than just coming here. Do you know what I mean? I don't depend totally on here do I? Do you know what I mean? I've got [partner], I've got the church, I've got friends outside of here, do you know what I mean? Some of them [other day centre members] depend on it, they can't cope without here, do you know what I mean? Whereas if I'd have left here I would still cope ... I would do something different, do you know what I mean? Go somewhere else or something different in the church or ... get involved that way, know what I mean? (Anne)

It seemed important for Anne to emphasise the ‘everydayness’ of her occupations, and her repeated requests for confirmation from me suggested that it was important that I understood this position.

Despite their expressed desires to move on from being unwell, a common theme across the participants’ accounts was the tension experienced between a wish to move on and fear of initiating changes because of concerns about what could go wrong. Some of these concerns were about becoming mentally unwell again or exacerbating symptoms, as Anne explained in the following extract –

I’m just trying to rest myself up, not to get too involved in too much ... do you know what I mean? Like I don’t want to get stressed out again do I really? That’s the worst thing if you get stressed out and be ill again you know (Anne)

Stella shared Anne’s concern about taking on too much -

... it’s difficult to know sometimes how much to do ... how much you’re well enough to do. I mean my partner doesn’t think that I’d be ready to take on too much cos you know I’m not ... still need quite a lot of support I suppose. So the last thing you want to do is give yourself too much stress and then go backwards (Stella)

Both Anne and Stella expressed a concern about doing too much, yet both wanted to move on from being ill. Their accounts suggested that there may be perceived risks to health and well-being by attempting to take on too much; Stella’s partner was presented as thinking she should not take on more, and it is clear in the literature that some mental health professionals, as well as family and friends can present barriers to moving on in their overprotective attitudes (Rinaldi et al, 2008), as noted in the first

wave of interviews. Although Stella did not seem to interpret her partner's concerns in a negative way, this extract illustrated the fact that there may be the views of others to be taken into account when moving towards work and recovery. So, although Stella's partner may have been acting out of concern for her, his concern may have been a factor holding Stella back from moving forward.

Stella continued to identify acting as an occupation that she hoped might enable her to move on from being ill. This would possibly be perceived by many people as a course full of challenges but although she had not been able to obtain any further parts since the first interview, she still expressed a wish to develop this aspect of her life –

...when I did the other [first] play I thought I was taking on too much, but I think next time I do it I'll take on a tiny bit more, cos I did manage it so therefore next time I should be able to manage a weeny bit more (Stella)

In this extract, Stella conveyed a wish to extend herself beyond the part she had played before, although her use of the words 'tiny' and 'weeny' which sounded quite childlike, could suggest an uncertainty about this. Stella was afraid of taking risks as this next extract suggested –

There's probably workshops [acting] like weekend things...I'm sure there is, but again I don't...I think I'm a bit scared of trying something and it not working out...(Stella)

Even though Stella had identified an occupation that she acknowledged had the potential to help her make some changes in her life, she was also described concerns about the risks involved. As well as wishing to pursue her acting aspirations, Stella had been considering applying for work at the airport close to where she lived. Her brother worked there and had encouraged her to think about it

Because if I was working on the check-ins [desks at the airport] for instance, there's a lot of handling ... a lot of hand contact isn't there? ... I wouldn't even need to get vulnerable, cos it's there pretty much all the time anyway... even like when I came in here [day centre], when you're signing the [signing in]book ... if I see anything red ... my trigger's sort of blood or something that looks like blood ... if there was a little mark ... and sometimes for anybody else it isn't even red, but if it looks slightly red then I'll avoid going near it. So I ended up [not] putting my name down because it was kind of quite near and I didn't want to lean on it. So ... I know that probably sounds a bit freakish but I suppose I do need to really think about that (Stella)

I tried to cover it [her OCD] up completely; it was only because they noticed something. Cos I just felt completely freakish you know (Stella)

These two extracts from her account provide a vivid illustration of just how difficult it could be for Stella to work in such an environment given her mental health problems and how they made her feel. Twice she described herself as being 'freakish' – an indication of how very different from other people she felt, how she felt others might judge her, and how difficult it would be for her to move from the world of mental health, where even managing to sign her name on the signing-in sheet at the day centre is a challenge, to a world of work where she would have to have physical contact with other people. Stella had presented a view of herself in the first interview as someone who felt she should be working and felt guilty for not doing so. Some of these strong views about working seemed to come from her family, so it might have been hard for her to resist a suggestion from her brother about the kind of work she could do, even though she had an idea about how difficult it would be for her in practical terms, with the amount of hand-to-hand contact she would have to have with other people.

While Stella may have felt very vulnerable, and excluded from moving on from being unwell because of the difficulties presented, John suggested he may have felt able to be bolder -

I don't intend to live the rest of my life never doing anything because I might feel poorly ... because I won't achieve anything doing that, other than bailing out of life totally (John)

John conveyed a determination to try and get on with his life and achieve his goals, while acknowledging that he could become unwell again. His reference to '*bailing out of life totally*' could be a reference to suicidal thoughts and that he perceived a need to continue to struggle on lest he succumb to feeling so low. This long extract from John's second interview provided a powerful account of how he understood the setbacks he had encountered in his return to work journey -

Well I see myself as having started [to move ahead with his goals]. I see myself as perhaps having tripped up [been unwell again]. And I actually see myself as doing two things, as having ... only just got up from having tripped up ... and I see myself about to grab the baton and take on a new project. And that's exactly where I'm at. I once watched an Olympic 30,000 metre [sic] race – a man fell over, and the commentator said 'Oh he's out of it, it's all over for such' ... I can't remember his name. He got up and he won that race with about 4 seconds delay between him getting up and ... he got up really quickly, didn't even dust himself off, just started running ... and he won the race. I intend to win my race...whatever I choose to do, I intend to arrive not at the other end of my working career but the other end of my life, having tried. Because a failure isn't somebody that tries and tries and tries and keeps failing – a failure is someone that disengages (John)

The story of the fallen runner who picked himself up, and went on to win the race was a powerful metaphor for recovery as a process which may involve setbacks and risks to health and well-being but that in the long term can result in a prize. In the first interview Harry had spoken of winning self-esteem and happiness; John's metaphor could suggest that winning these is the result of engagement in the race. An extract from my reflexive diary may help to further illuminate my interpretations –

11.6.09 In the second interview for John his recovery linked with work seems like a race, a fight for his self. Maybe in all of this, work is a means to an end and not an end in itself?

This reflection prompted thoughts of work as occupation and the meaning of non-work occupations for people like Stella, for whom work posed a potential threat to her sense of self and well-being. Thus, in the analysis of the second wave of interviews, I believe I began to move towards a deeper understanding of the importance to well-being of occupations more broadly than just paid work, as well as considering some of the component parts of work and what it has the potential to offer people, especially those with mental health problems.

Like John, Ian was determined not to avoid doing things that made him anxious, but to work within his limits. He expressed concerns about placing himself in a situation where he would experience anxiety that would be more than he felt able to cope with. However, he seemed very clear that he needed to be proactive in making change happen –

... now I know I've only got a small, very small tolerance to it [anxiety], but it is getting more ... but I'm going to work within those limits, you know. But I'm not sitting around watching Sky TV or dossing around. I go to the gym, learn the guitar. I do lots of things; quite active doing different things, but it's all to do with just trying to get well really (Ian)

Ian described working within his limits to achieve his goals, and gave examples of occupations that he engages in to this end. He stressed the importance of engagement in active occupations as opposed to occupations which are more passive, such as watching TV.

Harry's concerns differed from those of Anne, Stella, John and Ian. Although he was very keen to be working again, as was shown in the previous chapter, he was more concerned about becoming discouraged rather than experiencing stress and anxiety -

I want to know that I can do a day's work again basically. I want to believe that I can do that ... or I'm getting towards that stage. The only problem is I get very ... if I can't do something I get very easily ... very easy lose hope I suppose if there's something can't do. I go very much the other way and – can't do it, that's it, you know sort of thing ... I very much sort of lose heart if I can't do something ... I like the idea of doing that [working] at the moment, but I don't know whether I could maintain the confidence that I was actually doing that over a longer period of time – I'm not sure about that. I sort of think that I can't maintain my confidence over a longer period of time, I become disillusioned (Harry)

Harry suggested that losing confidence was what he feared as opposed to becoming unwell again. He was concerned about not being able to sustain his efforts in work and seemed to suggest that there might be a way to know before he tried work that he was capable of it. Losing hope and losing heart again emphasised what was at stake. There were evident tensions for Harry around getting better and moving on into work. He described finding many new experiences quite daunting although sometimes he surprised himself by how well he coped with them. He gave an example of attending a dental appointment –

I felt fine [about going to the dentist] which is something I would have been in a terrible state about a couple of years ago (Harry)

Attending a dental appointment might not seem like a major achievement for many people, but for Harry to have managed this alone may have given him some of the encouragement he felt he needed to indicate that he was capable of more and was

moving towards his goals. Once again, this account provides an illustration of the importance of everyday occupations in enhancing someone's sense of self-efficacy that might be overlooked by mental health professionals as unimportant.

Harry also described an internal conflict between wanting to be able to do more but at the same time being fearful of new experiences. It was this battle that led him to describe his progress towards work as '*a slow and painful process*'.

The problem is there's this constant battle within me to want to do something. And the actual nervousness when I'm actually doing it, because it's not sort of something I would normally do. But then again you want to do something which isn't what you normally do, or else it wouldn't be interesting ... you know what I mean? So there is a sort of a sort of tug you know ... (Harry)

The '*tug*' that Harry described appeared to be experienced by many of the participants. Despite having plans about returning to work and seeing work as part of the future, the participants shared concerns about their capacity for coping with the stress that work might involve. Fear about becoming unwell again was a thread running through some of the accounts. John's willingness to risk being unwell again in order to achieve his work goals suggested that there may be a balance to be struck between risks taken and gains made. It may be have been hard for participants to know where this balance could be struck and there may be a role for other people in helping with this, such as Stella's partner, who confirmed that he did not feel she was already to take on more than she was already doing.

This sub-ordinate theme has emphasised the struggle that many participants seemed to be engaged with, between wanting to move on as they were hopeful of life being different, but at the same time they were dealing with profound feelings of difference

within themselves, and worries about coping. This position was described by Harry as ‘*a tug*’; for John engaging with the struggle was the alternative to ‘*bailing out of life altogether*’. Thus, what could be construed as a struggle for some, might for others be more of a fight to survive.

7.4.2 A sense of agency - ‘*I had no life of my own you see*’

A sense of control and autonomy in their lives seemed significant to a number of the participants and emerged more strongly in the second wave of interviews. For some of the participants having control over their time, being able to make choices about if, when and how much to work seemed essential to retaining a sense of autonomy. Chris and John continued to place emphasis on their voluntary work, which was described as a central occupation. Given his original stance of not wanting to return to work, I was surprised when Chris told me at the start of the second interview that he had applied for a job. The reason he gave for this apparent *volte face* was that it was part-time and well paid. In contrast to his previous work at the building society, he perceived a part-time job as allowing him more control, something he also valued in his voluntary work –

The voluntary work is very easy, because I have set responsibilities ... but if I'm doing something else, or go on holiday or whatever, I mean I can change the day – go and do it any other day I like. I can miss a week and then do two days the next week, and provided that the financial reports have been done, well a week after the end of each month, nobody bothers me at all you see. So there's lots of flexibility in it (Chris)

As described in Chapter Six, Chris had a number of other occupations that he engaged in and he saw these as being as essential to his quality of life and consequent well-being, if not more so, than the voluntary work. Chris was extremely wary about the prospect of going back to work, not just because of his previous negative experiences, but also because work might interfere with his current arrangements –

I mean simple jobs part-time I could countenance, just about, because it would leave the rest of my weekly arrangements intact. Because having been signed off for a long time now I have a routine, which I'm very happy with and a one-day-a-week, part-time job doesn't interfere with that (Chris)

Chris held a very strong view about the importance of being able to maintain the status quo so far as his existing occupations were concerned. He had begun the series of interviews from a position of being utterly opposed to paid work of any sort, and indeed had wondered if he could still take part in the study as this was the case. However, by our second meeting he seemed to have shifted a little in this respect, and was prepared to consider working for one day a week provided it could be kept separate from his other commitments. The length of time that he had been out of work and claiming benefits was a reason he gave for this opposition to the idea of any major change, yet he also had a number of other responsibilities, such as caring for his ageing parents, and his local community work.

John described a need for '*a fulfilling occupation in life*'. In the first interview he had recounted past work experiences; in the second interview he spoke about recent, new experiences – his voluntary job and his adult education classes. Like Chris, he wanted to have the freedom to '*choose a bit what I do*'. He also valued voluntary work as it afforded an opportunity to try occupations that might not be possible as paid work -

You can sometimes do things voluntary at a level that you can't achieve if it was a paid job. (John)

Here John was referring to some training that he had been involved with in his role as a user of mental health services. John seemed to have a wish to use his experience of mental health service use over many years in a training role where he would be valued

and recognised for his expertise. He saw this as being of higher status than the entry-level work that he had done in the past and described in the first interview. Freedom to choose what he wanted to do was key to John but so also was an occupation which was stimulating -

The whole issue for me is about a fulfilling occupation and about doing things that make me feel better about myself... [something] to nourish my brain and my personality. (John)

So, for John, the role of occupations in recovery was that they were stimulating, fulfilling, satisfying, and thus contributed to a feeling of well-being that was compatible with recovery. Although he eventually wanted paid employment to fulfil this role in his life, at the time of the interview he was meeting this need through his voluntary work and receiving increasing recognition as an expert service user and trainer.

Ian's choice of gardening as an occupation gave him a freedom and autonomy that he had not known as a teacher '*ruled by the ring of the bell*'. In choosing to be self-employed, Ian was freeing himself from a very ordered work life in which he had experienced very little control and autonomy. The participants in my study presented themselves as carefully considering what they were prepared to take on and retaining some control over how they spent their time and what they chose to do was significant to them. If people with mental health problems are to use occupations to promote recovery it seems important for there to be choices around occupational engagement.

7.4.3 Making sense of and managing illness – '*she asked if I'd got my bipolar under control, like it was a disobedient dog or something*'

Some of the participants described how they perceived their mental health problems, the impact it had on them, and how they attempted to understand and manage their

experiences. In order to understand the participants' attitudes to work, it seemed essential to also understand the wider struggle of living with and managing a mental health problem. The struggle to make sense of mental health problems and to understand their experiences in the context of their lives was most evident within Matt's account. He had previously described himself diagnosed with schizophrenia and as 'a lunatic' that nobody would want to talk to and his tone of voice and posture during the interview suggested that he felt very burdened by his situation -

You know when you're ill when it's going to take years and years and years. I knew when I was first ill ... I didn't want to accept it but you know it's going to take years and years. ...really scary, it was really scary you know. Suddenly you're all right, then the next minute you're knackered ... you have a breakdown and you're knackered (Matt)

This extract from Matt's account vividly depicted how overwhelmed he felt by his mental health problems. He emphasised the length of time he had been ill and how he envisaged this continuing, and also the frightening aspect of the illness. Describing himself as being 'knackered' evoked ideas of animals being slaughtered – a 'knackers' yard' is a colloquial term for an abattoir. It is sometimes suggested that an animal that is old and ill and no good for working is 'ready for the knackers' yard'. Matt's use of this term to describe himself conveyed powerful nihilistic feelings, and possibly reflected the depression that was part of his mental health problems. Perhaps at that time Matt felt that to be dead would be preferable, or that he might as well be dead, or that part of him was already dead.

John used a striking metaphor to describe his mental health problem, perhaps as he thought other people saw it, or maybe it reflected his own view -

She [English tutor in adult education class] asked if I'd got my bipolar under control, like it was a disobedient dog or something... it's not something you get under control, it's something that more or less you learn to live with, so therefore you can't always be in the driving seat (John)

John's answer to the tutor suggested that there were times when he could be 'in the driving seat' but that his approach had been to accommodate his illness, to 'learn to live with it'. John's use of the dog metaphor was interesting, perhaps casting some light on how he experienced his mental health problem – both as a source of anxiety and difficulty, but also as something that he was very familiar and quite comfortable with. As companion animals, dogs are often referred to as 'man's best friend', and there may have been aspects of his illness that John valued, such as the energy and creativity that can accompany an episode of psychosis. It could also be possible that the 'disobedient dog' represented some perceived threat to the tutor, either conveyed by the way in which the question was asked, or by John's interpretation of it.

Ian was able to cast his period of mental distress in a positive light even though he had described at some length in both the first and second interviews how devastating the experience had been -

I think becoming ill also it gives you a real time of reflection and change. You know you realise what ... how important your health is and your own environment, as long as you're healthy maybe and you keep your environment nice that's what you want instead of running from one thing to the next. (Ian)

Unlike Matt and John, who had lived with their illnesses for most of their adult lives, Ian's experience was quite recent and was confined to a single episode of being unwell. These accounts of the illness experience and the participants' attempts to make sense of them are key because of the way in which mental health problems may both impact on and be helped by working.

7.4.4 Coping with setbacks – ‘you go for these jobs but at the end of the day you don’t get picked out’

A number of the participants had experienced setbacks and disappointments connected with their mental health problems and/or plan to return to work. John described how he had been working as a volunteer for a short time between the first and second interviews and had not been invited to a staff Christmas party-

I wasn't involved in that either, so I felt a little bit excluded, but maybe they don't include their voluntary staff in these things (John)

John referred to this slight on a number of occasions through the three interviews and it seemed to have wounded him deeply. As someone who had valued the camaraderie of the workplace, this rejection may have been especially painful.

Anne had applied for three jobs between the first and second interviews and had not been successful in obtaining employment -

I was a bit discouraged really. But the other thing I was expecting it really. I hadn't high expectations of getting it...It's just getting this job, it's so difficult isn't it, you know. You go for these jobs but at the end of the day you don't get picked out, do you know what I mean? (Anne)

This extract serves to illustrate both her low expectations and how discouraged she had begun to feel. Anne had been for three job interviews and although she had been offered one as a care assistant, she felt unable to take it owing to her back problem and the amount of lifting that would have been involved. However, it seemed that one job offer was not enough to help her feel more encouraged.

Like Anne, Chris had applied for a job between the first and second interview, despite his assertion that he had '*absolutely no intention of going back to work*'. Closer enquiry during the second interview revealed that he had no wish to work full time but that if the right part-time job were to come up, then he would consider applying.

Understanding the reality of having a mental health problem and trying to enter or re-enter the workplace is at the core of this study. Participants' views of themselves, or the views they perceived others to have of them may represent one of the biggest challenges to them achieving their goals. Understanding each participant's lived experience of mental illness and work appears key to helping individuals to bridge the gap between the world of work and the world of mental health.

7.5 Building an occupational identity

Issues around personal and social identity emerged in the analysis of the second wave of interview transcripts. This was a new emphasis which had begun to emerge in the first wave of interviews, captured in some of the extracts from my reflexive diary included in the previous chapter. Engagement in a variety of occupations, some of them work-related, featured prominently in the participants' accounts. There were examples of occupations being used to build new identities as well as to preserve previous identities. In other cases, the participants seemed concerned with integrating past and present identities, or moving away from a previous identity. This theme illustrates the views that participants held of themselves in terms of their occupational engagement, particularly their work roles. Repper and Perkins (2003) and Slade (2009) have suggested that creating personal identity is a key task in the recovery process. The concept of occupational identity was first introduced by Christiansen and Bryan (1999) and will be explored in relation to the findings in the preliminary discussion of findings at the end of this chapter and in the main discussion, Chapter Nine. This theme overlaps with the

previous theme, 'Occupation as part of recovery'. A further extract from my reflexive diary illustrates how I had been thinking about identity in relation to occupation as I approached the data analysis phase of the second wave of the study.

6.7.09 reflecting on the narrowness of the approach of getting people back to work has made my study broader, enabling me to consider the function of occupation. For example for Matt - his artistic temperament and identity as an artist offers a way to make sense of his mental illness, as 'lots of artists have these types of problems'. This way of seeing himself and his illness seemed like a way of making sense of his experiences from his perspective as an artist but also confirming his identity as artist. Art and being an artist are very much part of his identity, leading me to think about occupational identity and where work fits into individual recovery journeys as a means to providing an identity.

The two sub-ordinate themes – 'Who I Was, who I still am', and 'who I want to become' – will be presented with extracts from the interviews to illustrate them. The titles for these sub-ordinate themes emerged from an entry in my reflexive diary where I was considering some changes in my personal circumstances -

2.7.09 Some life changes for me have triggered thoughts of needing a new self in order to become the person who... [son is leaving home, husband with health condition and not working]. Frank (1993) identified four types of changes in the perception of self that can emerge from illness. The first two in particular resonate for me with my study. *Who I have always been* - people who found in their illnesses new ways to continue to express themselves; *who I might become* - finding new identities through illness.

7.5.1 Who I was, who I still am – *‘even though I’m not working I’m still a retired office clerk’*

Some of the participants retained a strong sense of occupational identity that was connected with past working identities; as people who had used mental health services for many years, some of the participants also held views about their service user identities. The ways in which participants conceptualised their identities were various and complex as this sub-ordinate theme will show.

Chris, who, it will be remembered, was engaged in a number of occupations including voluntary work, was loquacious on the subject of occupation and identity. He acknowledged the many activities he was involved with and compared himself favourably to other people attending the day centre who did not do as much as he did -

Some people don’t do as much as I do. I mean I have the opportunity to think of myself in different roles, and I don’t know that everybody else does you see ...they’re not all related to occupation of course obviously. I mean I think of myself as a genial uncle, which is another of my hats; someone who keeps his parents on the ball – that sort of thing. One has multiple roles you see in life – psychiatric patient is only one of them, there are lots of professional ones of course, and then there are personal ones as well (Chris)

He then went on to illustrate this in more detail, especially in regard to his role as a user of mental health services –

...even though I’m not working you see I’m still an office clerk. I may not be working, but I’m still an office clerk...I don’t think of myself really as a career psychiatric patient or as ‘being’ inverted commas a ‘psychiatric patient’, it’s just ... yeah I’m a retired clerk I suppose is what I am. I mean obviously in a sense yes I’m a psychiatric patient because I see the psychiatrist, but I’m not sort of intrinsically a psychiatric patient or 100% a psychiatric patient cos I’m capable of doing a lot of other things you see. I think of myself as being the bloke who runs

the [name of town] Twinning Association, or the bloke who works on [name of common], or the bloke who works at [name of charity] ... I don't think of myself first and foremost as a psychiatric patient (Chris)

Chris seemed to have a very firm sense of his own identity first and foremost as a retired clerk, but his other occupations and roles in which he engaged were also of importance in constructing his identity. He seemed to acknowledge that being a mental health service user was just one strand of his many and varied roles and for him it seemed one of the least essential, or possibly the one he did not wish to own. He also used a number of different prefixes to the phrase 'psychiatric patient' - 'a career psychiatric patient', 'intrinsicly a psychiatric patient', '100% a psychiatric patient'. It was as if he was saying that though some people at the day centre are psychiatric patients through and through, he himself was not. Despite his unhappy experiences while working as a clerk, he also retained a very strong sense of this as part of who he was as well.

Matt spoke at length and in detail about his occupation of wood carving. He had mentioned it in the first interview but in the second it dominated his account. He described how he had first discovered wood carving –

I was working down the antiques shop years ago when I was a teenager. He [shop owner] had this wood carving holding a sword and the hand was missing – there was a hand missing - it had broken off. I had a go at ... anyway I repaired it, and he was really impressed with it. He said 'Gosh, someone who'd been to Art College a long time couldn't do that', and he was quite impressed with it. That's when I started [doing wood carving] (Matt)

Wood carving had continued to be a central occupation in Matt's life and was linked with his early working life. It was presented as being part of his identity as an artist and also a way in which he could feel good about himself – he had managed to repair a

damaged antique wood carving in a way that many people with training would have struggled to do. This extract suggested that Matt took a pride in his talent for wood carving. He had gone into the joinery business when he first started work, as an apprentice, and it was something that he had continued to engage in; he was able to continue with wood carving in the day centre, and even when at his most unwell, it had continued to be important for him -

I feel happy [when doing wood carving]. Yeah I enjoy it, I enjoy doing it. I mean when I had my first breakdown I was really in a terrible state ... I never got fed up with carving even then. I just feel the need to do it (Matt)

Wood carving seemed to be an occupation that Matt had discovered he was good at as a very young person. He also, it will be remembered from the first interview, had his first job as an apprentice joiner at around the same time, a job he had felt good at and showed some pride in recounting. Wood carving thus was an occupation that linked him to a part of himself before he had 'mental problems' and was something he did not tire of even when feeling very unwell. Matt viewed himself as an artist, as the next extract shows, and suggested that it may have been having an artistic temperament that had predisposed him to mental illness -

...I think there's quite a lot of artists have these sort of problems. As I said the man I worked for (inaudible) he had a breakdown in his 60s. (Matt)

Matt's sense of identity seemed to incorporate his understanding of himself as someone with mental health problems. The occupation of wood carving was something through which he was perhaps able to maintain a sense of self and make sense of the mental health problems which had beset him for most of his adult life.

Harry was clear that he wanted to stay in the same type of occupation as previously – horticulture – and this seemed consonant with his sense of identity as a gardener, or as he initially described himself ‘*an horticulturalist*’, who had worked at two very prestigious national gardens. He had been doing some conservation voluntary work, supported by one of the workers from the day centre, as well as doing some gardening in the day centre itself. Being given responsibility for the gardens at the day centre had increased his confidence and he also felt he was able to use and develop his initiative through these gardening occupations –

[we] go to garden centres and choose stuff... [the staff] try to give me a bit of responsibility as well...try to make sure I take responsibility for myself...they'll [staff] ask me what I want from the garden centre and they'll leave me ...they'll sort of leave me alone to ...and sometimes if there's a project it'll be up to me to suggest what needs doing in the garden... (Harry)

It seemed that the staff members at the day centre were using an occupation that already held meaning for Harry in order to help him develop his skills. Harry described this as ‘*empowering*’ and contributing to developing his self-confidence. The recognition of his identity as a gardener by day centre staff may also have been significant for Harry, as an acknowledgment of who he was. At the start of the interview he had enquired of me if I had seen the gardens on my way in; recognition for his work seemed to be important to Harry, perhaps as a way of maintaining his sense of self and status.

Anne spoke about everyday occupations that were essential to her. Her account contained many references to her everyday occupations and, as has already been shown, at times she stressed the everyday nature of these. By taking part in mainstream occupations outside the day centre she could perhaps distance herself from

being defined as a user of mental health services, although she also acknowledged that she did attend the day centre-

I come here [day centre] quite a bit. I have a partner. I go to church – different things. I go to the library quite a bit, read a lot of books, go on the computer – normal things. I go for a walk. I can't go very far but I do go for a walk sometimes with [partner]. Go to the seaside and things like that. (Anne)

For Anne her occupations represented a normality that it seemed imperative to grasp. She concluded by saying that she *'had lots to do even without work'*. Anne had referred in the first interview to an extensive network of people with whom she had relationships that she found to be supportive.

7.5.2 Who I want to become – *'everything was in bits and I've rebuilt myself up'*

Some of the participants seemed actively engaged in constructing new identities. In the first interview Ian had spoken about his plans to set up his own gardening business. This occupation, which he described as the antithesis of teaching, offered a great deal of potential for Ian to become a different person. The tools of the trade, in particular, had emerged as having significance for him in the first interview and he referred to this again when asked how his new business as a gardener was progressing –

I want as much as anything to have a van, have all the petrol gadgets, tools. You know this is completely different to being a teacher (Ian)

The outward markers of being a gardener seemed to be very significant to Ian. He had twice mentioned buying some steel-capped work boots to wear in his new role. He offered this as an example of the contrast with the suit and tie attire of the teacher he

had once been. He also repeated his reference to the tools and gadgets associated with gardening as being 'a boy's thing', and emphasised how powerful these machines were -

I can go and buy these things legitimately. Not buy this big petrol hedge trimmer without knowing I'm only going to use it two or three times a year... (Ian)

Setting up in business as a gardener, he seemed to be saying, would give him the perfect reason to buy a powerful piece of machinery. He also spoke about the heavier side of gardening -

...there's the hard gardening as well. The concreting the paths...and sheds. I can extend into that if I wanted to. I think power tools and hammers and stuff are a boy's thing. I know that's slightly sexist... (Ian)

Ian's emphasis on the importance of the tools of his newly adopted trade suggested an outward sign of a change in him. They could also represent a masculinity that perhaps he felt he needed to reassert following a period of being very vulnerable as a result of his mental health problems. Perhaps for Ian, then, his new identity, doing something quite masculine that required the use of heavy machinery and the wearing of protective steel-capped boots was a way of protecting himself against the exploitation of his vulnerabilities in the future. Ian's new occupation also reflected his need for a slower, gentler pace, and tending to flowers and plants rather than difficult teenagers. It may also have reflected a need for growth and change, like the pruning of a rose bush referred to in the next extract -

Well the last time [at the gardening course] we were doing just pruning roses...and just seeing how to prune it back and see what shape you want for it, if it's against the wall or whatever. See where the buds are and where you trim them off to and ... leaving the right amount and where the growth ... encouraging

the growth, whatever growth. And realising you're probably not going to kill it if you prune it hard. (Ian)

The detailed description of learning how to prune a rose could be interpreted as a metaphor for his own growth; choosing a shape, or a way of being for himself and acknowledging that he will survive no matter what he tries. His previous occupation, teaching, had nearly destroyed him –

I think I was just destroyed really...everything was in bits really, and I've sort of rebuilt myself up (Ian)

He was in the process of making a new life for himself and doing this through his new occupation, though he also said that gardening was just one aspect of this new life –

That's [gardening] just one strand of my existence. I'm working on my music, learning the guitar and the band bit. I go to the gym, keep fit. I just do a bit of mountain biking...that is just a strand of it. I've got to keep this balance, rather than 'oh, that's what I do' (Ian)

So although his new life was largely being constructed as a gardener, Ian was anxious to retain a balance in his occupations that was missing before. A further extract from my reflexive diary illustrates my thinking at this point.

17.8.09 Ian's story seems one of changing occupational identity. Initially I just read his interview as I couldn't access the audio file. When I listened to the interview I was really struck by more richness, nuance and detail than I had picked up. His experiences also resonated with my personal experience of the illness of someone close to me, as a crisis for re-evaluating life and making work 'just one strand of my existence' as he says.

John's account offered an alternative understanding of the occupation of identity building. He wanted to use his experience as a mental health service user, who had already done some training, as part of that new identity. In the first interview he had spoken about wanting to raise his sights beyond unskilled work and was pursuing adult education classes as a way of improving his skills. In this interview he said –

All my working career when I was paid, have been jobs that haven't required much input mentally – driving and cleaning and working in factories. They've been for want of a better phrase 'donkey work'. The only jobs or things that I've done that have stimulated my head have been ... voluntary work or presentations and such like – working with the user group [a local group of mental health service users which provided training and research] and such like. Because those things have drawn from my experience, my life, I feel I've got some expertise to offer back to them. I'm respected as an expert, I've been trained, and I've learnt how to manage myself in a meeting, I've learnt how to present ... (John)

John indicated that he wanted to create a career for himself as a trainer. This was something he already had some experience of and wished to build on that in order to have a new identity; one that he considered had more status, and which therefore might be more highly valued by society. He was aware of his 'expert by experience status' and wished to have that recognised and valued. It could also be a way of exploiting the role of user of mental services for his own development, using it as a source of pride and experience rather than feeling stigmatised and excluded because of it. Dunn, Wewiorski and Rogers (2010) noted that sometimes, rather than enter a paid job, participants preferred to create a career from many different opportunities. These often included the type of user expert work that John was becoming increasingly involved in. For many people having several part-time or irregular opportunities for work may be a viable alternative to a full-time or even part-time paid job in one place.

What Ian and John's accounts shared was a wish to construct an occupational identity that protected them from their vulnerabilities and perhaps from the exclusion and consequent threat to identity they had felt as a result of being mentally unwell. The difference was in how they wished to do this. Ian wanted a completely new persona, obvious to others by his ownership of the powerful tools of his trade and heavy work boots; John wanted a working role that would stimulate him mentally and bring him greater status, and give him the recognition of the value of his mental health service user experiences that he wished for.

This theme has illustrated the different ways in which the participants aspired to construct or reconstruct their identities through work. John and Ian seemed very clear about their aspirations – one for more status and recognition, the other to have greater autonomy in a very masculine work role with the necessary tools of the trade as an outward sign of this. Chris offered a clear account of the different roles that comprised his identity, and Anne seemed more able to consider both the physical and psychological elements to her identity as a service user, although she was less clear about future roles and identity. She said –

Life's not static. It moves on all the time, doesn't it? And doors open, and windows open all the time, don't they? Nothing startling has happened but I mean I've had the interviews and things like that. I've been busy on the committees [at the day centre] and things – kept going really, enough to do really...which is good (Anne)

7.6 Beliefs and values about work

Beliefs and values about work had emerged as a theme in the analysis of the first wave of interviews, reflecting the accounts that the participants gave of their work histories and the way in which they positioned themselves in relation to my questions about work. A second interview offered the opportunity for the participants to develop their accounts of their work-related beliefs and values. The participants reflected on the valued role in society that they felt work offered, and the self-confidence and self-esteem that this would engender. A financial motive for working was also evident but was not seen as being the main reason for working. In the second wave of interviews, the participants expressed beliefs and values about work that indicated they saw it as being 'the right thing to do', and that work offered opportunities for giving as well as receiving. The two sub-ordinate themes therefore are – 'Doing the right thing, and 'Giving and taking through work'. Each will be presented with extracts from the interview transcripts to illustrate them.

7.6.1 Doing the right thing - 'you have to try...'

This theme is most strongly represented in Harry's account. He suggested that to be working would feel '*more natural*', suggesting perhaps that to not be working is somehow unnatural -

I mean in a sense I would ... it [working] would feel more natural ... that's another thing as well ... and that would ... I would feel that it was right somehow, that it was the proper thing to be doing ... yeah.(Harry)

Harry sounded hesitant as he said this, evidenced by his halting delivery. He conveyed the impression that he was thinking about this as he gave his view. His views echoed John's in the first interview, when he suggested that working was part of human nature. Harry also reflected on the stigma that he saw attached to not working, and thus suggested that not working diminished his status. As a trained horticulturalist who had

worked in two prestigious national gardens, his work status may have been very significant to him, though his laughter, which sounded a little self-conscious, may have suggested that he felt slightly awkward about saying this -

And I want to be in a better ... status (laughs) ... I don't know whether I put that quite right or not really (laughs). There's a sort of stigma attached to not working really isn't there? (Harry)

Anne conveyed a sense of working being what was expected, and her account suggested that she felt that she had limited choice in the matter –

Just what normal people do – you go to work. Even if it was just three days a week, I wouldn't mind to go three days a week. You have to try...has to be done hasn't it really, you know. (Anne)

Anne seemed to feel that, like Harry, work was what people who were not unwell engaged in, that she had to try to achieve this, even if it was on a part-time basis.

7.6.2 Giving and taking through work – *'I want to pay my taxes, I want to help the country go round'*

As well as having a job, which would confirm that he was well and confer some status, Harry wanted to be able to contribute to the economy. Apart from John, who had also spoken about wanting to be able to *'give back'* to society, Harry was the only participant who spoke about wanting to contribute directly, in a financial sense through taxation, to the wider economy –

I like to be helpful you see, I like to help make things go round, you know and help the ... I want to pay my taxes, I want to help the country go round, help the

economy go round, help that sort of thing in my small way ... you know what I mean? (Harry)

Chris, with his previous negative experiences of work which were alluded to in the previous chapter, continued in the second interview to emphasise the power of the employer in a way that he did not want to experience again in the future. His experiences seemed to have resulted in a belief of the omnipotence of work and a sense of being trapped in a job by financial commitments and lack of opportunities –

But I mean when you've got a mortgage ... you'd be very reckless to leave a job with nothing to go to. And if you've been working for a building society there's not very much else you can do. It's a bit tricky. I mean for example if you're a care assistant and you leave one nursing home you can go and work in another can't you? But if you leave the only building society in [town], there is nowhere else to go to... the financial implications of this are very frightening and worrying (Chris)

Feeling obliged by his financial commitments and lack of any other opportunity, to remain in a job he disliked took its toll on Chris –

I mean when I was at the building society I could handle a certain amount of pressure, but I don't think I can now – something has sort of broken inside I think, I'm just not up to it any more. (Chris)

Any resilience that he had drawn upon to enable him to cope in this setting seemed to have deserted him, leaving him broken. In the first interview he had described being 'thrown in the dustbin'. It was therefore entirely understandable that he sought to avoid ever being in such a position again. The experience was so powerful that it has led him to eschew anything other than his volunteer work, as an option entirely –

I don't want to take on anything very taxing. And as I say, I don't want anything else that I do to prevent me from continuing to be in control of my life as I am - signed off. I mean as I say, I think I may have touched on this when we spoke earlier, but I mean the thing that was so awful about employment was that I never had any time to myself (Chris)

Where Harry declared a desire to give through work by contributing financially to society, Chris, having been 'broken' by his work could be said to have given something more intrinsic and personal – he had sacrificed his well-being for the good of the company and it had left him 'broken' and 'thrown in the dustbin'. Ian, like Chris, had lacked a sense of control and autonomy in his work, and like Chris, had sacrificed his own well-being to the demands of work -

All my previous experience was in the classroom for the last 20 years...the bell goes, you do this, the bell goes...it's very prescriptive. It's like you're feeling as if someone's overlooking your shoulder all the time, the OFSTED bit, whoever. (Ian)

What this theme illustrates is the very deeply rooted beliefs that the participants held about work. In the previous chapter I theorised that these beliefs were closely aligned with early experiences which contributed to beliefs about working being the correct thing to do, as well as being intimately tied up with human nature. Furthermore, the emergence of similar themes around beliefs and values about work at both the first and second interviews might suggest that there is an importance to the theme.

7.7 Experiences of support

Relationships with other people emerged as being central to well-being for most of the participants. Supportive relationships with families, friends, mental health workers and other service users featured strongly in all of the accounts. Social support appeared vital

to a sense of well-being and feeling positive about returning to work, and work itself was seen as having a social aspect as well as offer the participants a way of belonging in society. Matt's account highlighted a sense of slightly reluctant dependence on services that did not seem to appear in the other accounts. The importance of other people was most prevalent in John's account. The sub-ordinate themes in this section are – 'Supportive relationships' and 'Work as a way to belong'. Each of these will be presented with extracts from the interviews to illustrate them. The value of supportive relationships emerged as crucial in helping the participants to sustain their future work goals by helping to enhance their self-esteem and self-confidence, especially at times of feeling vulnerable.

7.7.1 Supportive relationships- *'It's quite supportive here [day centre], you know'*

Harry spoke about his need for guidance and support in accessing and maintaining work - someone who would help him to find work, support him while in the job and, crucially, to help him to remain hopeful. He described an approach by the staff of the day centre that seemed to be encouraging him to take a more proactive role in his life. It seemed that as he did this, Harry found he wanted more out of life. He felt better as a result and in response to feeling better, felt able to do still more. The support Harry was receiving was a subtle approach by day centre staff that seemed carefully calibrated to his level of need. Harry was aware of this and found it helpful and 'empowering'. He also felt that he would need help from someone within the workplace, at least initially –

And certainly initially [I would need help] I would be very confident once I'd got the hang of it, you know. But uh ... I would need to be well instructed as well I think as well. There's some things which I couldn't... I'd have to work with somebody who knows what they're doing really. (Harry)

Harry identified that some of this support would come from a support worker, such as the Support Time and Recovery (STAR) worker that he had access to within the day centre.

Ian spoke about the practical financial help he had received in accessing his gardening course. This help had come from an employment specialist –

...I accessed that [gardening course] with the help of [name] from [employment service] ...who supported my application, and then she tried to get some financial support for it as well because the course fee was £350. There was no concession from the college...I bought my own boots and some equipment. [Employment worker] managed to give me £50 towards that from [employment service] which is really good, and then she ...applied to lots of possible grant things from different institutes or support agencies and actually got a cheque for £200 from someone towards the fees which is really very good (Ian)

For Ian, in addition to the day centre and employment services, family and friends were supporting him in practical ways, enabling him to get some practical experience while doing his gardening course -

So you know currently I'm doing that [gardening course] and then to move that on a little bit I'm helping at my aunt's garden, I'm helping her and I'm helping at my sister's with her garden and doing a bit in my girlfriend's garden (Ian)

Ian also spoke about how valuable the help from services had been in enabling him to 'rebuild' himself –

I've sort of rebuilt myself up with their help. With everybody's input. Like [day centre], [day hospital], and my psychologist who saw me all the time. I mean I

was so bad, I mean it's quite amazing really in that I arrived here on 3rd May ... I went to my sister's doctor's in the morning cos I was so ill. And by 3 o'clock in the afternoon I was in with their senior consultant psychologist. Now that's amazing. And she saw me every two days for about the first week and then every week for months and months and months – that just doesn't happen (Ian)

The support from mental health services seen from Matt's perspective seemed double edged; on the one hand the day centre provided the space he needed for his wood carving, and the staff could help him with practical problems that arose, such as financial issues. On the other hand he had a sense of feeling beholden to services – needing to report absences, for example. Although Matt had expressed the importance of friends in the first interview, in the second interview he suggested that some relationships were necessary to remaining well. As has already been noted, he had become more engaged with his wood carving and, to an extent, may have resented the need to attend the day centre in order to engage in this key occupation -

I've got nowhere else to do it [wood carving]. I wouldn't mind a little shed somewhere on my own. Then I could come and go as I pleased you know. Might be doing something... at the weekend you know... I don't really like doing it here, but I've got no choice in the matter (Matt)

Matt went on to describe how reliant he felt on the mental health workers involved in his care -

The only thing is you are bound ... you're bound to the hospital if you know what I mean. If I was well I wouldn't be bound to the hospital. I wouldn't be in a hospital (inaudible) hospital, be on medication. So in that way you're stuck. You've got to take the medication; if you don't take them ... you need support and stuff. I can't go on holiday without telling the staff, that sort of thing you know. Can't do the things that someone who's not mentally ill and who doesn't need medication. (Matt).

However, he also noted how he was fortunate in having access to people who could help with any practical difficulties that he encountered -

I mean I'm lucky that I mean if I have any problems with bills or something, whatever, if I have a problem, they sort them out if something happens or whatever. Just see the staff and tell them about it, they can sort it out. (Matt)

Matt seemed to have somewhat ambivalent feelings about the support he received at the day centre – valuing it, and yet feeling a dependence that, at times, caused him to feel resentful.

Stella received support from a number of sources. She suggested that she felt better supported at this point than she had done previously –

Some of the people I've got round me now are a little bit more understanding (Stella)

Having recently moved to be in the local town, and nearer her friends, as well as having recently embarked on a relationship, she may have felt that her support network was more robust than it had been. She also spoke about the ongoing relationship that she had with her support worker as a source of practical help –

I saw her the other day. She said 'How's the theatre stuff going?', and I said 'Oh, I haven't done anything.', and she said 'Oh, you can always come back to me if you want'. ..there might be some way she could help me to find out if there are any options of doing it [work] voluntary...(Stella)

Stella seemed to value the opportunity to access the support worker again at some point in the future. It seemed that the approach would need to come from Stella 'if she wanted to' and Stella suggested that maybe this person would be able to help with finding some voluntary work.

Anne had also received some practical help towards aimed towards helping her access work, and some training -

I'm doing training for interviewing as well. In [name of organization] they have users on the committee for jobs; they want someone on the committee, asking questions from the service user's point of view. So I'll be doing that as well later on in the year as well (Anne)

Thus, there seemed to be a variety of ways in which the participants had received practical help and support, and some interventions seemed more valued than others. Contrary to my expectations, the participants were not critical of help they received, nor did they seem overwhelmed with offers of help, assessments and so on. With the exception of Harry who described quite a proactive involvement from services, there was a sense of participants needing to initiate accessing help for themselves if they felt they wanted or needed it. A few of them had been in touch with employment support services but their cases had been closed although they were at liberty to contact these services again in the future should they wish to. None of them were receiving any semblance of the supported employment services that I have described in the literature review chapter.

7.7.2 Work as a way to belong - 'we used to have a smoke together and a chat'

Work was seen by some of the participants as a way to have contact with other people. A wish to feel a sense of belonging, and seeing work as a way to achieve this, seemed very apparent in John's account -

I also enjoyed the social [part of] work, talking to the girls and [name] the supervisor. We used to have a smoke together and a chat and ... they're similar age [to me], some of them are older, they've got children and that, so they have similar things to talk about (John)

John seemed to feel a sense of kinship with his colleagues and his supervisor. He described them bonding over cigarettes and chats about their children. Smokers may sometimes feel like an excluded group, so sharing a cigarette break with colleagues may give a strong sense of solidarity and belonging. John also described how his voluntary work made him feel good about himself and enabled greater opportunities for socialising as he may have felt less constrained by professional barriers than paid workers may be. Furthermore, as a parent, being able to talk with co-workers about their children may have been helpful in a number of ways; talking about children is an everyday workplace topic and he may have felt included in this way; also raising a child by himself may have been quite hard and the support and advice from other parents may have been really helpful for John -

But the feedback's good [about him in some training work that he had done] and I feel good and I like working with people. I've found that in voluntary work that there's usually a greater opportunity because you're a volunteer, to socialise. (John)

He clearly enjoyed the contact with the participants in the training he was involved in delivering, and once again placed emphasis on his enjoyment of socialising with the

other trainers. John's enjoyment of socialising with staff members when he worked as a volunteer, and in his training role, may also have given him a sense of status and recognition that he valued, which made the exclusion from the staff Christmas party referred to earlier, all the more hurtful.

Ian, who was engaged in developing a new life for himself as a self-employed gardener, had previously belonged to the world of teaching, which he construed as being exclusive

—

...teaching is a different world. They all relate to each other ... I mean I can see it now – teachers talk to teachers, they go out with teachers, they all hang around with teachers, it's just ... I mean many professions are like that, but I think teaching is particularly strong in that way (Ian)

His wish to build a new identity, which was explored in the 'Occupational identity' theme, is further supported by his conceptualisation of teaching as being a different world and his desire to not belong to that world any more. Where John wanted to belong through working, Ian wanted to put some distance between himself and his previous life.

Feeling a sense of belonging, although not through work seemed vital both to Chris and Stella. For Chris, with his multiple roles, one of which was '*genial uncle*', belonging may have been enabled through his family and local community ties. Similarly for Stella, who had recently moved into the town from an isolated village -

Really really pleased we did it [moved], cos it's kind of ... yeah it's probably made my life a lot better in a lot of ways...yes you know I could have got quite stuck if I'd stayed where I was in the other place, because you know ... you can go out

*and you can see friends and ... you know it's all on the doorstep so to speak
(Stella)*

This extract from Stella's account suggested that moving into town, where her friends were more easily accessible, had improved her life and prevented her from becoming 'stuck' in the place where she had lived previously.

Belonging has been construed as a fundamental human need (Wilcock, 2006). As John's account showed, work can provide a way to feel a sense of belonging. Conversely, Ian's account showed how there can be a wish to dissociate from a previous mode of belonging to a state which is more independent. Chris's aversion to working for an employer and his wish to have the freedom and flexibility offered by voluntary work, could also be seen in this light, and Stella's delight in her new home suggested that there are multiple ways in which a sense of belonging was possible for the participants.

7.8 Preliminary discussion of findings

As with the previous chapter, I have presented a preliminary discussion of findings at the end of this chapter which reports the findings from the second wave of interviews. The opportunity to meet with participants for a second time was helpful in a number of respects. First, it enabled the development of a greater rapport between myself and the participants. At the first interviews we had been strangers to one another whereas on the second occasion we were more familiar with one another, sharing of stories had taken place and a certain amount of trust had been developed as I believe is evidenced by the sharing of more private concerns with the participants. A second interview offered the opportunity to follow up on topics that had emerged in the preceding interview, and I made this a deliberate strategy to acknowledge aspects of the participants' previous account, and to explore some issues in more depth.

A second interview also offered the opportunity to see if there was any indication of steps towards work or any other changes. In the first wave of interviews, participants' accounts presented themselves broadly as wishing to work with their accounts providing examples of barriers to accessing work, some intrinsic to the person, while others were extrinsic. In the second wave of interviews, it seemed that participants were prepared to share the ambivalent feelings they held towards work and a deeper exploration of these became possible. In contrast to the barriers described by participants in the first interviews, in the second interview most of the barriers described were intrinsic to the person and seemed to be more descriptive of their own feelings about work, which were very mixed. As before, I have discussed each of the themes separately, under the theme headings.

7.8.1. Occupation as part of recovery

Most of the participants had continued to move ahead with their plans and goals regarding work. Three participants (Chris, Anne and John) were engaged in voluntary work, of whom two (Chris and Anne) had applied for paid posts. Three were engaged in training or education of some sort (Anne, John and Ian), one was doing more work in the day centre (Harry) and one had continued with his half-day-a-week of work (Matt). This movement ahead with life plans is consistent with ideas of recovery in mental health, and most of the participants were steadily developing their occupational roles, although Matt's account was quite bleak and indicated limited hope and optimism about the future despite his engagement in an occupation (wood carving) that seemed very meaningful to him.

Despite the expressed desire to be in paid work, many of the participants seemed engaged in struggles to find a manageable balance between work and other aspects of

their lives. For all of them, the impact of their mental health problems was a consideration, either in coping with the job or in thinking about future work options. Negative experiences of work in the past peppered the accounts of a number of the participants, none more so than Chris, who described himself as having been '*broken*' by work and '*just thrown in the dustbin*'. Internalising these strong negative feelings presented a major barrier for Chris in thinking about working again in the future. Nevertheless, he had applied for a part-time position in his local library - this may be suggestive of a strong urge to have some paid employment for socially accepted or financial reasons even though this was contrary to his avowed stance of not wanting to work. It is really critical to grasp the damaging effects that working had had on some of the participants' mental health and the fears about working that they held as a result.

Ian and Harry were continuing to develop their occupational engagement with gardening – Ian, on his course and with his family and friends, Harry, in the garden of the day centre. The transformational properties of occupations have been extensively reported in the occupational science literature, with an emphasis on gardening and horticultural occupations. Unruh, Smith and Scammell (2000) found that gardening as an occupation held a range of meanings for their participants with breast cancer. One of these was 'fascination' described as 'a compelling interest in nature' (p 71). Ian had described his gardening course as 'unlocking mysteries'. Other meanings of gardening described by Unruh, Smith and Scammell (2000) are consonant with the calming, reflective way in which Ian described his experiences of gardening and his choice of it as an occupation that was healthier for him than teaching. Fieldhouse (2003) found that the plant/person relationship promoted interaction with the natural environment and thus enhanced health and subjective well-being.

The importance of everyday occupations such as seeing friends and spending time with her partner was emphasised in Anne's account and present in the accounts of some of

the other participants. Many authors in the field of occupational science have also highlighted the significance of the everyday. Townsend (1997) maintained that occupation is the active mechanism for life, and that life is made up of occupations, so the significance of people's daily occupations should not be overlooked. The clinical practice of many occupational therapists is predicated upon this perspective of occupation, and yet for some other mental health professionals the everyday may be overlooked and viewed as unimportant. For people who are not able to derive a sense of self and belonging from work, other occupations may take on a heightened significance.

Borg and Davidson (2008) have commented extensively on the importance of mental health workers attending to the everyday – which was confirmed by the participants in my study. Work is important and can bring many rewards but recovery takes place amid the daily round of people's lives. The key message seemed to be one of valuing other occupations alongside paid work; the current emphasis on paid employment as a goal may have diverted attention from everyday occupations. Holmes (2007) also cautions against a narrow focus on work as a successful outcome to the exclusion of attention to motivational issues, and sense of self-efficacy. Whiteford Townsend and Hocking (2000) also questioned the value of work above other means of contributing to society. This is an especially significant issue for women and/or other marginalised groups who are often denied access to higher rates of pay, and still tend to do the bulk of unpaid caring work, whether for children or older adults. This was not the case however, with the participants in my study. Two of the men (Chris and John) were the sole carers for ageing parents and a teenage son, respectively.

Despite the current emphasis on helping people with mental health problems get back to work, none of the participants were receiving formal evidence-based supported employment or IPS to assist them in their work-related goals. In fact, the type of help

that Harry was receiving (doing the garden at the day centre) is precisely the type of intervention for which there is no evidence to suggest that it helps people to access and maintain paid employment. This gap in service provision is consistent with the extant literature on IPS which has been found to be poorly implemented within the UK (Rinaldi et al, 2008).

Some of the participants shared accounts that offered an insight into how vulnerable they can sometimes or feel or how excluded from mainstream life they can be. Stella's description of herself as *'freakish'* illustrates how fragile some of the participants were, despite sometimes appearing to be quite positive and confident, and being able to hold major aspirations (acting) at the same time as self-doubt. John's view that the alternative to getting on with his life might be *'bailing out of life altogether'* offered an insight into how vulnerable and fragile people can feel, and highlighted what could be at stake, and what gains could be made if things went well.

With some of the participants being engaged in volunteer work, the value of voluntary work was highlighted in the findings. However, as Farrell and Bryant (2009) have pointed out, there is very little literature on the benefits of volunteering for people with mental health problems. Rebeiro and Allen (1998) carried out a single case study in which they found that volunteering was perceived as offering a socially valued role and allowed their participant to construct a preferred social identity to that of mental health service user. Working in a voluntary capacity appeared to have many advantages for some of the participants in my study, chief among these being the autonomy it provided.

A number of the participants described the ways in which they understood and managed their mental health problems. Slade (2009) has suggested that framing and

self-managing the illness are two of four ‘tasks for recovery’ (p83). In their meta-analysis of 20 qualitative studies that explored people with severe and enduring mental health problems, ‘Perspectives of Work’, Fossey and Harvey (2010) found that ongoing active self-management strategies were highly significant. The approach adopted in my study has facilitated detailed exploration and understanding of the ways in which the participants understood and managed their illnesses, such as John’s understanding of the cyclical nature of his illness, and suggests that a phenomenological approach to the lived experience of mental health problems has much to offer. Developing a positive identity has also been described as a task for recovery (Repper and Perkins, 2003; Slade, 2009).

7.8.2. Building an occupational identity

Many of the accounts contained examples of the participants’ use of occupations to create or recreate positive personal and social identities. Work has been known to be a way for people to construct a sense of self-identity in the mainstream population for decades – it is well known that the first question on meeting someone for the first time will be to ask what they do (Unruh, 2004). Initial impressions and judgments about a person are often made based on the answer received. Borg and Kristiansen (2008) questioned the apparent assumption that people with severe and enduring mental health problem might have different views and needs about work from the mainstream population.

7.8.3. Beliefs and values about work

This theme was identified in the analysis of the first wave of interviews, and was revisited in the second wave. This theme is discussed in greater detail in Chapter Nine, discussion of Findings.

7.8.4. Experiences of support

Support from family, friends and mental health professionals was seen as being essential by most of the participants, and many of them had had good experiences of being supported in their work aspirations. One or two had experienced less supportive attitudes than perhaps they would have liked; Stella, for example, felt a critical expectation from her family that she should be working and felt judged badly as a result of not working.

All four tasks of recovery, as described by Slade (2009), involve relationships, and ongoing time-unlimited support is a key element of the IPS model of supported employment. One of the key recovery tasks described by Slade (2009) is that of creating valued social roles. Many of the participants had created these for themselves; Chris with his volunteer work and his local community responsibilities, and John and Stella had central roles as the lone parents of school-aged children. Reed, Hocking and Smythe (2010) identified the importance of relationships and connections with others – the participants in my study were addressing these needs through occupational means other than paid work - volunteer work, classes, and family and community involvement. A number of other authors have identified the importance of belonging as a key psychological and social need for health and well-being (Wilcock, 2006, Ryan and Deci, 2000).

7.9 Chapter summary

This chapter has presented the findings from the second wave of interviews. Seven participants' accounts comprised the analysis for this wave of the study. The key findings from the second wave of interviews highlight the centrality of other occupations, in the absence of work, in the lives of the participants, with a particular focus on their use of occupations to move away from being unwell and to progress in

their recovery journeys. The findings also point to the role of occupations in the formation and maintenance of a personal and social identity. The participants' beliefs and values about work, and their social relationships were found to be crucial to these processes.

The themes identified at an early stage of the analysis were used to inform the data gathering in the third and final wave of interviews. The way in which I carried out this aspect of the study was explained in Chapter Five, Method and will be reprised at the beginning of the final chapter reporting findings.

Chapter Eight – findings from the third wave of interviews

8.1 Introduction

This chapter presents the themes that emerged from the analysis of the third and final wave of interviews. Just four of the original 10 participants recruited to the study responded to a request for a final interview. John, Chris, Ian and Stella each met with me individually for around an hour. A supplementary approach to the data gathering for the third interviews was introduced with the use of the theme cards. These fulfilled a dual purpose of enabling me to give the participants some feedback from the second interview analysis, as well as creating an opportunity for some of the themes to be commented on in the third interviews. In this way, some of the data analysis from wave two was brought into wave three to give the participants an opportunity to comment and elaborate on any themes which resonated with them if they chose to do so; I was careful in the interviews to allow the participants to focus as much or as little on the cards as they wished. The process of developing these cards was explained in Chapter Five. Data analysis was carried out in the same way as for the transcripts from the first and second wave of interviews, and produced two super-ordinate themes – ‘Managing the self through engagement in occupations: the meaning of work in recovery’, and ‘Belonging and feeling connected to other people: the struggle for relatedness’.

8.2 Themes from the third interviews

The themes will be presented in turn, together with the sub-ordinate themes from which they emerged, along with extracts from the participants’ interviews which illustrate them. The themes and sub-ordinate themes are presented in order of prevalence, across the four participants’ accounts. The interviews were approached afresh, without reference to earlier themes, although, clearly, in meeting the

participants for a third time, I had more presuppositions and foreknowledge than at our first meetings. Nevertheless, a year had passed between the second and third interviews and I approached the interviews themselves in a fresh way.

Table 6 Themes from third interviews

Sub-ordinate themes	Super-ordinate themes
Occupation & identity	Managing the self through engagement in occupations : the meaning of work in recovery
Work & other occupations as part of the recovery journey	
Finding a suitable job	
Barriers to moving on	
A human need to belong	Belonging and feeling connected to other people: the struggle for relatedness
The pain of not belonging	

8.3 Update on participants

A year had passed since the previous interview and inevitably changes had taken place, both in the lives of the participants and in the life of the researcher. A brief synopsis for each participant follows. This information is summarised from the accounts given in the third interview.

8.3.1. Chris

Chris had applied for one part-time job as a data entry clerk. His application had been unsuccessful. He was still living with and caring for his elderly parents and was looking into residential care options for them for the future. He continued to participate in all of his previous occupations including his voluntary work. Chris seemed to have remained mentally very well since the previous interview; certainly he did not describe any such problems in the final interview.

8.3.2 John

John had continued to pursue his plans to develop his skills as a trainer in mental health services and had had a meeting with a local university and with a local service user consultancy to try and establish a role for himself. He was still living with and caring for his teenage son. He had not resumed his adult education classes or his voluntary work. He did not report any further episodes of psychosis.

8.3.3 Ian

Ian had bought and moved into a house in the local area, enabling him to move out from his temporary accommodation with his sister. As a result of the house move he had put his gardening business plans on hold. He was still in the relationship that he had started prior to the second interview. He did not report any further episodes of mental ill health.

8.3.4 Stella

Stella had applied for a number of part-time jobs with local employers. Her applications had been unsuccessful. She was still living with and caring for her young daughter, and still in a relationship, though not living with her partner. She did not report any further episodes of mental ill health.

8.4 Managing the self through engagement in occupations: the meaning of work in recovery

This theme encapsulates the ways in which the participants were incorporating, or planning to incorporate, some kind of work role into their future plans as a way of moving on from being ill, while at the same time highly valuing their non-work occupations. Each of the participants had a personal view about the role that work would play in their future, this being of greater significance for some than others. The

theme was most clearly represented in the accounts of Chris and John, although close reading and interpretative activity revealed aspects of Stella and Ian's accounts that were closely tied in with their perceptions of the role of work in their future lives. The participants held divergent views about the significance of money when considering work; John was adamant that work was about more than money; Ian did not really need to earn money as his pension fund covered all of his needs; Stella was motivated to earn money as way of having more choices and a greater independence; work seemed to represent a 'being normal' that was important to her; and the sole reason that Chris gave for working was to be able to earn a little more money to augment his existing income from the welfare benefits he received.

8.4.1 Occupation and identity – *'who are you is a lot to do with what you do, isn't it?'*

Although none of the four participants had found paid employment, developing work roles continued to be an important goal for all of them, though there were differences in their individual accounts about how they planned to pursue their work goals. John described a detailed and intimate understanding of his illness and how he felt his plans for work had to be synchronised with episodes of wellness and illness. As became apparent in the first two interviews, Chris's sense of self seemed to have been badly affected by his past work experiences, and he still seemed to be struggling with the effects of the past and trying to make sense of his experiences. As a result, he had developed many occupations that were not formally work, such as his involvement in two committees within his local community, and his language and keep-fit classes. These had become extremely important to him as a way of creating a fulfilling and meaningful life. Like Chris, Ian had withdrawn from paid employment, finding it adversely affecting his well-being and had found meaning and satisfaction in occupations that were not work. Stella held a belief that her low self-esteem would be bolstered by working, although her unsuccessful attempts to find work seemed to have further eroded her self-confidence.

Chris explained how his difficult past work experiences continued to concern him long after he had left the building society -

[The experience was] extremely traumatic and it took years to come to terms with...and to find ways of accepting yourself for what you were and not feeling too bad about yourself being what you were (Chris)

His use of the second person in this extract could indicate that this statement evoked painful memories and the second person was a way to distance himself from them. His non-work occupations could be said to have acquired significance as they had become pivotal to his life and his sense of self. Throughout the three interviews, Chris was keen to emphasise the importance of the diverse occupations that he engaged in. He suggested that occupational engagement was linked with identity and selfhood -

I mean I get a lot of fun out of doing these things [his non-work occupations]. And on the one hand you get the same satisfaction as you do out of work, about doing a job well, but with less of the stress and aggravation that you have in work...I mean a lot of people who are signed off just do nothing at all. I don't quite understand how they justify their existence to themselves ... I mean who are they in a sense ... who are you is a lot to do with what you do isn't it? (Chris)

This statement suggested that Chris saw occupational engagement as conferring a sense of identity. Although he rejected my suggestion that what he referred to could be conceptualised as 'occupational identity', as suggested by one of the theme cards, he may have been interpreting this phrase as meaning identity from *work* occupations rather than 'occupation' as understood within the profession of Occupational Therapy. The following extract is taken from my reflexive diary, made at the time of analysing the interview with Chris –

23/24/25.6.10 Occupational identity - this theme emerged from the interview with Chris. However, although he inferred it [occupation & identity] when he said 'who are they? [day hospital members who don't do much], who you are a lot to do with what you do, isn't it?', when I linked this with occupational identity he didn't seem sure (you can hear it in his voice on tape) because he understands 'occupation' to mean paid work. Even so the theme cards facilitated a deeper exploration of the concept of occupational identity.

I don't think that occupational identity is whole identity you see. I mean in a sense ... because I mean if the work you've done in your life ... you don't know [name of another person at the day centre]... but he used to work in a garage fitting exhausts to cars. Now occupational identity ... I mean it's a job isn't it, and it's useful, but you might not feel too great about yourself if you thought that that was all there was to you, you see (Chris)

This extract implied that Chris saw a clear distinction in terms of meaning between work and non-work occupations. It was this latter category that was so important to him in trying to hold on to his individuality and privacy while working at the building society, and which were a crucial element in maintaining his wellbeing in the years that followed. The following extract emphasised the vital nature of occupation as perceived by Chris –

Unless you have some kind of occupation you don't really exist at all do you in society or as an individual? You're just nobody in a sense aren't you? (Chris)

This statement seemed critical in understanding Chris's attachment to his non-work occupations. If paid work is complete anathema to him, then it was only by retaining his engagement in other occupations that he can continue to exist as a person at all. This could be a reflection of how highly he values his other roles; it may also reflect his perception that his roles are socially valued and allow him to be socially included. As chair of two local committees, he may have had quite a high social standing in his

community. Status was something that seemed important to Chris as will be seen later when he compared his past role as an office worker with a job he had held briefly as a kitchen porter.

It seemed clear that John's self-understanding and plans for returning to work were contingent upon the course and cycle of his illness. In the third interview he spoke in more detail about his experience of illness and of how he lived with it. He may have felt able to talk about in more detail as this was our third meeting and he felt more comfortable about sharing personal experiences. As a result, a deeper understanding of John's illness and the importance of this for John when thinking about the future, including work plans, became possible. While initially described as '*a disobedient dog*', possibly to illustrate the unpredictable element of his illness to others, for example, his English tutor, it emerged that John himself saw the illness as being quite predictable and cyclical in nature, and that this aspect of his illness was important to John in allowing him to make plans for the future, as he could only consider working in his less distressed phases -

We're dealing with what is, and it is a frustration and something to take into consideration that every three or four years, near as damn it, I'm going to be ill (John)

As well as the illness having a cyclical feature which allowed John to plan his life around his episodes of illness, John also emphasised the powerful experience of his illness episodes, with an emphasis on embodied understandings of it -

It's like catching a flu virus and the doctor pinpointing the time that you actually took on the virus, right? And then sort of saying well actually there's nothing I can do cos you're going to have this bout of a week, 10 days and feeling really rotten ... and then

you're going to feel better, cos your body will kill the germs when it's gone through the process. Well the psychotic episode is like that. (John).

In this extract, John likened his illness to catching a virus and in doing so he may have demonstrated his understanding of his illness as a biomedical phenomenon which cannot be controlled and has to run its course. The comparison with catching 'flu is quite interesting in that it might suggest that John is minimising his mental health problems – influenza and psychosis are two very different experiences, but perhaps John does feel quite accepting of his '*disobedient dog*'. The extract also contained a positive message about feeling better and the episode passing. Further evidence for John's understanding of his illness can be seen in what he had to say about medication -

Medicine is a help ... if you don't have medicine and then you're ill, it's like falling off a cliff. If you do have medicine and then you're ill, it's like rolling down a slope. But the psychotic episode itself, whether it's for a fortnight or three months, has to burn itself out. (John)

This extract would seem to suggest that John does not entirely view his illness as a biomedical phenomenon in that '*medicine*' only moderates the effect – the illness still has to '*burn itself out*'. He also highlights the potentially catastrophic impact of becoming ill, likening it to '*falling off a cliff*'. This offered a contrast to his comparison of the psychotic illness to the more mundane catching 'flu. In the next extract the embodied impact of illness, as experienced by John, is explored further. The way his illness affected him was described in very powerful language which conveyed a sense of how potent the illness is –

Sometimes you can have the stuffing knocked out of you after a bout of illness and you can feel a bit shell shocked over it, and you sort of think 'Oh, I won't be lifting my head above the parapet again cos it hurt'(John)

John's use of language to describe the effects of his illness was extremely powerful, evoking images of catastrophic accidents (falling off a cliff, having the stuffing knocked

out of him). His intimate knowledge and understanding of his illness seemed important considerations for him in planning a return to work, as well as conveying a message about the seriousness of his illness and how it might impact on him. Thus, it seemed that John held a variety of views of his mental health problems. On the one hand, they could be considered as relatively minor as having a bout of 'flu; on the other hand, the effects could be quite catastrophic. By providing such a detailed account of living with a severe and enduring mental health problem, John's account helps in understanding the primacy that many people in similar positions need to give to their mental health problems when considering work. Although there is evidence to suggest that work helps in the management of mental health problems (Grove, Secker and Seebomh 2005; Bond, Drake and Becker, 2008) the nature of the problems clearly need consideration when planning to get a job. Work for people with severe and enduring mental health problems can be understood both as contributing to self-management but also as needing to accommodate self-management strategies.

Ian had been planning to use the occupation of gardening both to enable him to work with more autonomy and reduced pressure, but also to create a new identity as I have theorised in the preceding chapter. The third interview confirmed this theme which had emerged from the analysis of the first and second interviews. Although at the time of the third interview this was still his plan, he had not taken further steps towards his originally stated goal of becoming a self-employed gardener, as he described having been very busy with moving house. However his determination to leave behind elements of his previous life was undimmed –

That's gone [Master's degree in Education].I've actually still got the folder. I'm going to shred it and then that will all just vaporise. (Ian)

In the first two interviews, Ian's wish to change his life had emerged in his whole hearted espousal of everything to do with being a gardener, possibly as a way of not

being a teacher; he was wearing different clothes, growing his hair, even speaking in a different way. He also stressed the importance of the outward signs of being a gardener in the tools and the boots he needed for his new identity. By destroying the work he had already done for his Masters degree in Education, he seemed to be extinguishing his old life, and it seemed as if his old identity would just disappear, as if in a puff of smoke. Ian confirmed this view of his experiences when he said –

My previous identity as a teacher is very much different to what I am now. I've completely ...not disassociated but it's...I wouldn't go back and couldn't go back. So I'm quite content not to do that [be a teacher]. I enjoy my Monday mornings not having to go into the school (Ian)

Ian accepted a suggestion from me that he had significantly changed his occupational identity although he acknowledged that perhaps teaching was still part of him; that he had not completely disassociated from teaching, though he would be unable to 'go back'. Although he planned to shred the work he had done for his Master's degree, he was planning to keep his Professional Development portfolio. When he said he had not completely distanced himself from his previous life, he implied there was an element of wishing to retain something from the past. An extract from my reflexive diary illustrates how I noted my preconceptions about the meaning of gardening for Ian but also how these preconceptions enabled me to extend the interpretation and find further evidence in Ian's account for his wish to move away from his previous identity as a teacher -

July 2010 Ian's third interview - his account seemed to confirm the change of identity theme though not through gardening. I felt some slight disappointment at this as it was such a nice early theme. However almost more radical than simply changing occupation but 'vaporising' his previous self with the shredding of his MA files but holding on to his CPD portfolio. Not such a making of a new life but obliterating an old one.

Stella's account was characterised by her wish to access what she saw as the 'normal' world and her perception of working as means to do this -

Stella - I've kind of been [doing] sort of more sort of normal stuff really.

Alison - Mm, mm. What kind of things? Tell me a bit about what sort of normal stuff?

Stella - Well after we [met last time] ... I started looking for ... cos we talked about the acting and stuff like that didn't we? I kind of looked up some sort of agencies which do like extras and stuff like that. And um ... and I kind of applied for quite a few jobs at the airport. And I think with the recession and stuff nobody's taking people on, so that didn't come to anything (Stella)

The kind of work she expressed interest in doing (cabin crew, ground staff, working in the duty-free shops) are jobs which have a certain image, and where staff are required to look very smart, with women usually wearing makeup. There may be an association of glamour, with an emphasis on appearance, which seemed important to Stella who presented as someone who took a great deal of time and trouble over how she looked. Perhaps through such a job she would be able to create an identity for herself other than as a mental health service user, in the same way as an actor she was able to create many different identities for herself. My observations of Stella in the three interviews were of someone to whom physical appearance was important. She was always smartly dressed, carefully made up, with her finger nails painted. At the second interview, which was in January, she was very sun-tanned. She did not say she had been away on holiday, so I am making an assumption that she had artificially tanned her skin. At the third interview her long hair, black in the first two interviews, was highlighted blonde. These observations suggested to me that Stella was a woman for whom her appearance mattered. An extract from my reflexive diary may help to understand more about Stella's position and my interpretations -

21.8.09 Though she is a single mother of a young child Stella does not cite this as work or present herself as being unable to work because of her child's needs. Perhaps like the play, she doesn't consider it [mothering] to be 'proper' work? In the third interview she told me how her own mother had always worked, despite her own mental health problems. Does she feel she doesn't measure up? Her father and brother are certainly perceived as being critical. Is she caught between the world of work and the world of mental health? Is there a push/pull, a tension around working? Discussed with supervisors. They also discerned the ambivalence from Stella and the risks she might not want to take in accessing work, the need to stay safe. Also identified a treading of a fine line to stay well and look after child and that a lot of mothers of young children may feel this about working.

The importance of non-work occupations for building and maintaining identity was represented in all four of the participants' accounts, although in divergent ways. The view was most strongly characterised by Chris's account, indeed, this was a view he had held throughout the duration of the study, despite his unbending in his stated determination not to return to work. There was a view that working needed to be fitted around periods of illness and wellness that was strongly held in John's account but shared by other participants' who spoke of the need to balance work-seeking with other events that were happening in their lives such as Ian's house move. Stella's account held a powerful message about work as way to manage her feelings of difference by joining the workforce.

8.4.2 Work and other occupations as part of the recovery journey - *'Sometimes you just want to do normal things. You don't want to sit around and be ill or talk about being ill.'*

This sub-ordinate theme portrays a shared wish that the participants had to move away from their roles as mental health service users and the primacy that occupying such a

role had in their lives. The closure of the day centre which they had all been attending was an element in this transition. This was a change in service provision that had been planned for some time. I had expected participants' responses to this change to feature more in their accounts but, in fact, this was not the case; it seemed that the closure of the day centre coincided with their wish to move on and away from mental health services. It may have been a factor, however, in why other participants did not feel able to have a third interview.

Over the year between the second and third interviews, Stella had been gradually reducing the time she spent at the day centre. Her individual therapy was due to end and she had been quite active in seeking work although had not at that point been successful in any of her job applications. Stella seemed to be actively engaged in making changes in her life that suggested that she saw herself as recovering from her mental health problems and that work, her social circle and her new relationship were all aspects of reclaiming her life –

I've got one particular friend that sometimes now we don't want to be talking about [being ill] ... you know you want to be doing more ... I mean I know my parents think my life's ... they're so pleased for me how ... they think I'm so happy at the moment. Cos you don't always see that you've got like changed and stuff do you? ... like my life's quite different I suppose. Cos like at one point I didn't even think I'd be able to have a relationship (Stella)

Stella seemed to be aware that her life had changed but perhaps she was not yet fully aware of how much she herself had changed as a result, although this was apparent to people who knew her. Yet she acknowledged that she was making progress and not as unwell as she had been -

To be honest with you sometimes I feel a bit guilty because you think 'I'm not as ill as I was'. I know I'm still ill and stuff, and I know I still have a lot of problems but I suppose I feel like it's time I need to start doing something really (Stella)

Stella acknowledged that she was not as unwell as she had been and that, despite still having some difficulties, she felt that she should be *'doing something'*. This sense of an expectation that she should be working had been present in the previous interviews; her previous accounts had hinted at feeling some pressure, both from her family and from society as well as from herself that she ought to be working. However, there was also a wish to move away from the illness role -

Sometimes you just want to do normal things. You don't want to sit around and be ill or talk about being ill ... I do find it hard sometimes cos some people we still meet up with are really quite ill and maybe their problems are more severe or whatever, or I'm not quite sure but ... I don't know, sometimes you feel like ... I don't want to be like that anymore, I don't want to just ...' do you know what I mean? (Stella)

Stella seemed to hold multiple views of herself, and maybe this was as a result of the transition she was in; a new relationship, having moved house between the first and second interviews, continuing to care for her daughter singlehandedly and feeling well enough to pursue work, may have heralded a new phase in her life. Furthermore, the planned closure of the day centre and the ending of her individual therapy had imposed changes in her life.

John's commitment to the idea of working had been sustained throughout the three interviews, even through a period of being mentally very unwell, and as the previous theme showed, John's thoughts about work were inextricably linked to the cycle of his illness. John maintained that the main values of work were other than financial reward. For John, these were increased opportunities for self-efficacy, opportunities to achieve goals, opportunities to be around other people, and to have a structured day –

... Work's not just about money, it's ... about relationships, it's about place in the community, it's about well-being, and it's about a feeling of satisfaction, a feeling that you've done this. (John)

John also saw getting work as part of his personal recovery journey but seemed quite open to other possibilities in his life, such as remarrying —

Whether recovery will ever mean that I end up employing myself again on a long-term basis, I don't know. I might meet somebody else and get married again or live with them. And sometimes life shapes itself like that, rather than how you think it's going to in other ways. Maybe I will never meet anyone else and I'll work part-time or I'll work full-time ... or I'll just stay as I am. (John)

It was difficult to imagine John being content to stay as he was, as he was seemingly so determined to return to paid work. However, when he was feeling vulnerable, maintenance of the status quo may have seemed as much as he felt able to cope with.

Ian's account offered a further perspective on the role of work and recovery. In the first two interviews he had spoken at some length about his plans to set up a gardening business and was very involved with learning more about the trade and equipping himself with the tools of the trade, including a pair of strong work boots. He had seemed very focused on these plans and extremely enthusiastic about the new occupation of gardening which had previously been 'a mystery' to him. His plans to buy a house included a desire to have somewhere with a good-sized, south-facing garden in order for him to continue to develop his new interest. In the third interview, he had indeed bought a house but not only did it not have a south-facing garden, it had no garden at all. This made me reconsider the purpose that the occupation of gardening had served for Ian -

I went on to complete that [gardening course], so I got the certificate which was really good. It was quite enjoyable... Well it took me up to the summer in that, you know, cos it's a 30-week course – three sets of ten. So yeah that was good. Uh ... what I did then is the biggest thing that's happened to me since completing that, I've actually ... I bought my own property now, so I've managed to move out from my sister and bought a house in [name of town] down the road [from sister] (Ian)

Ian's account suggested that in order to focus on the house move he had put his gardening plans on hold for a year while he concentrated on a further change to his lifestyle. Gardening as an occupation had seemed important to Ian as a means to alter both his frenetic lifestyle as a teacher, and his identity, as I have theorised previously. That he would put this 'on hold' could suggest that the house move was also very important and required all his energies, or perhaps that he felt sufficiently secure in his new identity as a gardener, or that the gardening had served its purpose as means of facilitating a transition from being unwell to starting to take back some control in his life. He went on to give a detailed account of the new house, the reason it was being sold and how he had bought not just the house itself, but all of the items within it –

It was sad for the bloke who was selling it [Ian's new house] because he's a nice guy, but his marriage broke up and they had to sell it, just as he'd completed his house – and everything matched. So [there was] a really high level of décor in it, and everything went with everything – like the table and chairs, the leather ... none of it was tatty. Like you go round some houses and it's horrible. It had all been done and everything matched. So ... and he wanted to get rid of it, so I bought it all in the price. Down to the beds – the whole lot (Ian)

I was really struck by the idea of Ian not just buying the house but actually buying another person's life. He described how the only thing he bought new was a big plasma screen television. Later in the interview he described how, having bought the house with all its contents, he then had two sets of everything he needed. In response to my question about which he was going to keep, he replied that he would keep the things

that were in the house and get rid of his own possessions which had been in storage for some time –

I'll get rid of all my stuff. Yeah. Sell it, I don't know. Yeah I'll just change ... you know it's all going to go, the lot. So it wasn't that strange to go in there, no, and be surrounded by other people's stuff. That hardest bit was the kitchen I suppose, because then we just took all the cutlery and washed it and sorted the cups we don't want and stuff. Because basically he was saying 'Do you want me to sort it out, which bits do you want?' So I said 'Just leave the lot'. (Ian)

The sense of Ian throwing out his old life and starting a new one had been a consistent theme in his accounts. He also had spoken about throwing away the folder with all his Master's degree work in it and it 'vaporising'. So, for Ian, recovery and moving on may have been about divesting himself of material possessions from his previous life, including his degree work which represented his professional life, and building a new life and a new identity -

I'll get rid of everything else [except his CPD file], yeah. And that's what ... I've got that opportunity; I've been doing that actually quite ruthlessly, chucking stuff away. It's a good opportunity just to have a change (Ian)

This is in contrast to the way he use to keep items that were connected with his work; it seemed that only since he had become unwell he had reached the decision to get rid of many representations of his past life –

And then you take it [belongings not needed] from one house to the next house and like ... the old textbooks from when I did my degree – you got textbooks. But you come to throw them away you think 'Oh, I'll just keep it.' They're gone now. (Ian)

As this extract shows, Ian used to be someone who kept objects associated with previous phases of his life; he had also emphasised the importance of objects that confirmed his identity as a gardener such as his boots and his tools. It may be that for Ian the visible trappings of his occupations seemed important sources of self-confirmation. However, it seemed he had a wish to divest himself of all of the trappings of his previous existence and start afresh.

8.4.3 Finding a suitable job – *‘that’s perfect... it’ll give me a few hours without throwing me into some huge contract or whatever’*

This sub-ordinate theme characterises the importance of a having a job that matched with the needs of the participants. Chris claimed that, for him, the primary purpose of working, when he had been at the building society, was that it was what he did to earn a living; a view which is consistent with an extrinsic work value, considered in the discussion of findings at the end of the thesis. At the time of the study’s commencement, Chris seemed generally content not to work in a paid capacity, finding meaning and satisfaction in his volunteer work and his other occupations. He suggested that -

‘people who want high-powered jobs...maybe in some respects missing the point of being alive’(Chris)

This view of work and alternative occupations seemed to suggest that Chris would only value paid employment for the financial rewards it would bring, and that meaning and satisfaction were more readily available to him via other means. This is consistent with his view of how his other occupations held meaning for him and gave him an identity and possibly status as well. As well as his traumatic experiences working in the building society many years previously, Chris had more recent experience of work which had been deeply unsatisfactory –

The trouble with it was that it was a physical job and you had to be rushing around and scrubbing floors and doing lorry loads of washing-up and with caked-on grease and stuff. And if you're used to dealing with paperwork in an office and dealing with personal accounts and that sort of thing, it's a very different kind of work. (Chris)

There may have been something about job status and not wishing to do entry level work which was problematic for Chris who perceived his identity partly in terms of being a 'retired office clerk'. However, he had experienced a dissonance at times with the work he had done in the building society, comparing it, unfavourably, with his current voluntary work -

I mean one of the things that most people like about working for [name of charity], the shop managers upwards, is the idea that in some way that you're doing somebody some good somewhere, and curiously, I wasn't ... I didn't always have this feeling working for a building society. Um ... because what are you doing in a building society? – especially when you work in the mortgage department – you're making home ownership possible for people. And I'm not quite so sure about that. I mean I grew up on a council estate and I don't necessarily see that owning your own home is necessarily the be-all and end-all of existence. It was more difficult, I mean when working in the financial services industry, I thought of myself ... even though I wasn't actually directly involved particularly in sales or marketing, I thought of myself as a sort of businessman involved in wealth creation and money-making ... and that's not quite the same thing as doing people good is it really? (Chris)

Living a full life and a good life sounded important to Chris, and was not something he felt able to do while working in a building society; he derived greater meaning and satisfaction from his voluntary job at a charity. Chris was very clear about the minimal role he wanted paid work to play in his life and the lack of impact it would have on the areas of his life that he considered more important –

I'm hoping it's just going to be a question of maybe getting up one day a week and going to an office or somewhere and doing something for my eight hours and then getting back into my normal routine the rest of the time you see (Chris)

Chris seemed very clear about the need to keep any paid employment he engaged in quite separate from his other, highly valued, occupations. He did not seem to value paid work in any way other than to augment his income, and he described it as one might describe an unpleasant chore which has to be done before one can get on with the more pleasurable aspects of life. Chris's account raises a number of issues for consideration of what the 'right job' might mean. He suggested that it was important that the work was consistent with his values, and that there was a certain importance attached to status at work. A further extract from my reflexive diary entries at the time of analysing the interview with Chris shows my interpretative activity -

16.7.10 Keeping two aspects of identity (work and life outside work) is a 'grave' matter for Chris. Maybe even a matter of survival. In the past work became whole identity with his gardening being the only way he could find some balance, and now thinking about going back to work he needs to avoid his identity being subsumed by work again. He has worked really hard at establishing an identity; he would be afraid to lose it and risk becoming ill again. Balancing occupational identities may be part of occupational balance.

Being able to access a suitable job was very important to Chris, and a lack of available suitable jobs may have presented a barrier to him moving on-

'I wouldn't be very keen on doing like cleaning and stuff like that if I could help it'. (Chris)

Despite his distressing experiences while working for the building society, Chris seemed to have retained a certain amount of pride in his previous career as a bank clerk. His desire not to do an entry-level job like cleaning suggested that he still felt this way –

I've always supposed that being a clerk involves working with your brain more so than with your body. And uh ... it's a job that you do through literacy. You know at a basic level ... yes, literacy and numeracy. Maybe this is just empty snobbery, but I've always thought that this was a cut above like digging the roads and that sort of thing, exactly. Because it's a clean job, it's not dangerous (Chris)

It may be seen as slightly ironic that Chris did not consider his job to have been a dangerous one when it does seem to have endangered his mental health, if not his physical safety. But through having the difficult and damaging experiences he had at work, which he described in great detail in all three interviews, he had been able to appreciate occupations that are not formal work for what they could give him in terms of fulfilment and meaning. For Chris, it seemed to be these non-work occupations that had the potential to contribute to his recovery more effectively than any paid job might be able to do.

Despite the difficulties associated with managing a serious mental illness which were explored in the previous sub-ordinate theme, occupation and identity, John consistently presented himself as someone who was very committed to returning to work. He seemed to see work as offering increased opportunities for self-efficacy, opportunities to achieve goals, opportunities to be around other people, and to have a structured day. Unlike Chris, he did not make categorical requirements for the type of work he would or would not consider but preferred instead to see the value of work for what it could bring him aside from financial benefit -

feeling that you've done a good [training] presentation really supports you – I think all humans need to know they're successful at something Doesn't matter whether you're successful at any menial task you like to name – mopping the floor, sweeping, cleaning toilets, making sandwiches, cooking, making a cup of tea ... if you're successful at something it's really useful for human beings to feel that they're good at something. (John)

At the beginning of the study John had seemed full of optimism and hope that he would succeed in his plan to get back to work –

I actually think it's exciting to um put your head above the parapet and ask yourself what else is out there? Not just driving not just cleaning – what else could I do that might be challenging? (John).

The various setbacks of having become unwell again and feeling excluded had left a mark and John was more cautious in his approach to work as a result. There was evidence of his taking a very judicious approach to getting work, wanting it to fit in with his other responsibilities and needs, and there was no sense of him feeling any pressure to return to work in his account –

I'll work part-time or I'll work full-time ... or I'll just stay as I am. It's not that I'm feeling anybody's ... no one's pressurising me to do anything – I'm choosing to do what I'm choosing to do, which is what I mentioned to you earlier. And those things seem okay for me at the moment. (John)

Still the pull to work appeared to be quite strong for John. There were elements of having a job that fulfilled a number of his needs as he identified in this extract -

And I think when you haven't been in regular employment as I haven't for over 10 years, there's a need sometimes to feel these things again you know. Because work's not just about money, it's about ... as we talked about earlier about relationships it's about place in the community, it's about well-being, it's about a feeling of satisfaction, a feeling that you've done this. (John)

Perhaps John was more ambivalent about returning to work than his accounts initially seemed to suggest? On the one hand, he described work a way to meet many of his stated needs, including a way to forge an identity which was separate to that of mental health service user as has been suggested previously. On the other hand, there was

much to be risked – his financial security, the well-being of his son, and his need to fit his plans around his mental health as previously described and as he suggested in the extract below -

I was discussing with my CPN (Community Psychiatric Nurse) yesterday ... about whether not to knock myself out at this time about trying to scrape enough work in different places together to either come off Income Support, or come off benefits altogether. Perhaps to wait ... cos we know my illness travels in cycles ... until after the second cycle, cos then [son] would be that much older and that much more independent. I would have an even greater independence. And if things didn't work out so successfully financially and there was a hiccup and I had to go back onto benefits or there was a rocking of the boat, I'd be affecting an adult and myself rather than a child and myself (John)

For Stella, the right job needed to be one where she felt she could disclose her mental health problems and where people were hospitable to difference –

I mean this might sound a bit strange, but I suppose when I worked sort of with the care type stuff, you don't feel so bad saying about problems and things that you have. Whereas sort of you'd feel ... if I was working in an office I'd find it harder to sort of tell people (Stella)

Stella suggested that there were certain types of work, such as health and social care roles, where she would feel more comfortable about disclosing her mental health problems, and that there were other working environments in which this would be more difficult. There were also specific work tasks that Stella envisaged finding difficult, such as those which involved physical contact with other people. She had described in some detail in her first interview how difficult this had been for her when she was working in a large supermarket, and these difficulties had meant that she had decided to leave the job. Nevertheless Stella had applied for jobs that would have involved this type of contact and which were in non-health and social care settings. One example that

she gave was a job in a local estate agent's office, which she said would have been ideal because of the hours because it was Saturdays only. She had also applied for a variety of jobs at the airport close to where she lived – cabin crew, ground staff and working in the duty-free shop. All of these posts would have involved a certain amount of the type of hand contact that Stella found difficult to manage, and were not the type of working environment where she had previously felt comfortable about disclosing her difficulties. However, Stella had described a wish to move away from being ill, so perhaps these jobs, which were nothing to do with mental health services, fitted her aspiration to leave the world of mental health and re-enter the world of work.

This sub-ordinate theme has considered the different ways in which the participants were continuing to make progress in their plans to include a work role in their lives and their different approaches to doing this. It has highlighted the role of non-work occupations and how engagement in these can fulfil some needs.

8.4.4 Barriers to moving on – *'I'm stuck really a bit as well.*

Despite a shared perspective that work would, in some way or other, be part of their futures, the participants were aware of certain barriers that might impact on them. For Stella a decision to live with her partner and thus move on in her relationship, was contingent upon their financial circumstances -

[Name of partner] and I have talked about sort of moving in together...obviously at the moment I still get [welfare] benefits...I'd like to support myself a bit more really. Obviously if we did that [move in together] anyway I'd have to [work].I'm not quite sure, we're looking into how it would work and the financial implications and whether I'd have to work and stuff. (Stella)

In order to be able to develop her relationship with her partner to living together, Stella indicated that she might need to work. The financial implications of them living together, especially if he was working, would impact on her welfare benefits. This may have provided another reason for Stella to want to work in order to be able to live with her partner. There also existed a tension evident in Stella's account. Several times she used the word 'stuck' to describe how she felt -

I'm stuck really a bit as well because like obviously I've got [daughter], so. I mean if I didn't have her I don't know that I'd be getting the financial help I'm getting ... I feel stuck in that I can't afford things, and I want to have my own money and I don't want to be reliant on [welfare, partner] ... I want to feel like I'm earning money ... cos you feel guilty sometimes, you just get money. And like you feel like 'Well what have I done for it?' (Stella)

So Stella described feeling stuck between several positions – wanting to work because it would help her move on from being ill, wanting to work for the money, but at the same time not being sure how working would affect her welfare benefits should she decide to live with her partner and feeling concerned about what would happen should working not work out and she had to leave a job. Stella's complex and conflicted position highlighted the complex issues that many people both with and without mental health problems may have to confront when thinking about going back to work. John's illness, the management of which was described in detail in the first theme, would be a potential barrier for him in his return to work, and he shared with Stella a concern about jeopardising his income from his welfare benefits and thus the stability of his present lifestyle and the well-being of his young son.

This theme has endeavoured to show the multiple and complex positions held by the participants in relation to work. Financial recompense, which is often seen as the principle motivation for working, was regarded differently by each participant according to his or her personal circumstances. Working or not working seemed to represent an indicator of 'wellness', perhaps seen as an outward sign of individual value and well-

being. Expectations of self and others were seen to impact on the participants' views of work and the complexities of making the transition to work are highlighted. For some of the participants (Ian and Chris), making the transition to work might first involve letting go of past working experiences and identities. Finally, the value of occupations that are not paid work but that contribute to a moving on or recovery processes have been highlighted.

8.5 Belonging and feeling connected to other people: the struggle for relatedness

The second theme highlights the importance to the participants of feeling a sense of belonging, which some of the accounts suggested that the participants hoped could be accessed through work. However, experiences of not belonging and belonging in a way that felt oppressive were also identified. The accounts of the four participants all emphasised the importance of feeling a sense of connection to other people, and described the ways in which they accessed support from others. They described multiple ways in which they were able to achieve a sense of feeling that they belonged somewhere, and had a place in society. The accounts also provided an understanding of the experience of not belonging, as well as an insight into feelings of belonging in the sense of being owned, that were oppressive and unhelpful.

8.5.1 A human need to belong - *'I think we need to feel part of a community, part of a family'*

This sub-ordinate theme portrays the part that relatedness to other people played in the lives of the four participants, and the diverse ways in which they were striving to achieve a sense of belonging through their current occupations and social networks. John's and Stella's accounts suggested that they saw work as an important means for

achieving this. For Ian and Chris these feelings of relatedness seemed primarily to come from family and friends. Stella's attachment to work seemed to centre on her endeavours to maintain her self-esteem, which she felt, was fragile –

My self-esteem's not that strong anyway I don't think. I kind of think people would think 'Oh, what are you doing?' Or 'You can't do that!' or something like that (Stella)

She found support from her friends and her partner, essential to her sense of well-being. This seemed especially important as the support available from mental health services was contracting, leaving her to manage her self-esteem as well as her job searching independently. Stella had spoken at length in the first interview about her experiences of working for a charitable organisation for people with substance misuse problems, as well as her theatre company experience. Both of these settings seemed to have afforded her a great deal in terms of feeling valued and having a sense of belonging. By the time of the third interview she had started a relationship and seemed to derive a great deal of support and satisfaction from it.

John presented a strong view that wanting to belong is something shared by human-kind –

I think we need to feel part of a community, part of a family ... we used to have it years ago when unions ... the best bit about unions was that you were part of something bigger than yourself and ... you know they used to have colliery football teams and rugby teams and things ... and um ... the good side, not the militant side, of a union is a feeling of part of something bigger than yourself that cares for you and you care for it (John)

Here John used a work-related example to illustrate his feelings about belonging. The choice of example, a workplace union, underlines the value of work as way of belonging

for John. In the two previous interviews John had also used sporting metaphors which have already been explored; in this extract he once again referred to sports which are played in teams. This might add further evidence to the interpretation of some of John's metaphors about belonging in the sense of being part of a team and his wish to achieve this for himself in the future by belonging in a team at work, and an entry from my reflexive diary shows my thinking at this time -

8.6.10 Re-reading what I had originally written based on the analysis of interviews 1 and 2 with John I am struck by how some of my tentative interpretations have been confirmed in the third interview. Although John did not specifically refer to the need to feel accepted, my interpretations suggest that this may be one important function of the role he sees work as fulfilling. I think he emphasises this where he talks about feeling a need to belong to something bigger than you.. 'that cares for you and you care for it'.

Throughout all three of his interviews John had stressed the importance of relationships and being around other people as crucial to his well-being. John referred to a wide variety of relationships. There were those in which he was the recipient of care, such as the mental health professionals who were involved with him. He also valued the relationships that he had developed with the co-trainers in a workshop for mental health workers that he was involved with. Furthermore, John also was the provider of care and support for others; his role as carer for his late wife, and his current parenting role to his teenage son were important relationships for John. Some of these relationships offered John the opportunity to inhabit socially valued roles (husband, carer, parent, co-worker). Having a variety of roles and relationships with other people was another important way in which John could fulfill his need to feel a sense of community or belonging, as illustrated by the following extract –

I've got a life besides [being a mental health service user and trainer]. I've got my son, you know. I'm pleased about that; he's doing extra work at school at the moment. His maths teacher thinks that if he puts his mind to it he could get a grade B. (John)

John's pride in his son and his role as a father were matters of serious importance and provided a way in which John felt a sense of relatedness, not only to his son, but in the wider sense of being a parent and having a valued role in society. He valued attending parent's evenings at his son's school and meeting his teachers as it provided a connection with other people that was separate from being a mental health service user.

For Stella, the need to feel connected with other people seemed primarily a way of receiving support and approbation. As someone who felt her self-esteem was quite fragile, Stella seemed to depend on approval from others to shore up her sense of self and if this was not forthcoming she would feel badly about herself -

They [firm of estate agents] were looking for somebody just to do ... a Saturday, so we thought 'Oh, that's perfect' cos it'll give me a few hours without throwing me into some huge contract or whatever. And I didn't hear anything, which was quite difficult, because we kind of knew them ... and I kind of thought 'Oh, it's personal, they don't like me' or whatever. And since then I've seen a younger woman sort of working in there ... there were a couple of younger women, so that sort of ... you know I wouldn't have minded if it was someone older or young man or something like that (Stella)

In this extract Stella seemed to be suggesting that a younger woman was chosen over her to work in the estate agent's office. This seemed to feel like a personal slight as she not only knew the firm but also because someone younger was chosen for the job. She did not seem to consider any other explanation than that the firm did not like her, and that perhaps she was not young enough. Stella's account suggested that she would have

felt less hurt if a man had been chosen for the job instead of her. Stella's account also conveyed a wish to feel a sense of belonging, although for her the emphasis appeared to be a desire to belong in a world that was not solely focused on 'being ill', and her account provided a strong indication of her wish to access employment as a way to achieve this. Unlike John, Stella was in a close personal relationship at the time of the interview which may have satisfied her need to belong to an extent that John was not able to access. This may account for John's intense focus on belonging through work and other relationships whereas Stella expressed this desire with less intensity. For Stella, belonging through work seemed intimately connected with valuing herself –

I think you value yourself a bit more if you work, don't you? (Stella).

Stella spoke from experience of having been in work previously. In the first interview she had described her work with the substance misuse service where she had felt highly valued by her colleagues, and also about the successful theatrical production in which she had been involved. Each of these experiences had helped her to value herself more as she experienced being valued and appreciated by other people. Work had also provided a support network for Stella –

'I know I need a lot of support...I'd hate it if I didn't have someone to talk to' (Stella).

The theme of belonging was also strongly represented in the interview with Chris. He had a number of valued social networks, such as the keep-fit class referred to in this quotation –

I've been doing the keep-fit class for 14 years now, and some of the boys in that class have been going for 30 [years] (Chris)

In contrast to the oppressive sense of belonging that Chris had at the building society, the occupations that he was currently engaged in gave him *'a lot of fun'* and were described as being very important. His reference to the other people in the keep-fit class as *'boys'* could suggest a playfulness that he enjoys when he goes there. Many of Chris's occupations involved other people and a sense of belonging that he seemed to value highly –

we all make an effort to be there [exercise class], but once we're there you can be yourself, you don't have to worry about your Ps and Qs with other people ... there are no obvious faux pas that you can commit ... it's just great to be doing something else away from your everyday ... your everyday concerns (Chris)

In this extract Chris seemed to be suggesting that he felt really relaxed with the other people in the class, to the extent that he was able to *'be himself'*, to be like a boy and be playful. Many of Chris's experiences of support were from very long-term relationships. This ordinary support remained very important to Chris and was intimately connected with his occupational engagement. He also foresaw these supports as remaining in place while mental health services support melted away. With the closure of the day centre he was being referred back to being under the care of his GP –

I see my GP instead [of the psychiatrist] and he writes to me ... you see he writes to me once a year and I go down and see him at the surgery and he says 'How are things?' and I say 'Well I'm getting on all right' and he says 'All right then, I'll see you in another 12 months' ... and that's about it you see. So um ... with the sort of withdrawal of the mental health support I've got to be a lot more resourceful in looking after myself and sorting out things for myself. But I think I'm up to it (Chris)

Chris also perceived a lack of support from employment services –

I haven't seen a ... disability employment advisor I think is what they're called ... I haven't seen one now for over 15 years. Because there was a change in

government policy, in that the government decided that the DEAs were going to concentrate on people with physical disabilities because they were a better bet, and the DEA in [name of town] retired anyway, so I haven't had any contact with them at all. So really I would say that there is no guidance and support from the employment service for people with mental health issues who are wanting to get back into employment – I'm not aware of anything at all. (Chris)

Chris was not, however, unhappy about this lack of support. He described himself thus –

There are challenges but I'm not in a position where I'm sort of on the point of falling off the high wire or anything. I can cope with things and there are no ...there are no really big threats (Chris)

This extract suggested that Chris felt as though he was on a 'high wire' or a tightrope, although did not feel as if he was about to fall. However, the suggestion that he felt as though he was in this precarious position seemed at odds with his presentation of himself as someone who was managing well by himself. Likewise his dismissal of 'really big threats' could suggest that there were some smaller threats and that Chris's life could easily fall out of balance and that he was perhaps not as confident as he seemed. Alternatively, it may be that at times he felt as though he could manage his life and, at others, as though he was walking a tightrope; he seemed simultaneously to hold two views of himself and his life.

Ian's account presented a perspective of belonging or relatedness that seemed fundamental to his very survival. His sister had played a vital role in supporting him when he first became unwell. Despite her own difficulties at the time, she took him in to her home, moving one of her four children out of his/her bedroom to be able to offer Ian 'a safe space'. Safe spaces that were provided by other people seemed to have been significant in Ian's recovery-

I found that structure invaluable really in that the people I know around [name of town] ... though I'm starting to know more people ... but at the time I didn't know anyone when I came here. I still see lots of those people who were in that environment quite regularly really, and the only reason to meet them was because it was a sort of a safe place for me to sit around and talk and do stuff there (Ian)

Being with other people, especially those whom he felt understood his difficulties because of their shared experiences, seemed to have been instrumental to Ian in his recovery –

I think from my personal experiences that the most valuable time I spent was with people who had similar experiences because I would have hated to be so isolated. Because it's a scary thing to be going through, and if you just can talk to someone who says 'I feel like that', it's quite strange and reassuring just to know you're not on your own. (Ian)

As he recovered with the help and support of people in similar situations, Ian appeared to have found a sense of belonging within his family, whom he had moved to be near following his initial episode of mental illness. He had also begun a relationship with a woman who had children and they had become part of an extended family group -

I'm in a wonderful relationship with [partner]. It's really nice, we get on really well, spend most ... all our time together really ... which is really nice. It's like a completely different world, you know. ... having moved down to [name of town], I now have got my niece and nephews all surrounding, who I didn't see much of ... and [partner's] got her [children] and my sister's up the road, she comes down, she takes her [children] to school, they call in for a cup of tea after school. And it's all like ... it's just sort of like... marvellous you know. We've got a little family and it's really good, I mean it's so changed, over like being just the teacher and ... I lived on my own all the time so you'd sometimes spend all weekend on your own or the holiday – wouldn't see anybody. It's just ... it's different; it's completely different (Ian)

This long extract from Ian's account portrayed an experience of belonging that sounds ideal. The words that he used to describe his personal life seemed to idealise it. He described his relationship with his partner as '*wonderful*', family life as '*marvellous*', and said it felt like '*a different world*'. This account seemed to dramatically convey a story of a life utterly changed from the socially isolated and overworked teacher who had no resources left from maintaining his job to invest in relationships or take care of his own mental well-being, to a contented family man. Like Chris, perhaps he had to become mentally unwell in order to free himself from the bonds of his previous life and clear the way for creating a new life. Having done so, and survived, he was engaged in rebuilding himself and his life as someone who was unrecognisable from his former self.

8.5.2 The pain of not belonging - '*I just feel that I'm not part of the ... part of the herd you know?*'

John and Stella held a common concern with the experience of not belonging and their accounts illustrated an alternative perception of belonging, of at times not feeling connected to or supported by others. John's account provided an insight into the painful feelings aroused through feeling that he did not belong or had been excluded or '*left behind*'.

I just feel that I'm not part of the ... part of the herd you know. It's a bit like everybody else going off to war and I'm the one that's not going off to war, you know (John)

John had referred to being '*part of the herd*' in the first interview when he said '*I think it's like a herd instinct really for human beings to want to ...work*'. In the third interview he used the metaphor again to suggest his isolation, but then emphasised the feeling of being left behind when others went off to war. This could suggest that he saw himself as not being fit enough, as men who were not physically or mentally fit would not have been enlisted. It also suggested that perhaps he saw engaging in work as something of a battle, and certainly he had used fighting metaphors previously, both in this interview

and in the first two. John could be described as having been wounded by feelings of not belonging. In the second interview, he had described the incident where he had not been invited to a Christmas celebration at the place where he was working as a volunteer. He had suggested at the time that maybe it was the case that no volunteers were invited in which case it was not a deliberate exclusion of him. However, he raised the incident again in the third interview a year later, which could suggest that it was an emotional injury that still caused him pain -

I don't know if it was only me [that didn't get an invitation], cos I didn't get to talk to any other volunteers ... I felt a bit held at arm's length... If it's just me, it may have been because I have mental health issues, if it was their policy that no volunteers came on the Christmas do it wouldn't be so bad, but it still felt a little odd the way they'd done it (John)

It is possible to suggest that by raising the topic again a year later John was still feeling hurt by this experience and still attempting to find another explanation for being left out, such as a policy of not including volunteers. John offered a view that working is socially desirable, and hinted at the uncomfortable feelings that may be aroused by not fitting in with what he may see as the social norm. To be unable to work in a society that places a high social and economic value on paid employment may be very difficult. For someone who may already feel excluded because of their mental health problems, this may be especially problematic.

Stella had also had some experiences of feeling as though she did not fit in. Although she had started a relationship which she found to be an important source of support, her account conveyed a sense of relationships with some other people that were not supportive. She perceived her family as remaining quite critical of her jobless state –

I think my dad's a little bit like ... he wouldn't say it about me, but he'd certainly say it about other people. You know what people can be like 'Oh, people coming into the country' and all that stuff, you know. 'They all get money and we've worked hard and we don't get any help' (Stella)

In this extract, Stella seemed to be inferring some extreme, possibly racist attitudes from her father towards immigrants. Although Stella claimed that he would not say this about her, this extract may serve to emphasise how Stella felt that she did not belong in her family and how alienated and different she may feel from them. Stella seemed to hold a view of herself as being different from other people considered earlier, with her description of herself as 'freakish' -

you sort of feel in your head that you're a bit weird or a bit different and [you] don't want to feel like you don't fit in or you're weird or something (Stella)

Feeling a sense of belonging, connectedness, relatedness could be extremely problematic if holding a view of self that suggests one is markedly different from the rest of society. It seemed important to Stella to have support from people with similar experiences in order to validate how she herself was feeling. She was very interested to know if other people in the study had said similar things to her and seemed to derive comfort from knowing that they had, as evidenced by the theme cards –

Sort of makes you feel less alone, like everyone's going through the same sort of thing really. Because I guess we've all got sort of the illness thing in common really haven't we? (Stella)

She also suggested that other people, such as her family would be sceptical about some of her aspirations, for example, to pursue her acting dreams. She described in the interview how she was preparing a portfolio of photographic portraits of herself to use in trying to obtain work as an actor or possibly a model, but wondered if people would think she was being unrealistic -

I kind of think people would think 'Oh, what are you doing? Or 'You can't do that' or something like that (Stella)

Stella perceived a lack of belief in her strengths and abilities from other people, a belief that was perhaps reflected her fragile self-esteem.

Chris's account provided a different perspective on the issue of belonging through work. He had spoken extensively in the first two interviews about how he felt he lacked control over his life, not only at work, but how his private life was intruded upon by work as well, to the extent that he felt he had almost no time to call his own. His accounts conveyed an impression of belonging to a company in the sense of *being owned* by the company. Commenting on the early days of his employment he said –

When you're young and you've got a degree, management always assume that you want to be developed into management material (Chris)

This extract seems to suggest a passivity, that Chris felt he would '*be developed*' by the company, in a sense made into the worker the company wanted him to be. This sense of being quite passive in his employment and at the mercy of the company pervaded the first two interviews and is repeated in the following extract from the third interview –

Where work is concerned, I think if people are prepared to allow me a certain amount of privacy and allow me to live my own life outside the job, then I can probably think seriously about doing it. But ... the idea of sort of being invaded by the employer and having them sort of supervising your life and the sort of thing is not something I find very attractive at all – and this has happened to me in the past and I don't want it in the future. I like to go in and do my work and go home and that be the end of it (Chris)

Chris's use of the word *'invaded'* to describe how he felt when he was working was very powerful and he frequently used similar language to describe his experiences of work. His lack of agency and feeling that *'something had been broken inside'* by his work experience that he spoke about in the first two interviews revealed an aspect of the experience of being a worker that many people might recognise and which for people vulnerable to mental health problems would be unhealthy and unhelpful. These difficult experiences at work may have left Chris feeling cautious about personal relationships as well. In this next extract Chris is describing what he might do when the day centre he was attending closed, as it was due to a few months following the final interview –

I will keep in touch with the lads from [name of day centre] because we've known each other for such a long time and we're quite supportive of each other, but I don't enjoy the same close relationship with the [name of other day centre] service users so I'm not so enthusiastic about getting embroiled with them (Chris)

His use of the word *'embroiled'* suggested he saw forming relationships as possibly entangling him or enmeshing him ways he was not comfortable about, and which have a similar flavour to the way he had felt held captive by his employers. Chris seemed determined to avoid ever being in such position again in the future, and was consequently very cautious about the prospect of a return to paid work beyond something that was extremely part-time, with one day a week being the most he was prepared to consider.

There are a number of similarities in this respect between the accounts of Chris and Ian. Both had been part of large organisations where there was a culture of hard work and socialising with colleagues. Ian said in the first interview that *'teachers talk to teachers, they go out with teachers, they all hang around with teachers'*. Like Chris, Ian had had very difficult experiences at work, which he felt had led directly to his becoming mentally unwell. Thus it seems that simply being part of a work organisation may not be

enough to inculcate a feeling of connection with other people that is conducive to well-being and good mental health, and that work may impose ties and obligations which are not always welcomed by individual workers.

This theme has represented the different ways in which the participants experienced their relationships with other people and how these relationships impacted on their well-being and sense of self. They described ways of belonging that they valued and that made them feel good about themselves which were accessed through their different roles and occupations. All of them expressed the value of support from mental health services in the early days of being mentally unwell and shared a desire to move away from an intense focus on the role of mental health services in their lives as they progressed on their individual recovery paths. Ways of belonging that made the participants feel validated and valued, and helped them to feel that they could manage their lives were identified as being of vital importance. For John and Stella, in particular, work held a promise of such contact. Ways of belonging through work that were overly intrusive and unhelpful were also identified by Chris and by Ian. As participants were wishing to move away from mental health services, it is possible to speculate how belonging in the day centre, which was due to close, had also latterly been an unhelpful form of belonging. The converse of belonging and feeling included by work, family, friends and the wider society can be a painful sense of not belonging and feeling excluded, as indicated by John and Stella.

8.6 Chapter summary

A deeper understanding of John's experience of his mental illness emerged in the third interview, together with the ways in which he envisaged managing it in tandem with his plans to return to work. Chris continued to describe the ways in which he had tried to make sense of his challenging past work experiences and the first episode of mental

illness which had led to a compulsory admission to hospital. His engagement in a diverse range of occupations seemed an essential part of this sense-making and self-management, with work relegated to playing a minor role in his recovery journey.

Ian's and Stella's accounts of occupational engagement and self-management were closely linked with their experiences of belonging and feeling connected to other people and thus there are overlaps between the two themes presented here. Stella's fragile self-esteem seemed to motivate her to engage in occupations that would bring her into contact with other people whom she felt would give her the approbation and validation she needed to feel good about herself. She had experienced this self-esteem before when she had worked at the substance misuse service which she had described in the first interview, and was keen to access another work setting where she could recapture these positive feelings.

Ian had previously described the pleasure he had gained from learning about gardening and had apparently used this occupation to create a new identity for himself. His previous work as a teacher had proved ultimately too stressful and he had taken refuge in the gentler occupation of gardening and a number of other what he described as 'healing' occupations, such as involvement with music. Ian's account vividly portrayed the importance of occupational engagement as an alternative to paid work for someone in recovery from mental health problems. Ian was in the fortunate position of not needing to work to earn money, due to his generous pension plan; therefore his account was able to foreground his other occupations.

8.7 Conclusion

The final wave of interviews provided opportunities to deepen the exploration of the participants' experiences in a number of ways. I began each interview with a personalised follow-up question, designed to invite the participant to say more about a topic which had seemed key for them in the previous interview. Presentation of the theme cards, derived from the analysis of the second interviews, also offered the participants an opportunity to enlarge on any themes which resonated for them. Furthermore, having met with me on two previous occasions, I surmised that the participants would feel more comfortable in recounting and reflecting on their experiences. Thus it seemed that many of the issues that had emerged in the preceding interviews were developed and explored more fully in these final interviews.

The focus of work as paid employment was foregrounded, with three of the participants actively engaged in looking for work. However, there was a deepened emphasis, most strongly held in Chris's account, of the centrality of non-work occupations, which seemed especially significant in the formation and maintenance of identity. This was echoed by further evidence in Ian's account of his wish to change his identity. However, both Chris and Ian included in their accounts suggestions of the need to retain elements of their previous identities.

The importance of managing work in conjunction with managing a mental health problem was highlighted by John's account, suggesting that timing of job seeking is critical and needs to be planned around periods of illness and wellness. The impact of mental health problems was vividly depicted in John's account of his 'disobedient dog'. For Stella, work offered a way to manage her strong sense of difference, variously describing herself as 'freakish' and 'weird'.

Some barriers to moving on into work and away from mental health services were apparent in the accounts of the participants, and the need to feel a sense of belonging or relatedness was strongly emphasised in all four accounts. Feeling supported by people who cared about them seemed crucial in enabling the participants to think about future plans, including work. The need to belong is described by authors from both psychological theory such as Ryan and Deci (2000), and occupational science theory (Wilcock, 1998, Yerxa et al, 1990). However, the pain of not belonging, of feeling excluded and different, has not been emphasised in the occupational science literature, and these accounts have provided nuanced detail which help to further understand the experience.

The next, and final chapter, will present a discussion of the Findings from all three waves of interviews, which I have framed around three overarching themes. The way in which I developed these will be presented at the beginning of this final chapter.

Chapter Nine – Discussion and conclusion

9.1 Introduction

The previous three chapters have presented an analysis of each of the three waves of interviews. This process of analysis produced a set of super-ordinate themes, with corresponding sub-ordinate themes, for each wave of interviews. The interviews from these three waves of the study were analysed without reference to previous analysis. Inevitably, as I went into the second and third waves of the study I had foreknowledge gleaned in the preceding wave; this was also true of the participants and highlights the co constructed nature of the data. I made extensive use of my reflexive diary for capturing instances where my foreknowledge of the participants and the data seemed to impact on the analytical and interpretative activity, and many such extracts have been included in the thesis. By analysing the three sets of interviews in this separated way, I have presented each wave as component 'parts' of the overall study; in order to address the need for understanding the 'whole', I conducted a final analysis in which I brought the three sets of interviews together to look for themes across the whole study. The way in which I did this is explained below, but first it is necessary to reprise the super-ordinate themes that emerged from each of the three parts of the study:

- First wave (10 participants) – Work: benefits, beliefs and values; Barriers to work; the Importance of other people; Negative experiences of working; The meaning and importance of occupations; and Work as part of the future
- Second wave (7 participants) –Occupation as part of recovery; Building an Occupational identity; Beliefs and values about work; and Experiences of support.
- Third wave (4 participants) – Managing the self through engagement in occupations: the meaning of work in recovery; and Belonging and feeling connected to other people: the struggle for relatedness.

The discussion is structured around three overarching themes which were created by merging the 12 super-ordinate themes from each wave as presented above. The six super-ordinate themes from wave one, the four super-ordinate themes from wave two and the two super-ordinate themes from wave three were written onto slips of paper.

These were then clustered together in the same way as clustering themes has been done throughout the analysis as described by Smith and Osborn (2008); these authors used the analogy of a magnet drawing together themes which are similar, and pushing apart those which are different. The key issues which produced the three overarching themes are outlined next with further detail being given subsequently.

Table 7 The overarching themes

Work and other ways of belonging	Building and maintaining an occupational identity	Work values, personal values; the need for accord
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The participants' accounts in all three waves of interviews, held very strong representations of the desire to feel a sense of connectedness to other people, with work being perceived as a potent way to feel part of society. Even though many of the participants had recounted very painful and traumatic work experiences, where at times they had felt isolated and unhappy, they still seemed to view work as a route to feeling included in the world. For some, who had struggled to find work roles in which they felt valued and supported, non-work occupations seemed to provide alternative ways of belonging. Thus an overarching theme which I have called 'Work and other ways of belonging' emerged from the analysis.

The meaning and importance to well-being of the participants' non-work occupations also revealed the ways in which the participants could foster a sense of who they were in the world. This was partially associated with feeling connections with other people, as described above, but also with creating and maintaining a sense of personal identity. In the absence of paid employment as a route to inclusion and identity, these non-work occupations seemed to take on powerful meanings and to be of great significance in the

life-worlds of the participants. Thus a second overarching theme, which I have called 'Building and maintaining an occupational identity', emerged.

The final overarching theme represents a thread which was prominent though all three waves of interviews where participants' perspectives of work seemed to derive from beliefs about themselves and the role of work in society, and the extent which they could find work roles that were consonant with their personal values and world view; this theme has been entitled 'Work values, personal values; the need for accord'. This overarching theme encompasses the difficulties in accessing work that the participants' accounts alluded to, and the aspects of themselves and the world that made getting back to work problematic for them.

9.2 Work and other ways of belonging

The first overarching theme around which I have framed the discussion concerns how the participants in my study portrayed their relationships with other people, and how they represented a wish to feel a sense of belonging. This theme also depicts the participants' accounts of managing the painful feelings of not belonging; these included feelings of being '*not normal*' in contrast to friends or family members who were working, with some participants offering accounts which implied feelings of exclusion and isolation. This overarching theme is illustrative of the myriad ways in which belonging was characterised as being of import to the participants in my study.

Many authors have described aspects of the importance of relationships with other people for health and well-being, including the development of a sense of self (Mead, 1934; Wilcock, 1998, 2006; Ryan and Deci, 2000). Within the discipline of occupational science this concept has become known as 'belonging' (Rebeiro 2001; Wilcock, 1998,

2006). Rebeiro (2001) described the concept of belonging as the necessary contribution of social interaction, mutual support and friendship, and a sense of being included. Occupational scientists have argued that belonging is a basic human need and one that can be met through engagement in occupations because of the ways in which much occupational engagement relies upon, or promotes, interaction with other people. As I have argued, many types of work or employment can be viewed as occupational engagement, thus providing opportunities for belonging, although clearly this is not true of all jobs; farming, for example, is considered an occupation which carries a high risk of mental health problems, being known for its isolation (Malmberg, Simkin and Hawkin, 1999).

Socially valued ways of being featured prominently in the accounts of the participants in my study, with work roles seen as a route to achieving such validation, both through being part of society and through the social opportunities that work affords. The need to feel a sense of belonging was woven through the accounts at all stages of the study, and was dwelt on in more detail as the study progressed and (arguably) as the participants became more at ease with talking to me. In addition to relationships with family members, friends, community mental health professionals and employment advisors, a few of the participants in my study stressed the importance of the day centre itself and the fellowship they experienced with other service users. The empathy that other sufferers of mental ill health and its attendant problems could provide was hugely significant for a small number of the participants who described the day centre as providing '*safety*' and '*protection*'.

The current political and social emphasis on paid employment may lead people to feel that work is of supreme importance, yet as Hayward and Taylor (2010) contended, feelings of well-being may be of greater significance than the current emphasis on 'doing'. These authors argued that there is an emphasis upon occupational engagement,

including work that is in danger of obscuring the primary need to attend to ways of well-being. The destabilising, often, chaotic effect of major mental health problems on the day-to-day routines of the participants' lives provided a sharp contrast to the employment focused studies reviewed in the literature review chapters of this thesis. Although the participants in my study had consented to speak about work experiences, in the event there were many other fundamental issues, such as a place to live, relationships and meaningful occupations, to reflect upon, in addition to the relatively narrow focus of work. A number of authors, whose studies have explored aspects of work (Davidson et al, 2005; Borg and Kristiansen, 2008; Borg and Davidson, 2008) have emphasised how recovery processes are embedded in everyday life; it was apparent that the participants in my study had many areas of everyday life that they wished to explore and reflect upon in the interviews, which could not easily be separated from other sources of well-being and distress. Therefore it would seem that in order to understand the life worlds of people living with mental health problems, and their work goals, the contexts of their daily lives and the concerns therein are crucial to understand.

The nuanced accounts of connections with other people offered by the participants were suggestive of experiences of belonging that preceded issues of work and return to work. For example, some of the support received from family had proved crucial to the participants' very survival, such as offering temporary accommodation at a time of crisis. The participants were all people who were living with mental health problems and the associated difficulties and, as such, would have been in receipt of mental health services, so an emphasis on support from others may have been inevitable. Furthermore, there appeared to be very little support specifically related to employment available to the participants. Fossey and Harvey (2010) suggested that there is an emphasis in the literature on specialist employment support, as opposed to ordinary support (Faulkner and Layzell (2000), because the majority of studies around

users' perspectives and work have explored elements of evidence-based supported employment interventions, such as IPS, where the role of employment support is seen as a critical ingredient of the model. The findings from my study have added to this by drawing attention to the significance of other relationships, besides those offered by mental health professionals and employment specialists, in the lives of people with severe and enduring mental health problems, both as a means to building a supportive and inclusive social network, and as a powerful influence on work aspirations.

Arguably, the converse of feeling a sense of inclusion and belonging is to feel excluded, even stigmatised. Some of the participants' accounts held examples of experiencing stigmatising attitudes from friends and family members which sounded especially painful. There was also some suggestion that a few of the participants' had internalised a sense of stigma and exclusion, regarding themselves as different or '*freakish*'. Although there is a large body of literature on stigma related to mental health problems, much of this has been developed through studies of public attitudes. The views and experiences of people who are affected by stigma are largely absent according to Schulze and Angermeyer (2003). However, another IPA study by Knight, Wykes and Hayward (2003) explored the experiences of stigma for people diagnosed with schizophrenia. These researchers found that stigma was evident from a number of sources, including family, friends and mental health service professionals, as well as the police and wider society. They also found that internalised, or self-stigma adversely affected the participants' self-esteem and that they struggled to be accepted within social groups. Many of the participants in this study were found to be leading isolated lives and that loss of identity and a sense of exclusion were common experiences.

The findings of Knight, Wykes and Hayward (2003) resonate with the findings from my study. The shared understandings of stigma among the participants revealed it as a complex phenomenon, described in a variety of ways, although a number of them

perceived it as a barrier to getting a job. Felt stigma was indicated as participants gave accounts which hinted at having internalised the stigmatising attitudes of society. The effects of stigma from closer to home could be provoked by family and friends, who could compound the feelings of being judged and found wanting. There were accounts of previous work experiences which had resulted in feelings of exclusion. Some of the participants in my study described themselves in ways which suggested feelings of profound difference, of being *'weird'*, *'freakish'*, *'not normal'*. I was concerned about using 'normal' as a concept because of the sense of abnormality it conveys as the converse. However, many of the participants' accounts strongly suggested that normal was a word they associated with being mentally well and being the same as other people. Grose (2007) explored aspects of living with a long-term physical health condition and found that her participants prized a sense of normality. Grose (2007) suggested that the Heideggerian (1962) concept of 'un-attunement' which conveys a sense of feeling uncomfortable with one's 'way of being', could be used to interpret the desire for normality that was described by her participants. Grose (2007) suggested that this is similar to the psychological construct of cognitive dissonance and suggested that a person with multiple sclerosis (MS) who feels that their sense of self is threatened will attempt to alleviate the feelings of discomfort which this dissonance arouses. Some of the participants in my study appeared to want to access work roles as a way of alleviating the discomfort attributed to both their mental health service user status and their non-working status.

Some of the participants in my study were more reticent than others on the topic of stigma, and seemed engaged in a struggle to distance themselves from a mental health service user identity and its concomitant exclusionary effect. This seemed especially apparent when people were moving forward in the recovery process and wanted to move away from associating with mental ill health. It could also be that stigma and discrimination were topics that were simply too painful to name and discuss in an

interview situation. Participants who felt stigma as a heavy burden may have been those who felt unable to continue in the study and dropped out; the four participants who gave three interviews seemed less troubled by stigma, being further along in their recovery processes, with their lives going in a positive direction. The three profiles of recovery, outlined by Provencher et al (2002), would correspond with this interpretation. Participants in the Provencher et al study (2002) who saw recovery as a self-empowering experience or as a challenge were positively orientated to work and the opportunities that being employed could provide. Such a world view might suggest that experiences of stigma might feel more manageable for them than for people who fitted the profile of viewing recovery as uncertain. Furthermore, current social and healthcare policy that is focused on helping people with mental health problems back into the workplace, as discussed in Chapter Two, is predicated on a notion of work as a powerful way to enhance social inclusion; it may be that the participants who saw work as a future achievable goal shared this view of work and that this also made them feel less burdened by stigma. As a result, stigma as a barrier to work became less strongly represented as the study progressed, although it clearly remains a powerful barrier for many people with severe and enduring mental health problems.

This overarching theme has illustrated the primacy of social relationships for the participants in their quest to feel a sense of belonging and inclusion. The accounts of the participants resonated with much of the key extant literature around the importance of relatedness, and work was seen by many of them as a potent way to access such inclusion. Bainbridge (2002) drew attention to the importance of large social networks for people with severe and enduring mental health problems, and suggested that social networks should be seen as situated along a continuum that includes family, friends, and opportunities for leisure, learning and work. The findings from my study would tend to support such a holistic and pragmatic position.

9.3 Building and maintaining an occupational identity

This overarching theme reflects the central part that engagement in occupations, both work and non-work, played in the lives of the participants, over the course of the 18 months of the study. It also reflects the ways in which they perceived themselves, and presented themselves to the world through their occupations. Paid employment had been an occupation in the past for all 10 of the participants interviewed in the first wave of the study, and the majority of those who continued in later interviews also envisaged work as part of their future plans. Work was perceived as offering a means to build a sense of self, and to establish meaningful connections with other people in performing a socially valued role; accessing and maintaining socially valued roles was held to be important to the majority of the participants in my study, and in this regard the first two overarching themes overlap somewhat. The emphasis in this second theme however, is on the role of occupations in the formation and maintenance of personal and social identity. Since the ways in which the participants often described themselves was in the context of their occupations and since this thesis is informed by an occupational perspective of health and well-being, I have chosen to focus on aspects of identity that may be described as occupational identity (Christiansen and Bryan, 1999). The participants' accounts often suggested that they understood themselves through their occupations, with both work and non-work occupations seeming significant. The occupations of artist, gardener, parent, carer, teacher and bank clerk were some of those which were spoken about by the participants. Furthermore, it seemed that a range of occupations was important in order maintain balance in life, or what Pentland and McColl (2008) have named occupational integrity.

Occupational identity and occupational integrity are important concepts that have been presented in the occupational science literature and which are illuminated by the findings of my study. The concept of occupational identity was first introduced by Christiansen and Bryan (1999), who suggested that people are universally concerned

with social identity and acceptance by others, and that positive identities are created when people perceive the approval of others (Christiansen, 2004). Christiansen (2004) argued that we become who we are through what we do. Some of the participants had previously developed identities which were attached to work roles that had not necessarily been positive experiences for them. For some of them, previous work roles had been experienced as alienating and stressful. For example, one of the participants (Chris) gave accounts of having felt alienated from his previous work in the building society, yet he retained a strong sense of identity through having been an office clerk and this was part of how he constructed his identity in the present. Christiansen (2004) has argued that occupational identity is part of an unfolding life story which permits the integration of events over time, enabling new goals to be established on the basis of past experiences.

Despite the apparent importance in my findings of engagement in occupations as a means to build and maintain identity, Hayward and Taylor (2011) suggest that the profession of occupational therapy is too focused on the concept of 'doing' and function, at the expense of being and well-being, although they retain a commitment to the centrality of occupations in people's lives. Hayward and Taylor (2011) argue for the need to engage with a new, rights-based approach to intervention which has a focus on authentic ways of 'being' – that is, enabling people to engage in occupations that are consistent with their beliefs and values. This argument resonates with the findings of my study which highlight the importance of occupations to enhance ways of being; Hayward and Taylor (2011) promulgate a view that the life-world is made up of a multiplicity of factors with which occupational therapists need to engage. One of these is occupational integrity (Pentland and McColl, 2008), a means by which to expand the focus of therapy beyond doing to interventions at the level of the person and their identity. Attention to occupational integrity turns on a commitment to helping clients to identify their strengths, values and purpose, what is meaningful for and satisfying for

them and then designing and living their lives in congruence with that. This concept is reminiscent of Heidegger's concept of authenticity. Moran (2000) has interpreted the Heideggerian concept of authenticity as moments when we are most at home with ourselves. Being authentic is a 'potential-to-be-whole' (Moran, 2000, p240); for occupational scientists such as Wilcock (1998, 2006) these authentic moments can be accessed through engagement in meaningful occupations.

Many of the participants in my study conveyed a clear sense of themselves as occupational beings, although this was expressed in their own words, and not in those of the science of occupation or the profession of occupational therapy. The participants gave detailed accounts of their engagement in a wide variety of occupations and were able to reflect on the contribution of these to their overall health and well-being, and recovery from mental ill health. The participants described ways in which they were using occupations to effect identity change. There was some support among the group of participants for distancing the self from an unwanted or 'spoiled identity' (Goffman, 1963), or 'threatened identity' (Breakwell, 1986); of creating a brand new identity; of reconnecting with a previous and wanted identity; and of integrating elements of identity to form a coherent whole. The literature on recovery identifies the development of personal identity as an important aspect of an individual's recovery journey or process (Repper and Perkins, 2003; Slade, 2009). Building an occupational identity by inculcating a stronger sense of self for people for whom recovery is conceptualised as uncertain (Provencher et al, 2002) would therefore seem to be an important intervention for some people with severe and enduring mental health problems.

Through their exploration of the constructs of doing and becoming (Wilcock, 1998), Gewurtz and Kirsh (2007) hypothesised that working enabled the development of identities by providing experience of worker roles that could be drawn upon to envisage

future work capacity. However, many of the participants in my study had extremely negative experiences of work to draw upon; the struggle to reconcile these experiences with a strong desire to join the workforce and enjoy all the perceived benefits of work may have aroused conflicting feelings among some of the participants, and a profound feeling of dissonance, and yet work remained a priority for many of them. Gewurtz and Kirsh (2007) only gathered data at one time point, however the participants who remained involved in my study showed sustained hopeful attitudes to their future worker roles over the course of the study. Thus, it would seem that for the purposes of constructing an occupational identity, the opportunity to experience working and develop a worker role is an important precursor and that being able to hold an optimistic and hopeful attitude is in itself a facilitator for occupational engagement. However, holding a hopeful attitude may be extremely difficult for people with severe and enduring mental health problems, facing all the challenges that this implies. The recovery literature emphasises the importance of other people such as friends, families and mental health workers being able to hold hope for people when they are not able to be hopeful for and about themselves (Bassett and Repper, 2005; Perkins, 2001; Repper and Perkins, 2003).

Hope is central to the concept of recovery (Bassett and Repper, 2005; Perkins, 2001; Repper and Perkins, 2003; Slade, 2009). The accounts of the participants in my study linked the notion of occupational engagement to recovery. Provencher et al (2002) provided a definition of recovery which included the re-definition of a sense of self as well as the development of self [and collective] empowerment. Self-efficacy and self-esteem are components of self-identity, the construction of which, through a variety of occupations, including work, seemed to be of central concern to the participants in my study. A number of the participants in my study fitted two of the three profiles of recovery outlined by Provencher et al (2002) as noted previously. These participants perceived work as tied to a number of benefits, including increasing their sense of self-

efficacy, and as a source of enjoyment. Kennedy-Jones, Cooper and Fossey (2005) also found that work contributed to a sense of self, but that support from significant others, work having meaning to the individual, and ways of managing their mental health conditions were also important ingredients in the fostering of a sense of self through work.

The concepts of self efficacy and self esteem as forming part of self identity elide with the work of Ryan, Khul and Deci (1997), who highlighted the need for competence, relatedness and autonomy as basic requirements for human health and well-being in their theory of Self-Determination. These authors describe competence as the ability to do something successfully and efficiently; autonomy refers to the ability to act with a sense of volition and having choice; and relatedness refers to feeling connected to other people and included. Many of the participants in my study did not have access to these requirements during their working lives and, as Ryan and Deci (2000) observed, the human spirit can be crushed and diminished by circumstances in which these are not available. Many negative experiences of work were reported by the participants and jobs where they had felt overworked, stressed, undervalued and alienated had been frequent experiences. For people who may be especially vulnerable to the negative effects of work, the need to feel competent, autonomous and related to others should not be overlooked.

Although work was seen by many of the participants as being a socially valued role and a way to develop a sense of self identity, others said they had serious reservations about going back to work as their previous experiences had been so traumatic. Thus, while working could be a means to achieving a positive self identity, some participants identified other valued roles which appeared to be of equal importance in providing opportunities for social connections and to establishing a sense of self. For example, some of the participants described parenting and other family roles; some were actively

involved with their local community, while others held key volunteer roles within the day centre itself. The findings of my study strongly suggest that it is important not to overlook these other forms of occupational engagement in the lives of people with severe and enduring mental health problems, as they can contribute to positive identity and emancipation from the identity imposed by a mental health diagnosis.

Future identities have been described as possible selves by Markus and Nurius (1986), who suggest that possible selves give personal meaning and structure to a person's thoughts about the future, and enable them to engage in goal-directed behaviour that is focused on shaping the way they want their life to be in the future. Possible selves are conceptualised as providing a link between cognition and motivation. They derive from knowledge of past selves which can be used as a basis for imagined future selves; either selves to be approached or selves to be feared and avoided. Langdridge (2007) suggests that the self is not something we are or that we have, but something that we create through our lived experience. There is a large body of literature on the nature and construction of the self but Langdridge's (2007) comments are of particular interest because of the links he makes between selfhood and phenomenological approaches to psychology. Langdridge (2007) explains Heidegger's concept of *Dasein*, which represents our being-in-the-world as verb like; as people we are not objects, such as stones, but we are what we are to become, so existence requires that we create it. *Dasein* is always projecting itself towards future possibilities though it is moderated by the *facticity* of existence; the physical, psychological and social factors that serve to limit our possibilities.

When describing their past work experiences and future plans regarding work, the participants in my study envisaged their '*possible selves*' in a variety of ways. There was evidence of selves that were to be avoided, formed from past experiences of being excluded, lacking autonomy, being overworked and '*used for a slave*', or experiencing a

sense of alienation from work. There were also multiple future selves to be approached; work roles that would confer a higher status than had been experienced previously, work roles which would allow for the exercise of autonomy and control, work roles where one would be appreciated and valued, and work roles which would allow the participants to 'feel normal'. Understanding the construction of self in this dynamic, being-in-the world way adds to the understanding of the ways in which past work experiences can inform future work plans and the importance of occupational engagement in the act of 'selving' (Langdridge, 2007, p 30).

9.4 Work values, personal values; the need for accord

The participants' personal beliefs and their work values emerged naturally over the course of the study and thus have retained prominence in the development of the overarching themes. Their positions included a belief that work was '*the right thing to do*' and that contributing to society and the wider economy were priorities for some. There is a body of literature from occupational and organisational psychology on the concept of work values (Feather & O'Brien, 1986; Vansteenkiste et al, 2007; Van den Broeck et al, 2010), and I have drawn on this in my discussion of this theme. Although the values of people with mental health problems were not the focus of these studies, they nevertheless have relevance for discussing the findings from my study, and possibly would be useful considerations in practice.

Employment value has been defined by Van den Broeck et al (2010) as having a 'general attachment to work' (p300). The concept of work values turns on a distinction between intrinsic and extrinsic work values (Kasser and Ryan, 1996). A person with intrinsic work values will do a job because it is fundamentally satisfying and meaningful to them. Someone with extrinsic work values will do a job because there are external rewards or controls, such as pay or receiving praise, or because they do not have a choice.

Employment value is an important concept to engage with in discussing the findings from my study because it is a central aspect of the experience of work, determining the meaning that work, jobs and related experiences have for people (George & Jones, 1997). Individuals' work values are important to understand because they are likely to influence the type of job a person wishes to do, and whether they will find meaning and satisfaction in their work. For example, if a person finds doing a job satisfying and which 'does somebody, somewhere some good', they may be less likely to feel fulfilled in a job where the focus is on wealth creation.

There were suggestions of both intrinsic and extrinsic work values held by the participants in my study, sometimes both types of values were apparent in once account, suggesting that a binary view of work values should perhaps be approached with caution. Some of the participants in my study hoped to have work in the future that would enable them to be financially better off, or to have work that would be of a higher status than the low-paid, low-skilled '*donkey work*' they had done in the past. Others gave accounts which suggested that they held intrinsic work values. For example, there was a view shared by some of them that work was '*the right thing to do*'. Work was seen as affording opportunities to forge social connections and thus a sense of belonging or relatedness, as discussed previously. Work was also seen as providing opportunities for fulfilling potential – '*something to stimulate my whole personality*'. Further, some of the participants spoke about their voluntary jobs as being consistent with their values in promoting a feeling of making a contribution to society. Others described work settings where they had felt appreciated and valued, and also where they had not been. Overall, participants seemed more concerned with intrinsic work values and perhaps this reflects the experience of living with a mental health problem. A number of them had suggested that their experiences had impacted on their lives in such a way as to effect a re-evaluation of their values, of giving an opportunity to '*look at the trees, and look at the garden*', suggesting a change in priorities and values.

However, as suggested, a dichotomous view of work values may be overly simplistic, certainly as far as the participants in my study were concerned. Although a number of them could be described as having an extrinsic work value in that they believed it was important to be valued and appreciated by other people, which is similar to Van den Broeck et al (2010) and the extrinsic value of receiving praise, the wish to feel valued by other people seemed linked to valuing *the self* through work, which would seem to be an intrinsic value. Therefore, it is perhaps possible for people to hold both types of values towards work, and in helping people back to work it would appear important to understand something of their work values in order to facilitate a good match between a person and a job, as required by the IPS model of supported employment.

Van den Broeck et al (2010) tend to regard extrinsic work values as status and salary and have suggested that that it may be important to reduce unemployed people's extrinsic work value orientation and instead stimulate intrinsic work orientation and general employment value in order to increase flexibility towards finding and keeping work. These authors suggest enhancing intrinsic work values orientation by framing the search for employment as an opportunity to realise intrinsic values and stressing the important of self-development and skill-development in future jobs. ' This outlook seems consonant with a systemic, recovery-oriented approach where recovery is understood as an individual process of changing one's attitudes, skills and roles in order to claim or reclaim meaning and satisfaction in life (Anthony, 1993). Although this approach sounds reasonable in theory, few of the participants in my study were greatly concerned with the status and pay aspect of being employed; building and maintaining identity and feeling a sense of belonging seemed to be of far greater value for those of them who expressed a wish to work. Furthermore, the idea of persuading people to change their values, to be content to earn less but have greater job satisfaction, seems at odds with a society where it is accepted that some people earn large sums of money and others

earn very little, and in direct contradiction of ideas of social justice as described by Wilcock (2006), where everyone has the right to equal access to occupational choices and opportunities in order to meet their potential and experience well-being.

The participants in my study held divergent views on the significance of money and work; other aspects of working were seen by many of the participants as being of greater significance than earning money. Contrary to a number of previous studies including the multi-site EQOLISE study (Burns, White and Catty, 2008), the participants in my study did not attach a high priority to earning money as a reason for wanting to work. What Jahoda (1981) termed the 'latent functions' of work were presented as being of a greater priority; valuing oneself and feeling valued by others may be beyond monetary value for people with severe and enduring mental health problems who wish to work. Nonetheless, some of the participants spoke of a wish to have an income but, in general, this desire seemed fuelled by a wish to contribute to the economy or to have more choices and greater independence (to be able to run a car, for example,) and to be able to stop claiming welfare benefits rather than the desire to be wealthy.

Cultural contexts may be noteworthy as far as the value attached to money is concerned. Burns, White and Catty (2008) found that in countries where there was a more generous welfare state, such as the UK and the Netherlands, the participants in their study were less inclined to cite earning money as a reason for working and were more likely to describe a 'benefits trap' whereby they were possibly financially better off by continuing to claim welfare payments. A concern that is often shared between mental health professionals and their clients is the complexity of the welfare benefits system, in which the time lapse between leaving a job and reinstating a claim can be a disincentive for people to try work. Furthermore, where welfare payments are quite generous, finding work which leaves a person financially better off may be a challenge.

All of these factors may make work seem like a risk that many people with mental health problems are cautious about taking.

Vansteenkiste et al (2007) addressed the significance of exploring life values as opposed to work values, arguing that this somewhat broader construct has links with well-being that allow one to take account of the relative importance of both types of values; work values and life values. Many of the participants in my study suggested that they wanted work that was consistent with life values, such as the work for voluntary organisations that many of them were engaged in doing, which was found by some to be deeply satisfying. A thorough understanding of an individual's flexibility towards work is crucial to ensure job matching with a client's skills, abilities and preferences; this is one of the key components of supported employment that needs to be in place to ensure the success of the model in helping people access and retain work.

Participants' personal beliefs and values related to work were a constant theme throughout the analysis of the interview transcripts. The desire for an enjoyable job which was consistent with individual work values, a job which offered a degree of flexibility and autonomy, and where it was possible to feel valued could be seen as the '*prize*' referred to earlier. This may seem self-evident; it is hard to conceive of anyone feeling fulfilled in a job that did not match their preferences. However, the findings from my study allow a more nuanced understanding of 'client preferences'. There was evidence of the participants desiring jobs which would award some status, and where they would feel that mental health problems were accepted and where being supportive towards others was considered core business, such as in health and social care settings. Secker, Grove and Seebohm (2001) found that mental health service users considered that organisations which provided such services should take a lead in providing and promoting employment opportunities for mental health service users.

Beliefs about working may be rooted in one's upbringing, or may be part of early experience. There may be a sense of obligation and a wish to fulfil expectations in a society that places a high social and economic value on work. Alternatively, by being engaged in work which is suited to the individual and where the individual feels wanted and valued, there are opportunities for the development of self-esteem and self-confidence through engagement with others and a feeling of making a contribution to society. A nuanced understanding of an individual's beliefs and values about work may be an important starting point for the return to work journey. It is also important to note that many of the aspects of work that some participants valued could also be accessed through other means, for example, community volunteer work. Working in a voluntary capacity may provide the flexibility that is important in the self-management of a long-term mental health problem. Although the evidence base for the value of voluntary work for people with severe and enduring mental health problems is small (Farrell and Bryant, 2009), this is an area that would benefit from further exploration based on the findings from my study.

Vansteenkiste et al (2007) argue for a greater understanding of the different types of work values and life values, and the intrinsic versus extrinsic nature of these. The findings from my study suggest that the feelings described by Ryan and Deci (2000) as competence, autonomy and relatedness are important to people living with severe and enduring mental health problems and that work is perceived as a major way in which these needs can be met. Therefore it is important to pay attention to other ways of meeting these needs for people who are not working for whatever reason.

9.5 Chapter summary

This chapter has brought together the themes from across the three waves of the study to consider them as a whole, and in relation to the extant literature. The three overarching themes around which the discussion was framed derive from the participants' world views at the time of the study, and represent the main contribution of this thesis to the existing literature on work and mental health. What has emerged is an added appreciation of the centrality of occupations and social relationships in people's lives, and the importance of these in facilitating a sense of self and of being included in the world. How each of these elements contributes to a sense of self, and to health and well-being has been underlined by an exploration of the participants' life-worlds through a phenomenological approach. Although the study had a focus on work, it became clear that there were more fundamental issues of identity and belonging at stake for the participants.

Personal values were revealed as important signifiers of the kinds of work that the participants aspired to, with personal values and work values needing to be consonant with one another for satisfaction and well-being at work to ensue. The financial rewards of work, though a consideration for some, seemed of markedly less importance than the latent functions of work, including structure, social contact, engagement in a collective purpose, and a means to confer status and identity upon oneself (Jahoda, 1981).

Thus, this chapter offers a fuller appreciation of the meaning and experience of work in the context of recovery from severe and enduring mental health problems. I do not claim a fully formed theoretical analysis; rather, I have attempted to show how a phenomenological approach can illuminate the understanding of the concept of work from the perspectives of people who are living with severe and enduring mental health problems. My study has facilitated a more nuanced perspective of the life-world of 10 people with mental health problems; as Warnock (1987) observed, deeper understanding of the particular can take us closer to the universal. Smith (2004, p 43)

suggested that this access to understanding can enable thinking about 'how we and other people might deal with the particular situation being explored, how at the deepest level we share a great deal with a person whose personal circumstances in many ways seem entirely separate and different from our own'. From this perspective, the findings of my study contribute a sensitivity to understanding the needs of people who use mental health services, and who aspire to return to work which has heretofore been largely absent from the policy initiatives and research evidence in this field.

9.6 Strengths and limitations of the study

The evaluation of a study is an essential part of the research process. I have considered mine from the perspectives of both the qualitative research paradigm, and the theoretical underpinnings of the method used. I have also considered individual elements of the study, such as the overall design, and my use of reflexivity, in evaluating the strengths and weaknesses of my thesis.

9.6.1 Theoretical framework

IPA has been used as a method in other studies of occupational engagement; these were described in Chapter Four (Reynolds and Prior, 2003; Larkin and Griffiths, 2004; Reynolds and Lim, 2007; Reynolds, Vivat and Prior, 2008; Timmins and MacDonald, 2008; Pettican and Prior, 2011). It has also been used to study the experience of returning to work with a mental health problem (Cairns, 2004). However, it has not been used to study, over a period of time, the meanings attached to work by people with severe and enduring mental health problems, who are not working, but who wish to access work. These are people who should, according to current policy, be in receipt of employment services; therefore their views are important to understand in order to inform service provision. As the study progressed, it became clearer how valuable the IPA approach was in helping me to understand the participants' positions in the world

and how they used a diversity of occupations in their engagement with the world in the absence of a work role. The hermeneutic phenomenological position from which IPA comes regards people as embedded in their world, and moving through their world engaging with it through 'doing'. This was consistent with an occupational science perspective of doing, and thus was appropriate for exploring the effects of occupational engagement on health and well-being. Thus the theoretical perspective which informed the method that I used for the study was congruent with the research question. This harmony between epistemological position, research method and the question provided a solid foundation for the study.

1.12.11 IPA provided me with a map with which to traverse the complex landscape that is hermeneutics. IPA's structured approach to data analysis facilitated the management of the large amount of data that I had gathered. The structured approach can be both helpful and at the same time limit the understanding of the 'messiness' of people's lives, and hence the ability to convey very complex and personal issues. At times I was concerned that I was imposing an artificial order, having to make decisions about which theme heading best represented an individual theme, for example. It is this structured approach which makes IPA attractive to novice researchers, but which can also compromise depth and nuance of analysis. Nonetheless, by meeting with most of the participants twice, and four of them on three occasions, I used IPA in a way that it has not often been used, and in a way it has never been used to explore people's occupational engagement. Therefore, what I may have lost in trying to be too neat with my data analysis I believe I made up for in terms of sustained engagement, not only with the text (interview transcripts) but also with the participants themselves. Had I taken a more broadly hermeneutic phenomenological approach I might have been able to 'dig deeper' and be more revealing, but for a novice researcher with a large quantity of data, IPA offered a safe (though not necessarily easy) passage.

9.6.2 Qualitative research

Ways of judging the value of qualitative research have traditionally come from a positivist epistemological position. Just as there must be harmony between epistemological position, theoretical foundation and research question in order to fashion a rigorous study, so there must be congruence with the position from which qualitative research is judged. Judgements of qualitative research from a positivist or realist position will produce a critique of the research that is not well founded.

A number of authors have provided guidance for assessing the value and quality of qualitative studies. Yardley (2008) is frequently cited in the IPA literature. She has provided guidance for ensuring the trustworthiness and usefulness of qualitative research. More recently, Smith (2011) has provided guidance on assessing the quality of IPA studies; his advice about sample size and prevalence of participants within themes has guided my checking of the analysis, described in Chapter Five, and reprised in this Chapter where I have considered the representation of individual participants within the final three overarching themes. Finlay (2006b) has consistently encouraged occupational therapy researchers to be 'clear, thoughtful and reflexive about their position and values when evaluating their research' (p319). I have drawn on the guidance offered by these authors to inform the critique of my study, the application of which will now be covered in more detail.

9.7 Critique of method

9.7.1 A paper trail

Yardley (2008) emphasised the importance of providing evidence which links the raw data to the final report. I have provided a complete set of analysis for one of my participants (Stella), which can be found at Appendix T. This participant was one who took part in all the three waves of the study and inclusion of the raw data will enable the reader to see my analytic process. It is important, of course, to remember that

interpretative activity is informed by the position of the researcher, so it is unlikely that two researchers, especially if they are from different professional or academic backgrounds, would produce identical analyses; this is why serious attention to reflexivity was needed as it should enable the reader to understand the position from which the researcher has carried out the analysis. Thus, the inclusion of detailed analytic processes needs to be supplemented by reflexive accounts to enable the reader to judge the 'trustworthiness and usefulness' (Yardley, 2008, p 235) of the findings.

9.7.2 Sensitivity to context

Yardley (2008) strongly suggests that sensitivity to context is a vital characteristic if a qualitative study is to be judged as being of a high standard. One way in which this characteristic can be viewed is as sensitivity to the participants in the study. Sensitivity to participants elides with an ethical approach to research and most studies involving vulnerable groups of people as participants will be subject to intense scrutiny from an ethical point of view. The participants in my study, as people with mental health problems, are conceptualised as being potentially vulnerable and I paid detailed attention to the ethical aspects of the study, including the recruitment process, in which the staff of the day centre made the participants aware of the study and they contacted me directly if they wished to take part. I spent some time at the day centre in order to meet participants and to enable them to become familiar with me, thus helping to establish a rapport, as advocated by Jahoda and Markova (2004).

The means of data-gathering, through open interview questions, meant that the participants could reflect upon issues that were of importance to them rather than being constrained by my preoccupations; Yardley (2008) advocated this as a method by which to ensure sensitivity to context. Furthermore, the interviews took place in the day centre which the participants attended, in a private room, thus affording them familiarity and privacy.

Conversely, limitations in context were also in evidence. None of the participants were in receipt of the type of specialist employment support detailed in policy and evaluated in Chapter Two of the thesis, and the day centre was due to close in the near future, with services being provided in a less centralised way. Both of these contextual issues would have affected the participants' accounts and they were issues I was alive to during the data-gathering and analytical phases of the study. Had the participants been receiving supported employment interventions of the type described in Chapter Two of this thesis, many of them would have quite possibly been placed in employment during the study; had I drawn a sample from a progressive, recovery oriented service as opposed to a well established day centre where people had been attending for many years, I would doubtless have received a different perspective on returning to work.

9.7.3 Participant feedback

Participant feedback, sometimes known as respondent validation, is a commonly used strategy within qualitative research for ascertaining the validity of findings (Silverman, 1993). Although the use of the theme cards in the third wave of interviews afforded an opportunity to follow up issues which had arisen previously, this was not intended as means of checking the validity of the interpretations I had made. Participant validation is contested within IPA as interpretations are necessarily made from the perspective of the analyst and therefore not necessarily recognisable or confirmable by the participants. However, Larkin, Watts and Clifton (2006) in their seminal paper, present an early stage of analysis in which the participants should recognise themselves in the coherent third person psychologically (and I would argue occupationally) informed description which tries to get as close as possible to the participants view. It would theoretically be possible to share this stage of the analysis with each participant as a form of participant feedback. Even so, it could still be problematic for participants to challenge accounts that they did not agree with, in which case the analyst needs to make a decision about how to manage this additional perspective.

9.7.4 Study design

The design and implementation of my study was closely informed by the IPA literature. IPA is a relative newcomer to qualitative research and, as such, is continuing to evolve. My touchstones for the analytic process were Smith and Osborn (2008) and Larkin, Watts and Clifton (2006) and I followed their guidance closely. Smith, Flowers and Larkin (2009) suggest that an audit trail is a really powerful way of thinking about validity in qualitative research. I have included a detailed account of audit in Chapter Five, where I considered how to add rigour to the study. My supervisors were involved in confirming some of my analysis. They were particularly involved with the analysis of the interviews with Stella, which is why I have chosen to include her transcripts and theme tables as a worked example of my analytic processes.

There are some limitations to the design of the study. It may have been the case that, with a study that was carried out over an extended period, participants who were not able to sustain a commitment to either work or the study due to the nature of their mental health problems, felt that they needed to withdraw from the study. As a method IPA requires that participants are able to reflect on their experiences. This imposed some limitations in that one of the participants (Mark), who was quite distressed by his psychotic experiences at the second interview, gave an account which was difficult to work with. Georgaca (2003) contends that, through the use of reflexivity, it is possible to work with psychotic speech in ways which are non-pathologising by analysing it in the context of the functions it serves, and in terms of what is happening with the person. A short extract from my reflexive diary illustrates how I could have worked with Mark's account in this way, although, ultimately, I chose not to pursue this line of analysis-

25.4.09 A focus on work and occupation as being key in constructing an identity post-mental illness or as being an alternative to being a mental health service user would allow me to explore the meaning of Mark's belief that he is dead in this context.

A plan for future research with the data set from this study could include analysis of the transcripts from the interviews with Mark, guided by the writings of Georgaca (1996), but for this study I decided, in consultation with my supervisors, that the need for a different approach to the analysis would weaken the robust application of IPA to the study overall, and for that reason I took the decision to exclude the second transcript of the interview with Mark. This decision was not undertaken lightly but it is commensurate with the inclusion and exclusion criteria set out in the original study proposal.

There were challenges inherent in designing, carrying out and analysing data from a longitudinal study. The advantages and disadvantages of a longitudinal approach to data-gathering have already been considered in a previous chapter. I chose to write each wave of interviews up as separate chapter, because I believed this would add clarity for the reader. In doing so, I may be guilty of the charge levelled by Dahlberg, Dahlberg and Nystrom (2008) who warn against making definite that which is indefinite, such as people's experiences, and the meanings and interpretations put on these. A further extract from my reflexive diary illustrates my awareness of this tendency in me -

November, 2009 [Supervisor] often warns against imposing a coherence which may not exist. This is tempting. I am someone who likes order but one of the things which I think has developed over the course of this study is my tolerance for ambiguity and uncertainty. Phenomenological research is an approach which allows, indeed enables exploration of the indefinite, and encourages tolerance of ambiguity and uncertainty and takes us back to 'the things themselves' as Husserl famously said.

However, I believe the creation of the three overarching themes, around which the discussion is framed, provides a counterbalance to this by connecting the three waves of the study together and considering the whole, or the *gestalt*. The process of searching

for themes across the data required me to look anew at the analysis I had undertaken and to endeavour to identify the key messages and meanings that had emerged from the accounts. I made every effort to ensure that all of the participants' voices were heard in the final analysis, by checking how each of them was represented in the three overarching themes. I have described this process in Chapter Five but re-refer the reader to Appendix S which details the prevalence with which each participant is represented in the final themes. As stated previously, I was guided in this approach by Smith's (2011) paper in which he evaluated of the contribution of IPA to the evidence base.

A longitudinal design has facilitated a detailed understanding of the lives of the participants as they unfolded over the duration of the study. However, longitudinal research offers more than a means of tracking individuals over time. Neale (2011) describes a role for longitudinal research which enables exploration of the micro processes of people's lives against a backdrop of the macro processes of social change. The social and healthcare policy developments, and the welfare reforms that were presented in Chapter Two, together with the recovery approaches to practice which have been alluded throughout this thesis, will continue to provide the foundations upon which mental health and employment services are based. The interior processes and the experiences of people whose lives take place against this backdrop are less well understood, though such understanding has been expanded by sustained attention to the stories of the participants in my study. Neale (2011) allows that longitudinal research is never quite finished and suggestions for how this particular piece of research could be extended will be found in section 9.8.1 Implications for further research.

9.7.5 Reflexivity

Attention to researcher reflexivity is not always prominent in published studies which have used IPA; this is possibly because of the word limit imposed by most journals and given that qualitative studies rely on having more words, it may be that the reflexive issues are the words that are cut out. As outlined in Chapter One, I made strenuous efforts from the start of the study to utilise a reflexive approach. My primary reason for deciding to do so was to try and ensure a level of transparency in my study that would enable the reader to see what was going on in the research (Koch and Harrington, 1998) and thus to be able to evaluate the quality of the study. As with the whole of the research process, I learned as I went along. Initially, I was guided by Finlay and Gough (2003), but discussion with experts in the field and colleagues who had employed reflexive approaches to their research helped me to shape the approach I have used.

The inclusion of extracts from my reflexive diaries, which I kept throughout the duration of the study, have been included to try and show some of the processes I was engaged in and how they affected the analysis by using some of my foreknowledge and presuppositions, as Dey (1993) has suggested. Finlay's (2003) description of five types of reflexivity was helpful in the explication my approach. I believe I made extensive use of her introspective and intersubjective approaches to reflexivity; although increased access to the User Advisory Panel could have enhanced a collaborative approach. A social critique approach to reflexivity did not seem to fit with my epistemological position, and I was anxious to avoid the narcissism that many authors warn against (Koch and Harrington, 1998; Finlay and Gough, 2003; Pillow, 2003). Inevitably, some of my diary entries were intensely personal and included reference to other people; as Morse (2009) advised, in a discussion about going beyond the data and a need to protect the anonymity of participants by deciding what to exclude, so I was conscious of not going beyond the role of reflexivity within my study and therefore censored some of my more personal diary entries.

In my use of reflexivity I have made strenuous efforts to avoid sounding pretentious and, in doing so, alienating the reader. However, I acknowledge that such judgments are as personal as reflexivity itself. Smith, Flowers and Larkin (2009) warn against becoming more fascinated with oneself than with one's research; again I have made strenuous efforts to keep the participants centre-stage, venturing into the spotlight only when I felt my position would help to illuminate an aspect of the study for the reader.

9.8 Conclusion: contribution to knowledge

This is the first study to use IPA in a longitudinal exploration of the meaning and experience of work in the context of severe and enduring mental health problems. The interpretative phenomenological approach to the study enabled some previous broad understandings of work for people with mental health problems to be further illuminated by engaging with them from an occupational perspective. This allowed the importance of non-work occupations as a means to create and maintain personal and social identity, and to enable the participants to be socially included, to become apparent in the absence of employment. The findings also suggested that some of what Jahoda (1981) has referred to as the latent functions of work, such as time structure, being part of a collective pursuit, the conferment of status and identity, could be met through non-work occupations.

Attending to the participants' lived experiences over time facilitated the capture of some of the processes that the participants described themselves as engaged in, such as managing a major mental health problem, building and maintaining their identities through their engagement in occupations, and striving to build meaningful and satisfying lives for themselves. The importance of earning money and the damaging effects of stigma and discrimination were described by the participants but were not

accorded primacy in the accounts; instead, the participants placed more emphasis on their personal values and the importance of work. Personal values about work appeared to be situated in individual and cultural contexts such as previous work experience and influences from family and early life experiences. Thus the 'private accounts' (Marwaha and Johnson, 2005) about work that are held by people with severe and enduring mental health problems may have emerged somewhat from the shadows.

The first wave of the study, presented in Chapter Six, elicited a broad range of meanings and experiences of work from the 10 participants. Their beliefs and values about work, together with what they perceived as the benefits of work were revealed through their accounts and my interpretations thereof. Barriers to working were described, many of them having been experienced by the participants in previous work situations; negative experiences of work seemed common. Nevertheless, almost all of the participants held that work was something they aspired to be part of in the future, seeing it as eliding with recovery from mental ill health and a moving away from using mental health services. In all of these, the roles of other people were prominent as supporters and encouragers and the providers of practical assistance.

The second wave of the study (Chapter Seven) elicited some deeper understandings as participants developed topics they had introduced in the first interview; my interpretative analysis also facilitated a deeper appreciation of the participants' meaning making, evolving co-constructed meanings around work and other occupations. Occupational engagement that enabled a moving on from being ill by providing the participants with a sense of agency and a way of making sense of managing their mental health problems, emerged as central to the lives of most of the participants. The formation and maintenance of personal and social identity also emerged as being linked with occupations, that included, but were not limited to, work.

The third wave of the study refined the themes further still; work and occupation were often spoken of synonymously and seemed to be understood as powerful agents of recovery, including the formation of identity. Developing a positive identity is seen as the first of four main tasks of recovery (Slade, 2009). The other three tasks of recovery are described as framing the illness, managing the illness, and developing valued social roles; these four tasks of recovery, as described by Slade (2009), are represented within the accounts of the participants

Many of the participants' appeared to share a world view that work was the 'right thing to do'; they felt it was expected of them by others, and they expected it of themselves. Relationships with other people, mostly supportive and encouraging, but not always, sustained the participants in the formulation of, and working towards, their goals. Interpersonal relationships continued to be spoken about by the participants with painful feelings of exclusion being dwelt upon in more detail in the later interviews, as the participants may have felt more comfortable with sharing more intimate thoughts and feelings.

As previously explained, in order to consider the *gestalt* offered by the findings from my study, I connected the three separate waves by means of three overarching themes. A sense of feeling included in the world was held to be of paramount importance across the accounts of the participants, and across the study as a whole. The converse of this wanted position of belonging included experiences of judgments from friends and family for not working, and the felt stigma of being a person with a mental health problem. Work was held by many of the participants to be a route to the acceptance they longed for, even though many had had work experiences where they had felt excluded and discriminated against.

In the absence of work, understood as paid employment, other occupations had assumed a central place in the everyday lives of the participants, highlighting occupation as the natural mechanism for health and well-being described by Wilcock (1998). The contribution of non-work occupations to health, well-being and identity building has not been emphasised outside occupational science literature. The role of occupations in the lives of the participants was strongly resonant of Slade's (2009) four tasks of recovery, as described previously. Therefore, the findings of my study would seem to strongly suggest an important role for occupations in individual recovery journeys.

9.8.1 Implications for further research

Phenomenological studies such as this one do not claim to have uncovered the full picture, but rather to contribute to understanding with a partial view of the phenomenon being explored. My study focused on the meaning and experience of work for people with severe and enduring mental health problems. Although the majority of the participants said that they hoped to return to work in some capacity, none of them accessed paid employment during the course of the study. It would be fruitful to follow up the participants over a longer period of time in order to see how their plans for work materialised over time. DeSisto et al (1995) found in their follow-up study of participants over three decades that the majority had settled into either part-time or full-time work. Although such an extended time frame would not be feasible for me personally, a further series of interviews over three to five years could yield some findings which could be important for the evidence base in the longer term.

Sharing the findings with the User Advisory Panel yielded some areas for further research. These included the need to further explore the negative effects of work for people with severe and enduring mental health problems; this is an area that has not

received a great deal of attention. Other ways of contributing to society, including a greater range of options for voluntary work, was a further area that the user group felt could be usefully explored. This idea for further research is in line with the findings from Farrell and Bryant (2009) that identified the need for further research into the role of volunteer work for people with mental health problems. The relationship with this group will be ongoing, and may prove to be a sustainable research partnership.

9.8.2 Implications for practice

In terms of the 'contribution' of my thesis, the concept of occupational identity has emerged as being of importance to mental health service users who are considering a return to work. The findings of my study indicate a need for occupational therapists and others to help their clients to explore and construct identities that contribute to recovery. Work may be an important route to this for some people; for others, non-work occupations may offer greater opportunities.

Safe spaces, in terms of the day centre, and home emerged as important in providing support for people in their long-term plans for work and other aspects of recovery. Attention to fundamental needs for somewhere to live and the availability of social networks should be given as much attention as helping someone return to work. It may be that people need different approaches from services as they progress in their recovery journeys; the timing of implementing supported employment programmes needs to be sensitively matched to the overall needs of the individual. A simple stress vulnerability model of mental health such as that described by Bassett et al (2007) might be a helpful way for service users to visualise and manage competing stressors in their lives and decide on priorities for occupational engagement. Similarly, the 'weighing up' model, described by Honey (2004), could be of use. For some of the participants, there was acknowledgment of a need to take some risks with their mental health in order to try and achieve their goals and collaborative relationships with mental health and

employment specialists, who are not overprotective, should support such positive risk-taking.

9.8.3 Implications for education

The nuanced understandings of living with a severe and enduring mental health problem that have been facilitated by this study could inform the education of students on professional mental health programmes, such as in pre-registration University programmes. Work rehabilitation programmes, and recovery approaches to practice will form the central tenet of much contemporary mental health practice, and it is important for students to develop the sensitivity to context and ability to work in the client-focused ways that this practice requires. The nuanced understandings of the central role of occupations, including work, in the development and maintenance of identity for people living with severe and enduring mental health problems, seems particularly crucial to understand.

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The letters I,O,Q,W and Y have deliberately not been used to label appendices.

* denotes an appendix has been removed to preserve the anonymity and confidentiality of the participants.

Appendix A

Reflexive pro forma (embodied communication, Burns, 2003, Finlay, 2006)

1. Consider awareness of natural science, medical, OT or mental health specific theory and knowledge. Clinical understandings.

2. Awareness of subjective meaning e.g. perception, emotions, beliefs, suspend general assumptions, labels, expectations, cultural and socio economic assumptions

3. Awareness of participant's body and what it is communicating. Reading non verbal clues.

Physical awareness of own body, response to the interaction, how we feel during and after session.

Transference of feelings, empathy, connection, intertwines.

4. Additional reflection/ enhanced understanding (including empathy, openness, pre understandings)

Appendix B

[Brunel University Headed Paper]

Version 3 (26.9.07.)

Dear.....

My name is Alison Blank. I used to work as an occupational therapist. I am now working at Brunel University. I am conducting a study into the experiences that people with mental health problems have when getting back to work.

Would you like to take part in the study? I would be interviewing you about your experiences three times over 18 months. You would be paid for your time and expenses.

I am enclosing an information sheet about the study. You can also contact me directly if you would like to.

Thank you for reading this.

Yours sincerely,

Alison Blank

Appendix C

[Brunel headed paper]

RESEARCH PARTICIPANT INFORMATION SHEET (version 4, 16.1.08)

Exploring the experiences of employment rehabilitation for people with mental health problems.

My name is Alison Blank. I teach occupational therapy at Brunel University in West London, where I am doing some research as part of a course. Would you like to take part in some research for this course?

Before you decide whether or not to take part it is important for you to understand the reasons for the research and what is involved. Please read this sheet and discuss it with your care co-ordinator or a member of staff at the Resource Centre if you wish. Ask him or her if you're not clear about it, or if you would like more information. Take your time deciding whether to take part.

What is the research for?

To find out what it is like to be a user of mental health services who is thinking about getting work. It will find out what service users think and feel about working and about what help or support is out there. As people who haven't been working for a long time can take a while to get started again, I will want to interview people three times over 18 months.

Do I have to take part?

That is up to you. If you join in you can still withdraw at any time and without giving a reason. This will not affect your treatment. If you don't want to join in that's no problem, but please talk to your care coordinator or another member of resource centre staff if you think you might be interested. It is important that she/he feels you are well enough to take part so this should be a decision you make together.

What will happen to me if I do decide to take part?

I will do some interviews with you. They will be audio recorded and I will ask you to sign a consent form to say that you agree to this. I will write to you to arrange a meeting. Our first meeting will be informal and will take place in the Stead Resource Centre. It will give you an opportunity to ask any questions, and help us to get to know one another a bit. There will be three interviews in all, spread over eighteen months Each interview will last for about an hour to an hour and a half – depending on how much you want to say. I will ask you about yourself, your thoughts and feelings about work, and about the help you have had in developing a work routine.

Why have I been chosen?

As someone with a mental health problem maybe you have talked with your care team or other people about the idea of starting work. Or you yourself may have thought about this. Research has shown that many people with mental health problems would like to be able to work and could do it successfully with the right support.

Risks and benefits to taking part

This study aims to improve understanding of people with mental health problems when they are considering or trying to get into work. So it may eventually help other people who are thinking of going back to work. I should explain that, by taking part, there is no clear health benefit to you personally, and sometimes people find talking about past experiences upsetting, although many people find it helpful to talk with someone who is interested.

What if something goes wrong?

If you wish to complain about any aspect of the way you have been treated by me during the research you can do so through the usual channels available to all clients of Sussex Partnership Trust. Your care coordinator can help you with this.

Alternatively you can contact one of my research supervisors. They are Dr. Priscilla Harries and Dr. Frances Reynolds School of Health Sciences & Social Care, Mary Seacole Building, Brunel University, Uxbridge, Middlesex UB8 3PH. Tel 01895 68774

Will it be confidential?

All information you share with me will be kept strictly confidential. The only situation in which I would need to break that confidentiality would be if you told me something which suggested that you yourself or another person might come to harm. If this happens I will tell you what I intend to do. First I would have to talk with your care co-ordinator.

I will not need access to any of your medical records. No identifying information about you will be used in writing the research. All the people who take part in the study will be asked to choose a pseudonym (false name) to be used in the study. Only I will know who it really is. I will need to use quotes from the interviews in the final report but I will use the false name where names are needed.

What happens to the findings from the study?

The study will be written up and presented to Brunel University for assessment in my course. The study findings will be shared with the Trust presented at conferences and printed in relevant journals. In this way the findings may influence the work of other individuals and groups. I will of course share the findings with you in the way you choose. For example meeting to discuss the research findings with you, showing you my final report or other reports that follow

Who is organising and funding the research?

The project is part of my PhD course which is being undertaken at Brunel University, School of Health Science & Social Care, Mary Seacole Building, Kingston Lane, Uxbridge, Middlesex UB8 3PH.

Who has reviewed the study?

The study has been reviewed and approved by Brunel University ethics committee. It has also been reviewed by my two academic supervisors, the Research & Development department within the Trust, the Sussex Research Consortium and Central Office of Research Ethics Committees (COREC).

Contact for further information

If you would like further information please contact me, Alison Blank, School of Health Sciences & Social Care, Brunel University, Uxbridge, Middlesex UB8 3PH tel 01895 268738

THANK YOU FOR READING THIS. PLEASE KEEP THIS SHEET FOR INFORMATION SHOULD YOU CONSENT TO BEING IN THE STUDY.

Appendix D

[Brunel headed paper]

CONSENT FORM – version 2, 10.9.07

Title of project - ***Exploring the experiences of employment rehabilitation services for people with mental health problems.***

Name of researcher – Alison Blank

Have you read the Research Participant Information sheet? Yes/no

Have you had an opportunity to ask questions and discuss this study? Yes/no

Have you received satisfactory answers to you questions? Yes/no

Who have you spoken to?.....

Do you understand that you will not be referred to by name in any part of the study? Yes/no

Do you understand that you are free to withdraw at any time without giving a reason and without this affecting your future treatment in any way? Yes/no

Do you agree to take part in the above study? Yes/no

Are you happy for me to audio tape our interviews?

Yes/no

Are you happy for me to use direct quotes from the interviews (these will be anonymous or under your false name) when I am writing the study up?

Yes/no

Signature..... Date.....

Print name.....

Witness statement

I am satisfied that informed consent has been given

Signature.....Date.....

Print name.....

Ethics approval for this study has been obtained from the School of Health Sciences and Social Care Research Ethics Committee

Appendix E

Interview questions/topic guide – first interview

Thank you very much for agreeing to take part in this study. As you may remember from the information sheet I want to find out about the experience of having help getting back to or starting work, from the point of view of people with a mental health problem. By work I mean any job where you get paid, as well as voluntary jobs. These jobs might be full time, or very part time, they might be regular or irregular. I am interested in all types of jobs.

Introductory questions

Can you tell me how long you have been going to/coming to [name of Day Centre]?

Can you tell me a bit about what about what you do there/here?

Main questions

Can you please tell me about work you have done in the past or are doing now?

Prompt questions – you said you worked as a ..., can you tell me more about that? Would you like to work/go back to work? What kind of work would you/do you like? How do you feel about yourself when you are working/not working? How do you feel in general when you are working/not working?

Can you please tell me about any experiences you have had of getting help with accessing work or employment?

Prompt questions – when was this? Can you remember the first time someone discussed the possibility of getting back to work with you? What was this like? How did you feel about this? Can you tell me more about this? Have there been any particular experiences/people which have really helped with getting back to work/staying in work? Have there been any particular difficulties with getting back to work/staying in work? Can you tell me more about this? Can you give me an example?

What does/would having a job mean in your life?

Prompt questions – what are your hopes for the future with regard to working? What obstacles or barriers do you foresee in the future with regard to working?

Is there anything else you would like to tell me about?

Is there anything that didn't come up in this interview that you expected would come up? (If there is I will ask them to tell me about it)

Thank you very much indeed for your time.

Appendix G

Initial themes from Anne's first interview

Mental & physical illness intertwined	Physical difficulties – many, dramatic, varied	Occupational imbalance leading to mental illness	Helping others	Integrating identities	Talking and listening
Recency of illness	Negative reactions of other people	Outward signs of mental illness – hospital admissions, being sectioned	Self determining	Having a job makes me feel good	Faith
Dismissive of occupations in day centre	Reluctance to accept role of mentally ill person	Working with other people with mental health problems	Physical problems as limiting	Completes me	Future self
Nursing	Positive work experiences	A lot to give	Loss of the person she was going to be	Mentally ill role	journey
Lots of work experience	Self esteem – own and others	Having a job makes me feel good	Lowering sights	Barriers to work	Fellow travellers
Losses due to mental illness – marriage, nurse training	Feeling useful	Sense of inferiority/difference	Future plans	Physical problems	
Long time nursing	Giving back	It wasn't us, it was the Catholic church	Programmed to work	Past mental problems	
Some qualifications	Wish to do voluntary work	Wish to return to nursing	Feeling useless	Positive reactions of others	
Strong desire to work	Loads of deaths	Mother's death	Mentally ill role	relationships	
Negative experiences of work	Previous mental illness	Caring	Negative reactions of others	Support and encouragement from friends and family	
Distinction between paid and voluntary work	Felt used	Giving back	Being in hospital	Support and encouragement from professionals	

Appendix H

Initial themes from the first interview with John

Positive aspects of work/meaning of occupation	Conditioned to work / beliefs & values about work	Future plans/wanted self	More than just the money
Working with a MH problem	Conforming	Support in accessing work	Taking a risk
Shame	Benefits of working	Status and identity	Doing the right thing
Disclosure of MH problem	The need to work/man as an occupational being / innate drive to work	Working with other people	
Supportive employers / employers' attitudes	Occupational deprivation	Future plans	

Appendix J

Clustered themes from the first interview with Anne

Anne the worker – a wanted self	Anne the person with a mental health problem – an unwanted self	Integrating identities	Fellow travellers on the recovery journey	Anne’s resilience
Strong desire to work	History of mental health problems	Physical problems	Positive relationships with others	Self determining
Programmed to work	Recent mental health problems	Reluctance to accept role of mentally ill person	Support and encouragement from family and friends	Future plans
Paid versus voluntary work	Negative reactions of other people	It wasn’t us, it was the Catholic church	Also form mental health workers	Future self
Voluntary work as initial step	Sense of inferiority/feeling different	Outward signs of mental health problems	Talking and listening	On a journey
Dismisses day centre activities – ‘small silly things’	Negative work experiences	Barriers to work		Self esteem – her own and others
Positive work experiences	Feeling useless	Mental health and physical problems intertwine		Faith in God
Lots of work experiences including a long time in nursing	Feeling used			
A wish to return to nursing	Lowered expectations			
Worked with people with mental health problems	Loss of close relationships - deaths			
Has some qualifications	Loss of the person she was going to be			
Wants to feel useful	Occupational imbalance lead to mental health problems			
Help others				
Caring				

Completes me				
Giving back, a lot to give				

Appendix M

Fourteen initial themes across the group for the first interviews

1. Wanted (worker) self/future self
2. Unwanted (mentally ill) self
3. Struggle to integrate two selves
4. Personal resources – intrinsic, extrinsic (services, other people)
5. Relatedness – other people
6. Occupational risk factors – disruption, alienation
7. Importance of occupation/occupational well-being
8. Benefits of working
9. Negative experiences of working
- 10 Not wanting to work
11. Barriers to work – intrinsic, extrinsic
12. Beliefs & values about work
13. Working with a mental health problem
14. Work & identity

Appendix N

MASTER TABLE OF THEMES FOR THE GROUP	Chris	Harry	Anne	Mark	Matt	Charlotte	James	John	Ian	Stella
<i>1. Work as part of the future</i>										
Having a different life		8,261	30,1138					8,275	5,161	
Being normal		10,348	24,885	18,649						
<i>2. The benefits of working</i>										
A valued role	10,352									
Responsibility & challenge	12,446,									
Status	13,485									
Self confidence/self esteem	14,490	2,44	22,812	13,487			2,60			
More than just the money							2,63	2,47		
Excitement		11,384		3,63						
<i>3. Negative experiences of working</i>										
Cause of mental distress	4,136								7,219	
Work as stress/pressure	16,585									
<i>4. The</i>										

<i>importance of occupation</i>				15,534					8,284
Being in Flow					13,453			7,235	
Doing					2,58		2,60		
Routine & Structure		10,370			6,213		2,63	12,413	
Occupational balance									
It's action that counts									
<i>5. Occupational risk factors</i>	17,643			1,20					13,457
Occupational alienation	14,123		7,237	4,109				4,129	
Occupational imbalance				3,85			15,561		
Occupational injustice					15,563		15,567		
Occupational disruption									
<i>6. Beliefs & values about work</i>								4,138	11,386
Doing the right thing			18,664						
Worked all my life									
<i>7. Working with a mental health problem</i>								2,51	
Employers attitudes							4,119		2,57
							3,64		

The question of disclosure		15,531		15,564						2,43
Shame & humiliation			15,535							
Isolation										
Illness symptoms										
Loss										
<i>8.Barriers to work</i>										
Ambivalence about working	8,282									
Lack of job opportunities	7,223									
No need to work	17,631			13,454						
Level entry jobs	19,685			18,664						
Age						1,17				
Appearance						4,101				
Inability to adapt						3,67				
Early life experiences						7,218				
Personal limitations						3,79				
Unrealistic expectations			4,118			6,197				
Being over protected					15,563					
Discrimination & inequality					3,89				6,178	
Patronizing attitudes					3,68					
					5,160					
		13,486								

Financial barriers		11,403								11,386
Mental distress										
Lack of self understanding										
Stigma										
Hopelessness										
Transport difficulties										
Gambling with mental health										
Anxiety about working										
<i>9. Individual resources</i>			16,576			1,9				
Knowing own limits/capacities						9,306				
Determination						15,540				
Pragmatism						14,526				
Adaptability			32,1197							
Faith										
<i>10. Work & Identity</i>								5,150	9,320	
<i>11. The importance of other people</i>		15,161						7,218		
Support in accessing work			30,1150	14,494	6,181				14,510	
Relatedness			25,939							
Family & friends			28,1136						15,563	
MH workers										3,63
										3,66

Co workers										
Feeling valued										
	Chris	Harry	Anne	Mark	Matt	Charlotte	James	John	Ian	Stella

Appendix P

MASTER TABLE OF THEMES FROM THE GROUP	Chris	Harry	Anne	Matt	John	Ian	Stella
SECOND INTER VIEWS							
1.The meaning & importance of occupations (including work) – doing	✓		✓	✓	✓	✓	✓
<i>Satisfaction & Fulfillment</i>		✓			✓		
<i>Value of voluntary work</i>					✓		
<i>A drive to achieve & 'do' well</i>							✓
2.Occupational identity – being	✓	✓	✓	✓	✓	✓	
<i>Who I was, who I still am</i>							
<i>Rejection of an unwanted identity</i>			✓		✓	✓	
3.Constructing a new occupational identity (with or without work) – becoming					✓	✓	✓
<i>Having work = being strong</i>		✓					
4. Occupation as part of recovery – becoming	✓				✓	✓	
<i>A life of value</i>		✓	✓				
<i>Moving on from being ill</i>			✓			✓	
<i>A sense of agency</i>			✓		✓	✓	
5. The importance of other people – belonging							
<i>Supportive relationships</i>		✓	✓	✓	✓		
<i>Social support</i>		✓		✓	✓		
<i>Family relationships</i>	✓		✓			✓	
<i>The social aspect of work</i>					✓		✓

<i>Work as a way to belong</i>					✓		
	Chris	Harry	Anne	Matt	John	Ian	Stella
6.Barriers to recovery, barriers to work							
<i>Wanting autonomy</i>	✓				✓	✓	✓
<i>Ambivalence about work</i>	✓		✓		✓	✓	
<i>Comparison of self to others</i>							
<i>Doubts about coping</i>			✓	✓			
<i>Low expectations, feeling despondent</i>				✓			
<i>Stigma of not working</i>		✓	✓				
<i>Disclosing a mental health problem</i>			✓		✓		✓
			✓				
7. Beliefs & Values about work							
<i>The right thing to do</i>		✓	✓		✓	✓	✓
<i>Giving & taking through work</i>			✓		✓		
8. The world of work & the world of mental health							✓
<i>Working with a mental health problem</i>				✓	✓		
<i>Making sense of, managing the illness</i>				✓			
<i>Coping with setbacks, disappointments & rejection</i>					✓		✓
9.Changes & Progressions towards goals			✓		✓	✓	✓
<i>Ready to move on versus fear of moving on</i>							
10. Needs & practical supports							
<i>Guidance & support</i>				✓	✓		
<i>A feeling of empowerment</i>		✓					
<i>Keeping hope alive & staying positive</i>		✓	✓		✓		

<i>A suitable job</i>	✓	✓					✓
<i>Basic skills</i>					✓	✓	
<i>Flexibility</i>	✓				✓		
<i>Being in control</i>	✓				✓		
11. Work as part of the future		✓	✓		✓	✓	
<i>Positive about the future</i>							
<i>Being normal</i>			✓		✓		
12. Negative experiences of work							
<i>Feeling trapped</i>	✓						
<i>Power imbalance</i>	✓						
<i>Occupational imbalance</i>		✓				✓	
<i>Occupational alienation</i>	✓					✓	
<i>Occupational deprivation</i>					✓		
	Chris	Harry	Anne	Matt	John	Ian	Stella

Appendix R

Super ordinate themes for each participant from the first wave of interviews mapped onto the three overarching themes

Building and maintaining an occupational identity is represented in red; Work values, personal values: the need for accord is represented in blue; and Work and other ways of belonging is represented in yellow.

The importance of feeling valued by others - <i>Stella</i>	Conforming or performing? - <i>Stella</i>	The perfect job – <i>Stella</i>	The challenges of work – <i>Stella</i>	Working with a mental health problem - <i>Stella</i>	A new self, a new life - <i>Ian</i>	The ill self - <i>Ian</i>
The importance of relationships – <i>Ian</i>	The old self - <i>Ian</i>	The importance of occupation - <i>Ian</i>	A wanted self as worker - <i>Anne</i>	An unwanted self as mental health service user - <i>Anne</i>	The struggle to integrate two selves - <i>Anne</i>	Personal strengths and inner resources – <i>Anne</i>
Relationships as a resource – <i>Anne</i>	Personal strengths and inner resources - <i>Charlotte</i>	Extrinsic barriers to work - <i>Charlotte</i>	Intrinsic barriers to work - <i>Charlotte</i>	Occupational alienation - <i>Chris</i>	The value of voluntary work - <i>Chris</i>	The meaning of work - <i>Chris</i>
The way I used to be, the way I want to be – <i>Harry</i>	The normal me - <i>Harry</i>	Looking towards the future - <i>Harry</i>	Support from services - <i>Harry</i>	Barriers to work - <i>Harry</i>	The importance of occupation - <i>Harry</i>	Occupation and wellbeing – <i>James</i>
My occupational nature - <i>James</i>	The black cloud of occupational deprivation - <i>James</i>	Beliefs and values about work - <i>John</i>	The meaning & importance of occupation - <i>John</i>	Working with a mental health problem - <i>John</i>	Planning a future - <i>John</i>	Needing help from other people – <i>John</i>
A wanted self as artist – <i>Mark</i>	Feelings of vulnerability – <i>Mark</i>	Occupational risk factors - <i>Mark</i>	Barriers to work- <i>Mark</i>	My occupational being - <i>Matt</i>	Occupations disrupted by illness - <i>Matt</i>	Bridging the gap between being ill and being well – <i>Matt</i>
Occupational imbalance – <i>Chris</i>	Support needed from others - <i>James</i>	Ways of coping - <i>James</i>				

Appendix S

Shows where each participant is represented within the three overarching themes. The numbers relate to the prevalence with which super ordinate themes are represented within the overarching themes.

Participant	Interview One			Interview Two			Interview Three		
	Building and maintaining an occupational identity	Work values, personal values	Work and other ways of belonging	Building and maintaining an occupational identity	Work values, personal values	Work and other ways of belonging	Building and maintaining an occupational identity	Work values, personal values	Work and other ways of belonging
Stella	1	2	2	3	0	1	2	1	1
Ian	4	0	1	3	0	1	3	0	0
John	2	2	2	3	0	0	3	1	1
Chris	1	3	0	1	2	0	1	2	1
Matt	2	1	0	3	0	0			
Harry	4	1	1	0	3	1			
Anne	4	0	1	4	0	1			
Mark	1	3	0						
James	3	1	1						
Charlotte	2	1	0						

Appendix U

Master table of themes from 2 nd interviews indicating prevalence	Anne	Chris	Harry	Ian	John	Matt	Stella
1. Occupational identity							
Who I was, who I still am	√	√	√	√	√	√	
Building a new occupational identity	√			√	√		√
2. Occupation as part of recovery							
Moving on from being ill	√			√			
A sense of agency	√	√		√	√		
Ready to move on versus fear of moving on	√		√	√	√		√
Work as part of the future	√		√	√	√		
Being 'normal'	√				√		
Making sense of & managing the illness						√	
Coping with setbacks					√		√
Positive about the future	√		√	√	√		
The meaning & importance of occupation	√	√	√	√	√	√	√
Keeping hope alive & staying positive	√		√		√		
3. Beliefs & values about work							
The 'right thing' to do	√		√		√		√
Giving & taking through work	√	√			√		
The need for a suitable job		√			√		√
4. Experiences of support							
Supportive relationships	√	√	√	√	√	√	
Work as a way to belong					√		

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